



# Longford Park School

Believe • Belong • Become

## **Drug and Administration of Medicine Policy**

### **Supporting Pupils with Special Medical Needs**

**Date of review: December 2023**

**Next review: December 2024**

### **Our school values**

We **believe** in ourselves and each other.

We all **belong** in our community.

Everyone can **become** the best they can be

Longford Park is committed to investing in our pupil's health and well-being and we believe that all children are entitled to a curriculum which explores drug related issues at a stage appropriate to their development and takes account of the particular circumstances and culture of the groups and communities to which they belong. The aim of this policy is to acknowledge and clarify the school's role in drug prevention and education and ensure it is appropriate to pupils' needs. The policy provides information and guidance about drug education, as well as procedures to respond to any drug-related incident, for pupils, teachers, support-staff and outside agencies or individuals.

Drug education forms part of an overall strategy for PHSE which aims to equip children with the skills and knowledge to prepare them for adult life.

This policy links with the following policies:

- Health and Safety Policy
- Curriculum Policy

### **Aims**

- The aims of this policy are to:
- clarify the school's approach to drugs, for staff, pupils, governors, parents or carers, and to clarify the legal requirements and responsibilities;
- give guidance to staff on the school's drugs education programme;
- safeguard the health and safety of pupils and staff in our school;
- enable staff to manage drug-related incidents properly.

### **Terminology**

The term 'drugs' is used throughout this policy to refer to all drugs:

- all illegal drugs (those controlled by the Misuse of Drugs Act, 1971);
- all legal drugs, including alcohol and tobacco, and also volatile substances (those giving off a gas or vapour which can be inhaled);
- all medicines, whether over-the-counter or on prescription.

Longford Park School believes that the presence of unauthorised drugs in our school is not acceptable. We want our school to be a safe place for us all to work, and the presence of unauthorised drugs represents a threat to our health and safety.

### **Responsibilities**

**The Headteacher and SLT will:**

- ensure that staff and parents are informed about this drugs policy;
- ensure that the policy is implemented effectively;
- manage any drug-related incidents;

- ensure that staff are given sufficient training, so that they can teach effectively about drugs, and handle any difficult issues with sensitivity;
- liaise with staff responsible for contacting external agencies regarding the school drugs education programme;
- monitor the policy on a day-to-day basis, and report to governors, when requested, on the effectiveness of the policy.

#### **The Advisory Committee will:**

- designate a Advisory Committee member with specific responsibility for drugs education;
- establish general guidelines on drugs education;
- support the Headteacher in following these guidelines;
- inform and consult with parents about the drugs education policy;
- liaise with the LEA and health organisations, so that the school's policy is in line with the best advice available;
- support the Headteacher in any case conferences, or in appeals against exclusions.

#### **Objectives of drugs education**

Drugs education should enable pupils to develop their knowledge, attitudes and understanding about drugs, and to appreciate the benefits of a healthy lifestyle, relating this to their own and others' actions.

It should:

- build on knowledge and understanding;
- provide accurate information, and clear up misunderstandings;
- explore attitudes and values, and examine the risks and consequences of actions relating to drugs;
- develop pupils' interpersonal skills, their understanding of rules and laws, and their self-awareness and self-esteem;
- ensure that all children are taught about drugs in a consistent manner, following guidelines that have been agreed by parents, governors and staff.

#### **Drugs education**

We regard drugs education as a whole-school issue, and we believe that opportunities to teach about the importance of a healthy lifestyle occur naturally throughout the curriculum, but especially in Science, PSHE and citizenship, RE and PE. There are also opportunities in circle time. We use various educational publications to assist us with this. Teaching about drugs will begin in EYFS and Key Stage 1, when pupils are taught about seeing the doctor, visiting the chemist, and the importance of medicines and their safe handling. In Key Stage 2 pupils will learn that alcohol is the most widely used drug, and that its dangers can be overlooked. We will ensure that our pupils are aware of the risks associated with drinking. We teach pupils that smoking is a minority habit, and encourage them to consider its effects and risks. We also teach pupils about the dangers of volatile-substance abuse, because of the high risk of accidental death, especially for first-time and occasional abusers. This is taught in a sensitive nature and an awareness of the dangers.

