

# Medical Administration Policy



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## School Vision



**Achieve • Inspire • Aspire**  
**Together • On my own**



### UNCRC

#### **Article 3**

The best interests of the child must be a top priority in all actions concerning children.

#### **Article 6**

All children and young people have the right to life. Governments should ensure that children and young people survive and develop healthily.

#### **Article 18**

Both parents share responsibility for bringing up their children and should always consider what is best for each child. Governments should help parents by providing services to support them, especially if both parents work.

#### **Article 24**

Children and young people have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy. Rich countries should help poorer countries achieve this.

#### **Article 33**

The Government should provide ways of protecting children and young people from dangerous drugs.

### **Introduction**

William MacGregor Primary School staff are frequently required to manage medications in respect of children and young people within their care. This policy guidance is to assist staff to enable this to be achieved in a safe and professional manner, whilst maintaining the respect and dignity of children and young people.

Children may need medication in the following circumstances:

1. During a short term illness or condition, such as the requirement to take a course of antibiotics
2. For treatment of a long term medical condition which may require regular medicines to keep them well.
3. Medication in particular circumstances, such as children with severe allergies who may need an adrenaline injection.
4. Daily medication for a condition such as asthma, where children may have the need for daily inhalers (and, potentially additional assistance during an attack).

Most children with medical needs can attend school regularly and take part in normal activities, sometimes with support.

Where it is required an individual health care plan can help staff identify the necessary safety measures to support children with medical needs.

**There is no legal duty that requires school or setting staff to administer medicines. Although administering medicines is not part of teacher's professional duties, they should take into account the needs of pupils with medical conditions that they teach.**

The administration of medicine is the responsibility of parents/carers. School staff have a professional and legal duty to safeguard the health and safety of all pupils. Children have a right to be educated and should not be excluded purely as a result of requiring medication. This does not imply a duty on the Headteacher or staff to administer medication.

## **Responsible Person and settings staff**

The Headteacher is designated the responsible person and must ensure that they have knowledge of the Council's Medication Policy HR 109, this policy and any national government or professional body guidance.

Where a qualified nurse is on site and is employed as such, they shall undertake their responsibilities within the guidance of the Professional Body NMC (Nursing and Midwifery Council), and the council's medication policy and these guidelines.

The Headteacher should ensure that they have sufficient members of staff who are appropriately trained to manage medicines as part of their duties.

It is the responsibility of the Headteacher to ensure that all staff are trained appropriately and should have read and understood the current medication policy and associated guidance.

The Headteacher must ensure that staff have: -

- Been authorised to administer medication
- Parental consent
- Full knowledge of the Medication Policy and Guidance and any local arrangements or procedures.
- Received training where this is required
- Attended refresher training as required

A list must be maintained, by the Headteacher of all the people who have been authorised to administer medication and a sample of their signature and initials must be documented.

## **School Procedures for administering medicines**

The school has clear written procedures / arrangements for the management of drugs and medication appropriate to the setting and the children and young people within it.

All staff should be familiar with these arrangements.

This policy should be used and referred to in conjunction with the Health and Safety policy. The school Asthma policy should also be consulted for all aspects of medical administration relating to Asthma. (See Appendix 2).

## **Written Instructions**

- All medicines that are to be **administered in school** must be accompanied by a completed form which can be collected from the school office. The school will allow non-prescription medicines into school e.g. paracetamol, calpol - if accompanied by a parent consent form (see Appendix 1). These medicines must be self-administered by the child under the supervision of a member of staff. They should therefore be sent in the correct dosage (sachets) and labelled with the child's name. They will be stored

securely until the time instructed to take them and a record will be completed by the member of staff supervising the administration in the green book kept in the First Aid room.

(It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day should be taken in the morning, after school hours and at bedtime.)

- A parent consent form is made readily available to parents for written confirmation.
- Each time there is a variation in the pattern of dosage a new form should be completed and the previous one filed away safely.

### **Obtaining consent - communication and language difficulties**

Where the young person/parent/carers first language is not English, consideration will be given to the use of an interpreter. Where it is not possible to gain consent due to communication/comprehension difficulties, advice will be sought from the General Practitioner (GP). The outcomes will be recorded on the young person's care plan if one is required.

