

# Beaumont Primary School



## Medication & Supporting Pupils at School with Medical Conditions Policy

(Please also refer to the Asthma Policy- see below)

### Introduction

The Governors and staff of Beaumont Primary School wish to ensure that pupils with medication needs receive appropriate care and support at school.

The school aims to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

These guidelines have been drawn up with reference to the document, 'Supporting pupils at school with medical conditions' published by the **DfES/Department of Health in April 2014 (updated August 2017)**.

For children, who have Special Educational Needs, but do not take medication, refer to the SEN policy which brings together their health & social care needs with EHCP or Provision Map.

### Roles and Responsibilities

The school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.

The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

### Governors

Under Section 100 of the Children's and Families Act 2014 the Governors **must** ensure that:

- arrangements are in place for supporting pupils at school with medical conditions.
- the arrangements in place are sufficient to meet their statutory responsibilities and all policies, plans, procedures and systems are properly and effectively implemented.

### Headteacher

The school's head teacher has a responsibility to:

- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Ensure the policy is put into action, with good communication of the policy to all.
- Ensure every aspect of the policy is maintained.
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Ensure all relevant staff are made aware of pupils medical conditions
- Ensure all supply teachers and new staff are made aware of the medical conditions policy and relevant pupils medical conditions
- Update the policy at least **once a year** according to review recommendations and recent local and national guidance and legislation.
- Ensure Risk assessments are in place for school trips, residential trips and other school activities outside of the normal timetable
- Ensure all Healthcare plans are monitored annually (or when the child's conditions changes)

## **All school staff**

All staff have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Understand the school's medical conditions policy.
- Know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare or Internal Care Plan.
- Allow all pupils to have immediate access to their emergency medication.
- Maintain effective communication with parents, including informing them if their child has been unwell at school.
- Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- Understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell).
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Use opportunities such as PSHE and other areas of the curriculum to raise pupil awareness about medical conditions.
- Staff members are not required to administer medication in school; they must volunteer to do so.

## **First aider**

First aiders have a responsibility to:

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- When necessary ensure that an ambulance or other professional medical help is called.

## **Pupils**

The pupils at this school have a responsibility to:

- Treat other pupils with and without a medical condition equally.
- Tell their parents, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another pupil is feeling unwell.
- Let any pupil take their medication when they need it, and ensure a member of staff is called.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- If mature and old enough, know how to take their own medication and to take it when they need it.
- Ensure a member of staff is called in an emergency situation.

## **Parents/Carers**

The parents/carers of a child at this school have a responsibility to:

- Tell the school if their child has a medical condition.
- If the child has special dietary needs, written confirmation is required from a Healthcare professional.
- Ensure the school has a complete and up-to-date Health Care Plan for their child where applicable.
- Inform the school about the medication their child requires during school hours where applicable.

- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when, and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
- Provide the school with appropriate spare medication labelled with their child's name.
- Ensure that their child's medication is within expiry dates.
- 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 reviews about their condition with their doctor or specialist healthcare professional.
- Ensure their child has a written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition.

## **Healthcare Plan**

For each pupil with long-term or complex medical condition a Health Care Plan is drawn up by the parents and school, in conjunction with the appropriate health professionals.

Healthcare Plans are used to inform the appropriate staff (including supply teachers and support staff) of pupils in their care who may need emergency help (Appendix iii) and includes:

- Information about the pupil's condition.
- Any medication name, dosage and timing.
- Side effects of any medication.
- Particular procedures, dietary needs, precautions.
- What constitutes an emergency for the pupil.
- What to do in an emergency.
- Who to contact in an emergency.

Where there is particular concern about the ability of school to meet particular health care needs, or where expectations go beyond what school considers reasonable, the Headteacher will seek advice from relevant professionals which may include the school nurse and the pupil's GP.

It is the parent's responsibility to inform school of any changes that need to be included in their child's Health Care Plan.

Healthcare Plans are reviewed annually.