We acknowledge that by the time pupils are in Year 6, some of them may have had some experiences with drugs already, so we must help to equip pupils to handle risky situations, before they actually meet them.

We recognise that learning is most effective when it addresses the development of knowledge, attitudes and skills together and when teaching and learning are participative and active. We use a variety of teaching styles that are characterised by active learning. We find out what the children know already, we pose dilemmas, and we get the children to discuss choices. Wherever possible the information we give is visually reinforced. We use drama, role-play or ICT to demonstrate various strategies and scenarios. In short, we seek to engage our pupils. We give them the opportunity to talk to groups or to the whole class. We encourage them to listen to the views of others, and we ask them to explore why drugs are such a problem for society.

We aim to teach all pupils about drugs, however different their attainment levels, and however diverse their requirements. We recognise that pupils with special educational needs may be more vulnerable, that different communities have different attitudes towards drug abuse, and that some pupils may have drug abusing parents.

Drugs education takes place during normal lesson time. Sometimes a class teacher will seek support from the school nurse or another health professional. In teaching this course we follow the Department for Education and Local Authority guidelines. The resources and materials that we use are recommended either by the Health Authority or by the Local Authority. Lessons that focus on drugs education form part of a sequence of lessons that are designed to promote a healthy lifestyle.

Professional development opportunities are made available to all staff, by request to the Headteacher or the PSHE coordinator. Whole school training issues, when identified by the PSHE coordinator, are delivered by dissemination at staff meetings by the relevant personnel.

### **Drugs at school**

**Refer to Supporting School Attendance through the Effective Management of the Administration of Medicines Policy** document available.

Solvents and other hazardous chemicals will be stored securely, to prevent inappropriate access, or use by pupils. Teachers are cautious with solvent-based Tippex, with aerosols, with glues and with board-cleaning fluids.

Legal drugs are legitimately in school only when authorised by the Headteacher. Smoking is not permitted anywhere in the school premises.

We do not allow alcohol on site.

### **Drug related incidents**

An incident involving unauthorised drugs in school is most likely to involve alcohol, tobacco or volatile substances, rather than illegal drugs. The school will at all times refer to the Local Authority policy for such matters.

The first priority is safety and first aid, i.e. calling the emergency services and placing unconscious people in the recovery position. An intoxicated pupil does not represent a medical emergency, unless unconscious.

Pupils suspected of being intoxicated from inhaling a volatile substance will be kept calm; chasing can place intolerable strain on the heart, thus precipitating sudden death.

Any drug suspected of being illegal will be confiscated and stored securely, awaiting disposal; these precautions must be witnessed and recorded. Staff should not taste unknown or confiscated substances.

Legal but unauthorised drugs or medicines will also be confiscated, and will be returned to parents; the school may arrange for the safe disposal of volatile substances.

Where a pupil is suspected of concealing an unauthorised drug, staff are not permitted to carry out a personal search, but may search school property.

The Headteacher will decide if the police need to be called or whether the school will manage the incident internally. A full record will be made of any incident. The Headteacher will conduct an investigation into the nature and seriousness of any incident, in order to determine an appropriate response.

### **The role of parents and carers**

The school is aware that the primary role in children's drugs education lies with parents/carers. We wish to build a positive and supporting relationship with the parents of our pupils, through mutual understanding, trust and cooperation.

To promote this we will:

- inform parents/Carers about the school drugs policy
- invite parents to view the materials used to teach drugs education in our school;
- answer any questions parents may have about the drugs education their child receives in school;
- take seriously any issue which parents raise with teachers or governors about this policy, or about arrangements for drugs education in the school;
- encourage parents to be involved in reviewing the school policy, and making modifications to it as necessary;
- inform parents about the best practice known with regard to drugs education, so that the parents can support the key messages being given to children at school.

When an incident concerning unauthorised drugs has occurred in school, we will seek and comply with guidance given to us from the Local Authority.