For someone with hearing or sight impairment it may be necessary to arrange for communication materials or advice specific to their needs.

### **Labelling of Medicines**

On the few occasions when medicines have to be brought into schools, the original duplicate container, complete with the original dispensing label should be used.

If a child is on regular medication, the dispensing chemist may, at his own discretion, agree to supply two filled containers. The school bottle would contain more than one days supply and the dispensing chemist may request that the G.P. writes two prescriptions; one for home the other for school use.

Medicine should not be decanted - whatever is supplied in the container by the chemist should be brought into school.

The label should clearly state:

- i) Name of Pupil.
- ii) Date of Dispensing.
- iii) Dose and Dose frequency (This may read "as directed" or "as before" if this

is what is on the prescription. In this case the parent consent form must give clear instructions).

- iv) Cautionary advice/special storage instructions.
- v) Name of medicine.
- vi) Expiry date - where applicable.

The information on the label should be checked to ensure it is the same as on the parental consent form. Where the information on the label is unclear such as "as directed" or "as before" then it is vital that clear instructions are given on the parental consent form. If the matter is still not clear then the medicine should not be administered and the parents should be asked to clarify the problem.

### **"As Required" Medication (PRN)**

Instructions such as "when required" or "as necessary" must be discouraged, but when they appear on prescribed medication, advice from Parents/Carers and GPs with a knowledge of the young person should be incorporated into an "as required" (PRN) Protocol.

The protocol will identify any signs, symptoms and advice and will outline the necessity for administration of the medication when the young person is unable to do so. A signed record must be kept of all advice and decisions made.

PRN medication must be dispensed with a standard label with the "as required" medication details. This alerts the person administering the medication that the preparation is PRN. The decision on whether the PRN medication is needed must be based on the individual's PRN protocol.

### **Asthma**

For full asthma policy - see Appendix 2. The school has an emergency salbutamol for emergency administration which is kept in the medical room.

### **Storage**

Medication must at all times be stored in containers, labelled as indicated above.

Medicines should be kept safely and be accessible when required. The Headteacher is responsible for ensuring that, when medicines are admitted to school premises, a system of safe keeping is in place, which limits open access by pupils to medicines (normally the school First Aid room).

Certain medicines require special storage, e.g. pharmaceutical requirements to be stored away from light or within certain ranges of temperatures etc. Such requirements must be clearly identified in writing to the school on the label and on the form at Appendix 1.

### **Administration of Medicines**

There are 3 general situations which apply to the Administration of Medicines in our school, these are as follows:

#### **The Pupil Self Administers their own Medicine of which the School is Aware**

It is good practice to support and encourage children, who are able, to take responsibility for managing their own medicines from a relatively early age and schools should encourage this.

Many pupils at school will have the capability to administer their own medicine themselves (e.g., a throat lozenge). In all instances where prescribed and non prescribed medicines are brought into school, the school must be notified on the parental consent form.

#### **The Pupil Self Administers the Medication but someone supervises the pupil**

Where the Headteacher or staff are willing to be involved voluntarily, the Headteacher is responsible for ensuring that as a minimum safeguard, self-administration of medicines that are safely stored is **supervised** by an adult. This involves ensuring:

- i) Access to the medication at appropriate times. Where schools supervise self administration appropriate measures should be taken to ensure the medicine is appropriately stored to prevent any unsupervised self-administration of the medicine, as per the guidance on storage.
- ii) The medication belongs to the named pupil and it is within the expiry date.
- iii) A book is kept (A Green book - kept in the First Aid room) noting that session was supervised but clearly indicating that medication was self-administered by pupil.

#### **A Named and Trained Volunteer at the School Administers the Medicine**

The school will, in this circumstance, be storing the medicines and all the points on the storage of medicines must be adhered to.

Where the Headteacher or staff are willing voluntarily to administer medication, the names of the volunteer staff must be kept up to date, provide for cover during periods of absence and be readily available at the storage point in cases of emergency.

To avoid the risk of double dosing in schools the Headteacher must clarify who is responsible for administering medications. As an extra precaution staff who administer medication must routinely consult the record form before any medication is given.