## **Internal Care Plans/School Asthma Card**

Internal Care Plans/School Asthma Card are drawn up for pupils with medical conditions which are unlikely to result in an emergency, but staff need to be aware of.

Internal Care Plans/School Asthma Card are developed by the school, in conjunction with parents but not necessarily with health professionals.

It is the parent's responsibility to inform school of any changes that need to be included in their child's Internal Care Plan/School Asthma Card

Internal Care Plans are reviewed annually.

### **1.1 Storage and access to Care Plans**

Parents are provided with a copy of the pupil's current agreed Health Care Plan.

Healthcare and Internal Care Plans/School Asthma Card are kept in a cabinet in the School Office and, if necessary, in emergency medication boxes, accessible only by members of staff.

Apart from the central copy, all staff are able to access copies of pupils' Healthcare or Internal Care Plans/School Asthma Card from the files kept with the medication in each classroom.

When a member of staff is new to a pupil group, for example due to staff absence, they are made aware of (and have access to) the Healthcare or Internal Care Plans of pupils in their care.

Permission from the pupil and parents is sought before sharing any medical information with any other party.

## **Staff**

Staff who volunteer to assist in the administration of medication receive appropriate training/guidance through arrangements made with the School Health Service. (e.g. anaphylaxis, asthma and epilepsy training)

All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at this school.

All staff are made aware of the procedures to be followed in the event of an emergency.

All school staff who volunteer or who are contracted to administer medication are provided with training by a healthcare professional. The school keeps a register of staff who have had the relevant training (Appendix iv). All staff attending receive a certificate confirming the type of training they have had. A log of medical condition training is kept by the school and reviewed every 12 months to ensure all new staff receive training.

For medication where no specific training is necessary, (antibiotics, eye drops etc) any member of staff may administer prescribed and non-prescribed medication to pupils under the age of 16, but only with a Medication Consent Form, completed by the pupil's parent.

All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication unless they have been specifically contracted to do so.

Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required under common law duty of care to act like any reasonably prudent parent. This may include administering medication.

Generally, staff should not take pupils to hospital in their own car. If this cannot be avoided the Head teacher (the Deputy in her/his absence) will make the decision and if a pupil needs to be taken to hospital, two members of staff will always accompany them and will stay with them until a parent arrives. School tries to ensure that one staff member will be one the pupil knows.

If a pupil needs to be taken to hospital in an ambulance one member of staff will accompany them and stay with them until a parent arrives.

School staff bear in mind the issue of confidentiality for the pupil, when sharing medical information. Under the UN Convention on the Rights of the Child 1989, children have a right to participate in decisions about their lives, and the pupil (if s/he has the capacity) should be consulted, as well as the parents, to agree who should have access to medical records and information about the pupil. Parents should be informed that if information is withheld from relevant school staff, they cannot be responsible if they act incorrectly in good faith.

## **Administration**

Parents are asked if their child has any health conditions or health issues on the medical information form, which is filled out when starting in Reception. Parents of new pupils starting at other times during the year are also asked to provide this information.

It is the parent's responsibility to ensure new and in date medication comes into school on the first day of the new academic year.

Parents are responsible for providing the school with comprehensive information regarding the pupil's condition and medication.

Each item of medication must be delivered to School Office, in normal circumstances by the parent/carer, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:

- . Pupil's Name
- . Name of medication
- . Dosage
- . Frequency of administration
- . Date of dispensing
- . Storage requirements (if important)
- . Expiry date

### **The school will not accept items of medication in unlabelled containers.**

Prescribed medication will not be accepted in school without a completed Medication Consent Form signed by a parent. These are available from School Office. We will only administer medicines within a normal school day where the dosage exceeds 3 times a day.

Staff will not give a non-prescribed medicine to a child.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, however this is always under staff supervision. If required, medication can be administered by a member of staff, and witnessed by a second member of staff.

Only reasonable quantities of medication should be supplied to the school (for example, a maximum of four weeks supply at any one time).