### **Monitoring and review**

The Advisory Committee will delegate a member to monitor the drugs policy within its review cycle.

If the policy appears to need modification, then the delegate will report their findings and recommendations to the full Advisory Committee.

The Advisory Committee takes into serious consideration any representation from parents about the drugs education programme, and comments will be recorded.

## **SUPPORTING SCHOOL ATTENDANCE THROUGH THE EFFECTIVE MANAGEMENT OF THE ADMINISTRATION OF MEDICINES POLICY**

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety and Supporting pupils at school with medical conditions policy.

Unless children are acutely ill they should attend school. To facilitate this it may be necessary for them to take medication during school hours.

### **Policy Statement**

This document was written in line with DFE Supporting pupils at school with medical conditions - Statutory guidance. Updated 16<sup>th</sup> August 2017.

Longford Park School employees who assist with any form of medical procedure are acting within the scope of their employment and are indemnified by Longford Park School against any legal action and an allegation of negligence, provided they act responsibly and to the best of their ability.

It is essential that staff that care for pupils by administering medicines, either in an emergency or on a regular basis, have received appropriate training and re-training when necessary. All training will be recorded.

Trafford sees itself as an Education Authority which endeavours to enable all children to attend school whenever possible.

Medical information must, of course, be treated as confidential. Records should be kept securely and information only given to staff who need to know.

Wherever possible pupils should be enabled to administer their own medication.

### **ROLES AND RESPONSIBILITIES**

All staff in schools and early year's settings have a duty to maintain professional standards of care and to ensure that children and young people are safe. Whilst there is no legal duty requiring staff to administer medication or to supervise a child when taking medicines, it is good practice.

It is good practice that schools and settings will review cases individually and administer medicines in order to meet the all-round needs of the child and to enable them to attend school. Under the Equality Act 2010, Family and Children's Act 2014 and the SEN code of practice schools have a duty to make reasonable adjustments for disabled children, including those with medical needs. All provision should be planned with the intention of ensuring access to their full educational entitlement.

Where pupils have incurred injuries which restrict their mobility for example as a result of fractures, schools should consider what reasonable adjustments they need to make to enable them to participate fully in all areas of school life, including educational visits and sporting activities.

The Advisory Committee is responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of school policies including a policy for medicines. In developing school policies they should take into account the views of parents/carers, the staff and the Head teacher and ensure that the policy supports all pupils in order to attend school wherever possible.

The Headteacher in consultation with the Advisory Committee, staff, parents/carers, health professionals and the local authority, is responsible for deciding whether the school or setting can support a child to attend school by assisting with their medical needs.

**The Head teacher is responsible for:**

- implementing the policy on a daily basis
- ensuring that the procedures are understood and implemented
- ensuring appropriate training is provided
- making sure there is effective communication with parents/carers, children and young people, school/settings staff and all relevant health professionals concerning the pupil's health needs.

Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. All staff will be informed of the designated person(s) with responsibility for medical care. PARENTS/CARERS, The Local Authority and Longford Park School will work in partnership to ensure that their child attends school wherever possible.

**It is the responsibility of parents/carers to:**

- a) inform the school of their child's medical needs and complete relevant paperwork
- b) provide any medication in a container clearly labelled with the following:  
THE CHILD'S NAME  
NAME OF MEDICINE  
DOSE AND FREQUENCY OF MEDICATION  
SPECIAL STORAGE ARRANGEMENTS  
DATE TO BE USED BY
- c) collect and dispose of any medicines held in school at the end of each term
- d) ensure that medicines have not passed the expiry date
- e) ensure that all attempts are made to enable their child to attend school.

Parents/carers are be required to give the following information about their child's long term medical needs with a responsibility to update it at the 'start of each school year', this includes in year admissions as part of the admission protocol:

- a) Details of pupil's medical needs
- b) Medication, including any side effects
- c) Allergies
- d) Name of GP/consultants
- e) Special requirements e.g. dietary needs, pre-activity precautions
- f) What to do and who to contact in an emergency
- g) Cultural and religious views regarding medical care

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

**We advise parents/carers will normally administer medication to their children at home.** Parents should be encouraged to check with their child's GP if medicine can be administered outside of school hours and still be effective. We encourage parents whose child is taking medication three times a day, to give **before school, after school** and at **bedtime**.