Medicines are to be administered by First aiders only. The office is the first port of call. All Parent consent forms and Medicine forms are kept securely in the school office.

### **Cultural and Religious requirements**

Britain is a multi-cultural and multi-faith society. Care will be taken to respond sensitively to individuals and not to make assumptions because of their ethnicity or religion. It is important that young people and their carers are asked about any cultural or religious needs relating to the taking of medication or any prohibitions that apply.

All information on relating to the cultural or religious requirements of a child or young person will be accurate and up to date as this may have an impact on how they wish to receive care.

This information will be recorded as part of a care plan (if one is required) or in the child's personal records.

Further information can be found at [www.sdhl.nhs.uk/documents/cultural.html](http://www.sdhl.nhs.uk/documents/cultural.html)

### **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures to follow in this situation may be set out in an individual child's health care plan.

Parents should be informed of the refusal on the same day.

If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

### **Holidays, Outings and Educational Visits**

Where required, Staff will take charge of the medicines and return the remainder on return to the school or to parents/carers as appropriate.

Where a young person is self medicating this should continue whilst on holiday or educational visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the young person.

### **Specialist Medication Activities**

Some specialist medication activities may include:

1. Sub-cutaneous injection of insulin.
2. Medicines administered by the rectal or vaginal route.

3. Giving oxygen.

4. Giving medicines through a Percutaneous Endoscopic Gastrostomy e.g.(PEG) tube.

Registered nurses may specifically delegate more invasive forms of administration to a non-nurse. The authorisation should be clear on what types of administration the staff member can perform. The non-nurse must have written authority from whoever holds parental consent to provide such administration. It is the Headteacher's responsibility to monitor staff competency to undertake such administration.

### **Tube feeding and Percutaneous Endoscopic Gastrostomy e.g.(PEG) tube**

Tube feeding but not PEG feeding is currently prohibited in the Guidance to Schools. PEG feeding can only be carried out by School Nurse or other qualified professional.

### **Medical Equipment**

Some children and young people may be prescribed, as part of ongoing medical treatment, the use of certain medical equipment. This could include range of testing devices - such as blood/urine testing equipment and sharps, such as needles.

All equipment should, as far as possible, be kept in its original container/packaging to aid doctors in future prescriptions.

It is important to note and date on the young person's file the type of equipment being used, and any make or model numbers, and to date the record. All medical equipment will be kept locked away however a risk assessment needs to be undertaken for individual children as to their ability to manage their condition and carry or access equipment themselves. For example, in the case of a diabetic when blood and urine testing equipment may be needed urgently.

### **Emergency Provision of Care**

As part of general risk management processes, the school has arrangements in place for dealing with emergency situations.

All staff should also know who is responsible for carrying out emergency procedures in the event of need.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify the role and responsibilities of staff during the emergency.

Where possible staff and other children should know what to do in the event of an emergency, and all staff should know how to call the emergency services.

A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car unless accompanied by another member of staff and only then in extreme emergencies.

## Disposal of Medicines

**In event of the death of a young person, all medicines must be retained for at least 7 days in case they are required by the Coroner's Office.**

The school must not undertake to dispose of any medication, except in the case of spoiled doses. Any unused medication must be returned to the parent/carer. Any other arrangements must be formally recorded and agreed by all parties.

## Disposal of Sharps

Where any staff on site use syringes and needles, it is their responsibility to ensure safe disposal of these items into a sharps box.

**Used needles and syringes are not to be re-sheathed. They are to be disposed of immediately into the sharps box.**

Where regular use of needles is required, consideration will be given to the use of retractable needles.

Where young persons are self-administering insulin or any other medication with a syringe, they must be assisted by staff in the proper disposal of sharps. A sharps box will be provided, but kept safe by staff, and locked away if necessary.

The school has arrangements in place for the supply and disposal of Sharps boxes using a registered contractor.