The school will not make changes to dosages on parental instructions.

If a pupil refuses to take medicines, staff will not force them to do so, and will inform the parents of the refusal, as a matter of urgency, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

If a pupil misuses medication, either their own or another pupil's, their parents will be informed as soon as possible. These pupils are subject to the school's usual disciplinary procedures.

Medicines will never be given to another pupil for whom they have not been prescribed.

### **1.1 Administration – emergency medication**

All pupils with medical conditions have easy access to their emergency medication.

All pupils are encouraged to carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. Pupils carry their

emergency medication with them at all times, except if they are controlled drugs as defined in the Misuse of Drugs Act 1971. This is also the arrangement on any off-site or residential visits.

Pupils who do not carry and administer their own emergency medication know where their medication is stored and how to access it.

### **Storage of Medication**

Medication is kept in a clearly labelled box in each classroom, out of the reach of pupils. All staff, including support staff and SMSAs, are made aware of the location of all medications.

The school is responsible for the correct storage of medication. All refrigerated medication is stored in an airtight container and clearly labelled. The refrigerator used for the storage of medication is located in the Staff Kitchen, which is inaccessible to unsupervised pupils.

Emergency medication is readily available to pupils who require it at all times during the school day or at off-site activities.

### **Record Keeping**

Administration of medicine is recorded and these records are available to parents. These records state what, how and dosage was administered, when and by whom. Any side effects of the medication should be noted.

### **Disposal**

School staff will not dispose of medicines. Medicines, which are in use and in date, should be collected by the parent at the end of each term. Date expired medicines or those no longer required for treatment will be returned immediately to the parent for transfer to a pharmacist for safe disposal.

At the end of each school term the school will check the expiry dates for all medication stored at school.

All medication is sent home with pupils at the end of the school year. Medication is not stored in summer holidays.

### **Trips**

The school will make every effort to continue the administration of medication to a pupil whilst on trips away from the school premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.

All staff attending off-site visits are aware of any pupils with medical conditions on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent.

## **1.2 Residential visits**

Risk assessments are carried out by the school prior to any out-of-school visit and medical conditions are considered during this process. Factors considered include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

### **Unacceptable practice**

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

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

- **Liability and indemnity**

Insurance is arranged via the Local Authority Block school policy.

- **Complaints**

In the event Parents/Carers or pupils are dissatisfied with the support provided they should raise their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint as outlined in the school's Complaints policy.

Governors approved : February 2021

Review: February 2022

# Beaumont Primary School



## Asthma Policy

Date adopted: February 2021

Review date: February 2022

This policy has been written using guidance from the Department of Health (September 2014). All staff who come into contact with children with asthma are provided with training from a trained person and school has dedicated first aid trained staff.

### The Principles

The School recognises that:

- Asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Children with asthma can participate fully in all aspects of school life including PE
- Immediate access to reliever inhalers is vital
- Records of children with asthma and the medication they take must be kept
- The school environment must be favourable to children with asthma
- All staff who come into contact with children with asthma must know what to do in the event of an asthma attack

We need to 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.

### Medication

When children make a request to use their inhaler, all staff will let children take their own medication when they need to. All staff understand that immediate access to their inhaler is vital.

All inhalers and spacers must be labelled with the child's name and stored together in the classroom. All children are encouraged to administer their own medicine, when their parents and health specialists determine they are able to start taking responsibility for their condition.

Should the medicine change or be discontinued, or the dose or administration method changed, parents will notify the school immediately.

If a pupil refuses their medicine, staff should record this. Parents or carers should be informed as soon as possible.

All staff attending off site visits should be aware of any children on the visit with asthma. They should receive information about what to do in an emergency and any other additional support necessary, including any additional medicines or equipment needed.

### Storage of inhalers at school

All inhalers are supplied and stored, wherever possible, in their original containers. All inhalers are labelled with the pupil's name. Inhalers are stored in accordance with instructions paying particular note to temperature. All inhalers are sent home with children at the end of the school year. Inhalers are not stored in school over the summer holidays.