No medication will be administered without prior written permission from the parents/carers, including written medical authority if the medicine needs to be altered (e.g. crushing of tablets). A Request to Administer Medication Form must be completed and signed by the parents prior to medication being administered. **Aspirin WILL NOT be administered unless prescribed by a doctor.**

**Non-prescription medicines such as Calpol will only be administered when the parents inform the school office when the last dose was administered and will only be given in accordance with standard dosage levels for the relevant aged child as stated on the packaging. These medicines should never be administered without first checking maximum dosages. If school are to administer Calpol or similar alternative, ideally this will be in a new (unopened) bottle or sachet. No medicine containing aspirin will be administered unless prescribed by a doctor.**

The Head teacher will decide whether any medication will be administered in school /early years setting and following consultation with staff. All medicine will normally be administered during breaks and lunchtime. If, for medical reasons, medicine has to be taken at other times during the day, arrangements will be made for the medicine to be administered at other prescribed times. Pupils will be told where their medication is kept and who will administer it.

Any member of staff, on each occasion, giving medicine to a pupil should check:

- a) Name of pupil on the medicine and form
- b) Written instructions provided by the parents/carers or doctor
- c) Prescribed dose (to be confirmed with a second member of staff) and when the last dose was administered
- d) Expiry date
- e) Complete the medication record see appendix.

Medicines will only be accepted if they are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

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

Written permission from the parents/carers will be required for pupils to self-administer medicine(s). A Request to Self - Administer Medication Form must be completed.

Sharps boxes should always be used for the disposal of needles and other sharps.

## **STORAGE**

All medicine will be stored safely in the lockable cabinet in the downstairs photocopying room. Children should know where their medicines are kept and be able to access them immediately this is particularly important for reliever inhalers/insulin/adrenalin pens. Class teachers for early years and primary pupils will store children's inhalers which must be labelled with the pupil's name within the unlocked class room. It is expected that year 6 school children will keep their own inhalers as they move around the school. Permission from parents/carers will need to be obtained prior to this. All medicine will be logged onto the school's file.

Controlled drugs need special attention. A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary and the advice of the school nurse will be sought.

## **RECORDS**

Staff will complete and sign a record sheet each time medication is given to a child and these will be kept in the administration office. The sheets will record the following:

- a) Name of pupil
- b) Date and time of administration
- c) Who supervised the administration
- d) Name of medication
- e) Dosage
- f) A note of any side effects
- g) If medicine has been altered for administration (e.g. crushing tablets) and authority for doing so

## **REFUSING MEDICATION**

If a child refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the teacher.

## **TRAINING**

Training and advice will be provided by health professions for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate. The school ensures that all pupils are aware and have an understanding of asthma; this will be included within the national curriculum.

## **HEALTH CARE PLAN**

Where appropriate, a personal Health Care Plan will be drawn up and reviewed annually in consultation with the school/setting, parents/carers and health professionals. The Health Care Plan will aim to support school attendance wherever possible outlining the child's needs and the level of support required in school. Where a child has a long term condition a care plan must be completed. For children with asthma type symptoms the asthma care plan may be used if preferable (Appendix). The asthma care plan can be photocopied and one copy can be kept alongside the child's inhaler the other will be kept in reception.

## **INTIMATE OR INVASIVE TREATMENT**

This will only take place at the discretion of the Head teacher and Governors, with written permission from the parents/carers and only under exceptional circumstances. Two adults, one of the same gender as the child, must be present for the administration of such treatment. Cases will be agreed and reviewed on an individual basis. All treatment will be recorded.

## **SCHOOL TRIPS**

To ensure that as far as possible, all children have access to all activities and areas of school life, a thorough risk assessment will be undertaken to ensure the safety of all children and staff. No decision about a child with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

Residential trips and visits off site:

- a) Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip.
- b) If it is felt that additional supervision is required during any activities e.g. swimming, school/setting may request the assistance of the parent/carer. Exercise and activity – PE and games/out of hours, taking part in sports, games and activities is an essential part of school life for all pupils. The school ensures that as far as possible all staff know which children in their class have a long term medical condition and all PE teachers/coaches are aware of which pupils have asthma.