## Management of Errors/Incidents in Administration of Medicines

In the event that medication has been administered incorrectly, the following procedure is to be implemented: -

- Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.
- Document any immediate adverse reactions.
- Notify the Headteacher.
- Contact the young person's Parents/GP/Pharmacist for advice.
- For out of hours contact NHS Direct.
- The MEDICATION ADMINISTRATION RECORD should reflect the error.
- The incident should be recorded in the young person's file.
- The Headteacher must complete an Accident Investigation Report and commence an immediate investigation about the incident, inform the Strategic Health and Safety Team, and the governors.
- Statements should be taken from both staff and young persons if they are self medicating.
- Young person's parent/carer/guardian should be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to the Headteacher.

The Headteacher will encourage staff to report any errors or incidents in an open and honest way in order to prevent any potential detriment to the young person.

The Headteacher must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances.

A thorough and careful investigation taking full account of the position of staff and circumstances will be conducted before any managerial or professional action is taken. Any investigation will observe the conventions as set out in the County Council's Disciplinary Policy.

### **Individual Health Care Plan (see Appendix 3)**

#### **Developing a Care Plan (from *Managing Medicines in Schools and Early Years Settings* March 2005)**

Not all children who have medical needs will require an individual plan.

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed, who will carry out that support and how the setting will deal with any problems or emergencies.

The Care Plan may also include individual risk assessments which have taken place as decisions have been made about the child's medication or care.

An individual health care plan clarifies for staff, parents and the child the help that can be provided.

It is important for staff to be guided by the child's GP or paediatrician as well as parents and carers.

Staff should agree with parents how often they should jointly review the health care plan.

It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.

Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child.

In addition to input from the child's GP or other health care professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:

- the head teacher or head of setting
- the parent or carer
- the child (if appropriate)
- early years practitioner/class teacher
- care assistant or support staff (if applicable)
- staff who are trained to administer medicines
- staff who are trained in emergency procedures

## **Confidentiality**

The head and staff should always treat medical information confidentially. The head should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **Administrative Systems**

Where temporary or relief staff are being used the Headteacher must ensure they have received training and that they are assisted by a member of staff who is able to recognise each young person to whom medication is being dispensed.

All records of requests for and administration of medicine must be in writing.

All records of administration of medication to a young person must be retained in line with document retention schedules.

All written records relating to medication must be completed in ink (Preferably Black).

## **Health and Safety Issues**

Most medicines are not hazardous to health when handling. However staff should avoid direct contact with medicines. Where this is unavoidable staff should contact the dispensing pharmacist for advice, e.g. when staff have to apply Steroid creams **directly** to a child, non latex gloves must be used.

## **Medicines for a staff members own use**

An employee may need to bring medicine into school for their own use. All staff have a responsibility to ensure that these medicines are kept securely and that pupils will not have access to them, e.g. locked desk drawer or staff room.

Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or pupil.

## **Staff Training and Competence**

All staff who participate in administering medication must receive appropriate information and training for specified treatments as detailed in the guidelines. In most instances this will not involve more than would be expected of a parent or adult giving medicine to a child. (Staff should be First aid trained).

Training should be arranged by the Headteacher who will liaise as appropriate with those doctors responsible for the management and prescription of treatment, particularly in complex cases

The Headteacher must ensure that all relevant staff are aware of pupils who are taking medication and who is responsible for administering the medication; and that this person should be routinely summoned in the event of a child on medication feeling unwell, as they should be aware of any symptoms, if any, associated with the child's illness which may require emergency action. Other trained staff who may be required e.g. first aider should be summoned as appropriate.

The Headteacher must keep a record of all relevant and approved training received by staff. Prior to staff administering any medication in school, the headteacher must be satisfied that the staff member is competent. The Headteacher will formally authorise each competent member of staff by entering their name and other relevant details in a register. In order for staff to remain competent, they should receive training and re-training as detailed in the guidance.