It is the parent's responsibility to ensure new and in date inhalers come into school on the first day of the new academic year.

Parents are asked to collect out of date inhalers from school. If parents do not pick up out of date inhalers at the end of the school year they are taken to a local pharmacy for safe disposal.

## **Health Care Plans/School Asthma Cards**

A school health care plan/school asthma card is sent to all parents of children with asthma for completion at enrolment or when a diagnosis is first communicated to the school.

Completed Health Care Plans/Asthma Cards are kept on file and stored in the office. The school Asthma Health Care Plans Asthma Cards are used to create a centralised register of children with asthma. The health care plan/asthma cards also details what medicines and what dose the pupil is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the pupil manage their condition.

An identified member of staff (Mrs C Bennett/Mrs L Heyes) have responsibility for the register.

Parents are reminded to update their child's Asthma Health Care Plan/Asthma card if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse) or their medicines and treatments change.

All members of staff who work with groups of children, have access to the health care plans of children in their care. When a member of staff is new to a pupil group, the school makes sure that they are made aware of (and have access to) the health care plans of children in their care. An overview of medical needs is kept in the Class First Aid file.

## **Record Keeping**

An accurate record of each occasion an individual pupil is given or supervised taking their inhaler is kept in each class room in the Class First Aid file. Details of the supervising staff member, pupil, dose, date and time are recorded.

## **Consent to administer medicines**

All parents of children with asthma are asked to provide consent on the health care plan giving staff permission to administer medicines. If a child requires regular/daily help in administering their medicines then we will outline our agreement to administer those medicine/s on the health care plan.

Parents of children with asthma are asked at the start of the school year on the healthcare plan if they and/or the child's healthcare professional believe the child is able to self-manage and administer their own emergency medicines.

All parents of children with asthma attending an overnight visit are asked to give consent for staff to administer medicines at night or in the morning if required. Written consent must be given for use of the emergency inhaler.

## **Emergency Inhaler**

Government regulations allow schools to obtain, without prescription, salbutamol inhalers for use in emergencies.

The emergency salbutamol inhaler is only for use by children, for whom written parental consent for the 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 a reliever medication. Permission to use the emergency inhaler will be kept with the child's healthcare plan.

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

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

The emergency inhaler will be kept in the school office, at the appropriate storage temperature, as part of an emergency asthma inhaler kit which includes:

- a salbutamol metered dose inhaler;
- two single-use plastic spacers compatible with the inhaler;

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

The designated adults (Mrs C Bennett/Mrs L Heyes) will be responsible for maintaining the emergency inhaler kit. They will ensure that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler
- has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach; replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- To avoid the possible risk of cross infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.
- The inhaler itself however can usually be reused, provided it is cleaned after use.
- The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place.
- The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.
- However, if there is a risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.
- Spent inhalers will be returned to the pharmacy to be recycled. To do this legally, the school has registered as a low level waste carrier.

### **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 procedures from the Department of Health guidelines, which are displayed in the Class First Aid files.

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

## **Responding to signs of an asthma attack**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler.
- Remain with child while inhaler and spacer are brought to them.
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.
- A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate.

## **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.

Approved by the governing body on: February 2020

Appendix 1 – Letter of consent.

Appendix 2 – Letter to inform of the use of the emergency inhaler.

# BEAUMONT PRIMARY SCHOOL



## USE OF EMERGENCY SALBUTAMOL INHALER CONSENT FORM

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

Signed: ..... Date: .....

Name (print).....

Child's name: ..... Year Group.....

Parent's address and contact details:

.....  
.....  
.....

Telephone: .....

E-mail: .....

# Beaumont Primary School



Dear Parent/Carer of .....

## EMERGENCY SALBUTAMOL INHALER USE

Child's name: .....

Class: .....

Date: .....

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ..... puffs.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,