## **EMERGENCY PROCEDURES**

The Head teacher will ensure that all members of staff are aware of the school's planned emergency procedures in the event of medical needs. In conjunction with the schools emergency procedures in the event of an asthma attack the school will follow clear guidelines on "What to do in an asthma attack" which is outlined in Appendix. These guidelines will be available to all staff members and displayed in all classrooms and other areas around the school.

All children with asthma should have an easily accessible inhaler in school in line with their asthma care plan. Additionally, to address the possibility of a child's own reliever being unavailable, parents/carers should provide the school with a spare inhaler labelled with the child's name. This should be kept by the school in a secure, readily accessible place. Where a pupil is having an asthma attack the pupil should use their own reliever inhaler or the spare kept by the school.

Reliever inhalers are prescribed for use by an individual child only. As such they should not be used by anyone else. It is recognised however that there may be emergency situations where a child experiences severe asthma symptoms and his/her reliever (or spare) is not immediately to hand. School staff have a duty of care towards a pupil to act like any reasonably prudent parent. In accordance with the British Guideline on the Management of Asthma reliever inhalers are generally accepted to be a very safe form of medicine. In an emergency situation it is therefore recognised that using another child's reliever inhaler may be preferable to not giving any immediate medical assistance. It is important that schools agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. School should ask the parent/carer/legal guardian to sign to permit this practice in the case of an emergency in their child's asthma care plan.

## **CARRYING MEDICINES**

For safety reasons children are not allowed to carry medication except in the cases of pupils with inhalers in year 6 and with parental/carer permissions. All medicines must be handed to the school administration staff or the class teacher on entry to the school/setting premises.

The Head teacher, or, in their absence, authorised member of staff, shall have the ultimate responsibility for deciding what to do in any given situation but if possible within the guidelines of this document.

## **SCHOOL TRIPS**

It is the responsibility of the trip lead to complete comprehensive risk assessments for pupils attending on a school trip with medical needs. Pupils should not be omitted from an educational trip because of their medical needs.

## **What to do in an asthma attack**

Every pupil with asthma in school should have their own asthma plan. The child's parent should work with school to complete the plan including the storage of the inhaler and completing paperwork. It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an attack. Where possible a spacer is the best form of delivery.

### **Step 1 What to do:**

- Encourage the child or young person to sit and slightly bend forward – do not lie them down
- Make sure the child or young person takes two puffs of reliever inhaler (blue) (1 puff per minute) immediately – preferably through a spacer
- Ensure tight clothing is loosened
- Reassure the child
- If symptoms do not improve in 5 – 10 minutes go to step 2

### **Step 2 If there is no immediate improvement in symptoms:**

- Continue to make sure the child or young person takes one puff of reliever inhaler (blue) every minute for four minutes (four puffs). Children under the age of two years two puffs. If symptoms do not improve in 5 – 10 minutes go to step 3.
- Continue to reassure the child

### **Step 3 Call 999:**

- Continue to make sure the child or young person takes one puff every minute of reliever inhaler (blue) until the ambulance arrives
- Call parents/carer
- Keep child or the young person as calm as possible.

If the child/young person has any symptoms of being too breathless or exhausted to talk, lips are blue, being unusually quiet or reliever inhaler not helping you may need to go straight to step 3. If you are ever in doubt at any step call 999.

Common signs/symptoms of an asthma attack are:

- Coughing
- Shortness of breath
- Tightness in the chest
- Sometimes younger children express the feeling of a tight chest as a tummy ache
- Being unusually quiet  Difficulty speaking in full sentences

After a mild to moderate asthma attack

- Mild to moderate attacks should not interrupt the involvement of a pupil with asthma in school
- When the pupil feels better they can return to school activities
- The parents/carers must always be told if their child has had an asthma attack.