Each person who administers medication must:

- i) receive a copy of these policy guidelines;
- ii) read the written instructions/parental consent form for each child prior to supervising or administering medicines, and check the details on the parental consent form against those on the label of the medication;
- iii) confirm the dosage/frequency on each occasion, and consult the medicine record form "Appendix 1" to ensure there will be no double dosing;
- iv) be aware of symptoms which may require emergency action, e.g. those listed on an individual treatment plan where one exists;
- v) know the emergency action plan and ways of summoning help/assistance from the emergency services;
- vi) check that the medication belongs to the named pupil and is within the expiry date;
- vii) record in the green medical book all administration of medicines as soon as they are given to each individual;
- viii) understand and take appropriate hygiene precautions to minimise the risk of cross contamination;
- ix) ensure that all medicines are returned for safe storage;
- x) ensure that they remain confident in the procedures and have received appropriate training/information. Where this training has not been given the employee must not undertake administration of medicine and must immediately inform the Headteacher.

### **Equal Opportunities Statement**

The staff at William MacGregor Primary School are fully committed to ensuring equality in the delivery of this guidance to all young people, regardless of their gender, ethnicity, sexuality and ability.

Any child with a medical condition is supported at William MacGregor to have the fullest participation possible in all aspects of school life.



**PARENTAL REQUEST FOR THE ADMINISTRATION OF  
 MEDICINES IN SCHOOL**

To be completed by the Parent/Carer of any child requesting medicines to be administered under the supervision of school staff or where a child is bringing medicine into school which they will self-administer.

If you need help to complete this form, please contact the school. Please complete in BLOCK LETTERS.

Name of Child: ..... Date of Birth:  
 .....

Address: .....  
 .....  
 .....

Doctor's name: .....

**NON-PRESCRIBED MEDICINES**

Name of Medicine to be given and any special instructions	When? (lunchtime? after food? when wheezy? before exercise?)	How much? (half a teaspoon? one tablet? two drops?)	Route? (by mouth? other?)

**PRESCRIBED MEDICINES**

The Doctor has prescribed as follows for my child:

Name of drug or medicine to be given and any special storage instructions	When? (lunchtime? after food? when wheezy? before exercise?)	How much? (half a teaspoon? one tablet? two drops?)	Route? (by mouth? other?)

Signed ..... **Parent/Carer**

Date.....



### William MacGregor Asthma Policy

Date reviewed: February 2016

Reviewed by: Pauline Constantine - Assistant SENCO / Home School Link Worker

Next review: February 2018

### Our School Vision



### UNCRC

**Article 3:** The best interests of the child must be a top priority in all actions concerning children.

**Article 6:** All children and young people have the right to life. Governments should ensure that children and young people survive and develop healthily.

**Article 12:** Children and young people have the right to say what they think should happen, when adults are making decisions that affect them and to have their opinions taken into account.

**Article 19:** Governments should ensure that children and young people are properly cared for and protect them from violence, abuse and neglect by their parents or anyone else who looks after them.

**Article 24:** Children and young people have the right to good quality health care and to clean water, nutritious food and a clean environment so that they will stay healthy. Rich countries should help poorer countries achieve this.

### Rationale

Asthma is a long-term condition where the airways are almost always inflamed. This can lead to the airways reacting badly when they come into contact with a trigger. At William MacGregor we recognise that asthma is an important condition affecting many school children and positively welcomes all children with asthma.

This school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and children. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with children with asthma are provided with training on asthma.

### **Aims**

Our aims reflect the recent document Every Child Matters (DfES 2004) in that our children have the right to

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well being.

recognises that asthma is an important condition affecting many school children and welcomes all children with asthma

ensures that children with asthma participate fully in all aspects of school life including PE

recognises that immediate access to reliever inhalers is vital

keeps records of children with asthma and the medication they take

ensures the school environment is favourable to children with asthma

ensures that other children understand asthma

ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack

will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

### **Children**

Children have a responsibility to:

- treat other children with and without asthma equally
- let any child having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called
- tell their parents/carers, teacher or PE teacher when they are not feeling well
- treat asthma medicines with respect
- know how to gain access to their medicine in an emergency• know how to take their own asthma medicines.

## Parents/carers

Parents/carers have a responsibility to:

- tell the school if their child has asthma
- ensure the school has a complete and up-to-date school asthma card for their child (forms are kept in the school office)
- inform the school about the medicines their child requires during school hours
- inform the school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports
- tell the school about any changes to their child's medicines, what they take and how much
- inform the school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma)
- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name and is in school
- ensure that their child's reliever inhaler and the spare is within its expiry date
- keep their child at home if they are not well enough to attend school
- ensure their child catches up on any school work they have missed
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)

## Medication

We recognise that immediate access to reliever inhalers is vital. Children are encouraged to take responsibility for their reliever inhaler as soon as the parent, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom. All inhalers must be labelled with the child's name by the parent. School staff insured by the local education authority when acting in accordance with this policy. **All school staff will let children take their own medication when they need to.**

## Use of emergency salbutamol inhalers in school

*From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.*

*The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).*

*This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler - this is a discretionary power enabling schools to do this if they wish.*

We have an emergency salbutamol inhaler and spacer available for emergency use only kept in the First Aid room. **Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use**, but will be used at the first aider's discretion if contact is not possible and patient's health deteriorates.

In the event that the school emergency inhaler is used, parents will be contacted immediately and asked to bring medication to school the next day.

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs. To avoid possible risk of cross-infection, the plastic spacer will be sterilized after use.

### **Record keeping**

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. All parents of children with asthma are given a form to complete (based on the National Asthma Campaign school card) and return to the school. From this information the school keeps its asthma register which is available for all school staff. This register is updated annually. If medication changes in between times, parents are asked to inform the school. We keep a record of all children with asthma in the First aid room and in each class.

### **PE**

Taking part in sports is an essential part of school life. PE teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up of a couple of short sprints over five minutes before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson they will be encouraged to do so. For PE lessons outside on the playground or school field, inhalers will be taken out with first aid kits.

### **The school environment**

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. Children are encouraged to leave the room and go and sit outside the main office if particular fumes trigger their asthma.

### **Making the school asthma friendly**

The school ensures that all children understand asthma. Asthma can be included in key stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum.

### **When a child is falling behind in lessons**

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed nights sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then talk to the special

educational needs co-ordinator about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

### **Asthma attacks**

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms with a list of children who have asthma:

*Common 'day to day' symptoms of asthma are:*

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

*Signs of an asthma attack include:*

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

### **Asthma - What to do .....**

1. Ensure the reliever inhaler is taken immediately.
2. Stay calm and reassure the child.
3. Help the child to breathe by ensuring tight clothing is loosened.

### **After the attack**

Minor attacks should not interrupt a child's involvement in school.

When they feel better they can return to school activities.

The child's parents must be told about the attack.

### **Emergencies procedure**

Call an ambulance if:

1. The reliever has no effect after 5/10 minutes.
2. The child is either distressed or unable to talk.
3. The child is getting exhausted.
4. The child has collapsed.
5. Is going blue or has blue white tinge around their lips
6. You have any doubts about the child's condition.

Policy based on information from:

[http://www.asthma.org.uk/all\\_about\\_asthma/faqs/index.html](http://www.asthma.org.uk/all_about_asthma/faqs/index.html)

**Healthcare Plan**



Name of School William MacGregor Primary School

Child's name \_\_\_\_\_

Class \_\_\_\_\_

Date of Birth \_\_\_\_\_

Child's Address \_\_\_\_\_

Medical Diagnosis or Condition \_\_\_\_\_

Date \_\_\_\_\_

Review date \_\_\_\_\_

**CONTACT INFORMATION**

**Family contact 1**

**Family contact 2**

Name		Name	
Phone No. (work)		Phone No. (work)	
(home)		(home)	
(mobile)		(mobile)	

**Clinic/Hospital contact**

**GP**

Name:

Name:

Phone No.

Phone No.

**Describe medical needs and give details of child's symptoms:**

**Daily care requirements:** (e.g. before sport/at lunchtime)

**Describe what constitutes an emergency for the child, and the action to take if this occurs:**

- 
- 

**Follow up care:**

**Who is responsible in an Emergency:** (State if different for off-site activities)

All school staff

**We agree with the care plan detailed above.**

**We give permission for the administration of medication as outlined.**

Parental Signature ..... Date:

Assistant SENCo Signature ..... Date:

Class teacher Signature ..... Date:

**Form copied to:**

Parents, Class file, We are Special file, School Cook, School nurse team and GP.