## Important things to remember in asthma attack

- Never leave a pupil having asthma attack unattended
- If the pupil does not have their inhaler and / or spacer with them send another teacher or pupil to their classroom or assigned room to get their spare inhaler and / or spacer
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent
- Reliever medicine is very safe. During an asthma attack do not worry about a pupil overdosing
- Contact the pupil's parents or carers at step 1 if a pupil does not have their reliever inhaler at school
- Send another pupil to get another teacher / adult if an ambulance needs to be called
- Contact the pupil's parents or carers immediately after calling the ambulance / doctor
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives
- Generally staff should not take pupils to hospital in their own car.

Recommendations on the management of acute asthma in children in primary care and asthma in the school setting are taken from the British Guideline on the Management of Asthma (BTS & SIGN 2010) and Asthma UK.

## ANNEX B: FORMS

|           |   |
|-----------|---|
| Form 1    | Emergency planning - request for an ambulance   |
| Form 2    | Healthcare Plan   |
| Form 2 a) | Asthma Health care plan/recordings  |
| Form 3    | A Parental agreement for school/setting to administer medicines                       |
| Form 4    | NOT USED  |
| Form 5    | Record of medicine administered to pupils   |
| Form 6    | Request for child to carry his/her own medicine                                       |
| Form 7    | Staff training record - administration of medicines                                   |
| Form 8    | Model letter inviting parents to contribute to individual healthcare plan development |

**Contacting emergency services – to be displayed in all classrooms**

**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. your telephone number - 0161 912 1895
2. your name
3. your location as follows - Longford Park School, 74 Cromwell Road,  
Stretford, Manchester
4. state what the postcode is - M32 8QJ
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

**Individual healthcare plan**

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

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**Family Contact Information**

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

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**Clinic/Hospital Contact**

Name

Phone no.

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|  |

**G.P.**

Name

Phone no.

|  |
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|  |
|  |

Who is responsible for providing support in school

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

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

|  |
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Daily care requirements

Is your child allergic to plasters?

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

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

**School Asthma Health Plan**

PART 1

|                     |                |        |        |
|---------------------|----------------|--------|--------|
| Child's name        |                |        |        |
| Date of birth       |                |        |        |
| Child's address     |                |        |        |
| Class               |                |        |        |
| Parent/Carer        | First Contact  | Tel No |        |
|                     | Second Contact | Tel No |        |
| GP Name             |                |        |        |
| GP Surgery          |                |        | Tel No |
| Date Plan Completed |                |        |        |

|  |                         |      |
|--|-------------------------|------|
| Does your child tell you when they need their inhaler?               | YES / NO / NOT ALWAYS * |      |
| Does your child need help taking their inhaler?                      | YES / NO *              |      |
| Does your child need to take their inhaler before physical activity? | YES / NO *              |      |
| If only required during a common cold <i>please circle -</i>         | WITH COLDS ONLY         |      |
| Medication   | Strength                | Dose |

**When to be taken**

|  |  |                  |
|--|--|------------------|
| Before Activity  | May need before, during and / or after | Staff to observe |
| Aim to get through activity without symptoms if possible |  |                  |

**My Child's asthma triggers: please circle all triggers that apply to your child –**

|   |                          |                 |
|---|--------------------------|-----------------|
| Cold air                                      | Colds / Viral Infections | Pollen          |
| Stress / Anxiety                              | Changes in weather       | Exercise        |
| Dust  | Emotion / Excitement     | Damp / Mould    |
| Night   | Pets                     | Cigarette Smoke |
| Other – <i>Please confirm in boxes</i>        |                          |                 |
| Staff should observe for any unknown triggers |                          | YES / NO *      |

**Relief treatment**

|  |          |             |  |
|--|----------|-------------|--|
| When needed for cough, wheeze breathlessness or sudden chest tightness, give or allow the child to take the inhaler below. After 5-10 minutes the child should feel better & be able to return to normal activities. |          |             |  |
| Medication   | Strength | Dose        |  |
| When to be taken   |          | Expiry Date |  |

|                           |  |      |  |
|---------------------------|--|------|--|
| Signed by Parent/Guardian |  |      |  |
| Name Printed              |  | Date |  |

### In an Emergency

An emergency is when any of the following happen:

- 1) The reliever inhaler does not help.
- 2) Symptoms of cough, wheeze, breathlessness or tight chest get worse.
- 3) The child is too breathless or exhausted to speak or is usually quiet.
- 4) The child lips are blue.

#### What to do

Continue to give the child 1 puff of reliever inhaler (blue) every minute for four minutes (four puffs). Children under two years two puffs After 5-10 minutes the child should feel better & be able to return to normal activities.

If the reliever inhaler has no effect after 5-10 minutes, call 999 for an ambulance Continue to give the reliever inhaler one puff every minute until the ambulance arrives.

Inform the child's parents.

|   |  |      |  |
|---|--|------|--|
| Parent / Carer Signature  |  |      |  |
| Name Printed  |  | Date |  |
| Professional : GP / Consultant / Practice Nurse / Asthma Nurse / Other <i>please circle</i> |  |      |  |
| Name Printed  |  | Date |  |
| Signature   |  |      |  |
| Review Date   |  |      |  |

## School Asthma Health Plan

### PART 2

It is recognised that reliever inhalers are prescribed for use by an individual child only and as such they should not be used by anyone else. However, if your child is having a severe asthma attack and his/her reliever inhaler is not readily accessible then there may be circumstances where it is appropriate to use another child's inhaler to relieve the symptoms. This would only occur in exceptional circumstances and your child would be expected to use his/her own inhaler at all other times.

If your child is having a severe asthma attack, and his/her reliever inhalers are not immediately or readily available do you agree your child may use another child's reliever inhaler? Yes / No

Would you give permission for your child's inhaler to be used by another child who is having a severe asthma attack? Yes / No

Is your child known to be allergic to or unable to use any known alternative reliever inhalers? Yes / No

(If you are unsure how to answer this question please discuss it with your GP.) If yes please provide full details:

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This would only happen in an emergency situation

Note Inhalers must be in the original container as dispensed by the pharmacy.

A Record of medication should be completed, see form below.

**Parental agreement for setting to administer medicine**

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

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

**Medicine**

|   |  |
|---|--|
| Name/type of medicine<br><i>(as described on the container)</i>         |  |
| Expiry date   |  |
| Dosage and method   |  |
| Timing  |  |
| Special precautions/other instructions                                  |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Self-administration – y/n   |  |
| Procedures to take in an emergency                                      |  |

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

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

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

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

FORM 4



FORM 6

**Request for child to carry his/her medicine**

THIS FORM MUST BE COMPLETED BY PARENTS/CARER

The staff have any concerns discuss request with school healthcare professionals.

|   |  |       |  |
|---|--|-------|--|
| Name of School  |  |       |  |
| Child's name  |  |       |  |
| Date of birth   |  | Class |  |
| Child's address                                       |  |       |  |
| Name/type of medicine (as described on the container) |  |       |  |
| Procedures to be taken in an emergency                |  |       |  |

**NB: Medicines must be in the original container as dispensed by the pharmacy**

**Contact Details**

|                       |  |
|-----------------------|--|
| Name                  |  |
| Daytime telephone no. |  |
| Relationship to child |  |

I would like my son/daughter to keep his/her medicine on him/her for use as necessary.

Signature(s) \_\_\_\_\_ Date \_\_\_\_\_

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

FORM 7

**Staff Training Record – Administration of Medicines**

|  |  |
|--|--|
| Name of School                         |  |
| Employees Name                         |  |
| Profession & Title                     |  |
| Type of Training Received              |  |
| Training Provided by                   |  |
| Procedures to be taken in an emergency |  |
| Date Training Completed                |  |

I confirm that \_\_\_\_\_ [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated (please state how often) \_\_\_\_\_

Trainer's signature and designation: \_\_\_\_\_

I confirm that I have received the training detailed above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

FORM 8

**Model letter inviting parents to contribute to individual healthcare plan development**

Dear Parent

**DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD**

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. 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. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely