

# ACKLAM GRANGE SCHOOL



## Managing Medicines in School Policy

Status & Review Cycle	Term	Year
Last Review Date/Policy adopted	Summer Term	2022-2023
Next Review Date	Summer Term	2023-2024
Lead	Mrs Gowland	

This school is an academy within The Legacy Learning Trust.

## 1.0 Introduction

- 1.1 From 1 September 2014 The Children and Families Act 2014 places a statutory duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUS to make arrangements for supporting students at their schools with medical conditions whilst they are at school
- 1.2 This policy has been developed in accordance with, guidance from Tees Valley Public Health Shared Service and the Department for Education's (DfE's) document entitled 'Supporting Students' at school with medical conditions, December 2015'.
- 1.3 There is no legal requirement for school staff to administer medicines. Staff are expected to do what is reasonable and practical to support the inclusion of all students. The DfE states that the Children and Families Act 2014 places a duty on schools to 'make arrangements to support students at their school with medical conditions'.
- 1.4 The Local Council and Trust take seriously its responsibility to comply with their duties under the Equality Act 2010 to support disabled students and those students who have special education needs (SEN). For students with SEN, this policy should be read in conjunction with the SEN Code of Practice.
- 1.5 The Headteacher and all school staff treat medical information including information about prescribed medicines confidentially. The Headteacher should agree with the parent/carers who else should have access to records and other information about the student.
- 1.6 Throughout this policy we have used the term 'parent/carers' to indicate a person with legal parental responsibilities.
- 1.7 The aims of this policy are:
  - 1.7.1 To ensure that all students with medical conditions, in terms of physical and mental health, are supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
  - 1.7.2 To ensure the safe administration of medicines to children where necessary.
  - 1.7.3 To ensure the on-going care and support of students with long term medical needs via a healthcare plan.
  - 1.7.4 To explain the roles and responsibilities of school staff in relation to medicines.
  - 1.7.5 To clarify roles and responsibilities of parents in relation to student's attendance during and following illness.
  - 1.7.6 To outline to parents and school staff the safe procedures for bringing medicines into school when necessary and their storage.
  - 1.7.7 To outline the safe procedure for managing medicines on school education visits.

## 2.0 Roles and Responsibilities

We will ensure that:

All members of the Local Council, school staff and parents/carers understand and fulfil their responsibilities:

### LOCAL COUNCIL

- Arrangements are in place to support students with medical conditions. In doing so they should ensure that such students can access and enjoy the same opportunities as any other child
- in making these arrangements, the Local Council will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Local Council will therefore ensure that the focus is on the needs of each individual student and how their medical condition impacts on their school life
- ensure that arrangements to support students with medical conditions give parents/carers and students the confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care
- ensure that staff are properly trained to provide the support that students need
- ensure that the arrangements that the school put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented
- ensure that this policy is reviewed regularly and is accessible to parents and school staff
- ensure that this policy is implemented effectively, including nominating the person who has overall responsibility
- ensure that the policy sets out how complaints may be made and will be handled concerning the support provided to students with medical conditions
- ensure that the policy is explicit about what practice is not acceptable
- ensure that written records are kept of all medicines issued
- ensure that the policy sets out what should happen in emergency situations
- ensure that the policy sets out clearly how staff will be supported in carrying out their role to support students with medical conditions, and how this will be reviewed, identifying how training needs are assessed, and how and by whom training will be commissioned and provided
- ensure that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting students at school with medical conditions
- ensure the healthcare plans are reviewed at least annually or earlier if evidence is presented that student's needs have changed
- ensure that healthcare plans are developed with the student's best interests in mind and ensure that as a school we assess and manage risks to the student's education, health and social wellbeing and minimise disruption
- ensure that the appropriate level of insurance is in place and appropriately reflect the level of risk.

When deciding what information should be recorded on individual healthcare plans, the Local Council should consider the following:

- the medical condition, its triggers, signs, symptoms and treatments:
- the student's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- specific support for the student's educational, social and emotional needs – for example how absence will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions; the level of support needed, (some children

will be able to take responsibility for medication, this should be clearly stated with appropriate arrangements for monitoring)

- who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the student's condition and the support required;
- arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during the school hours;
- separate arrangements or procedures required for education visits or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements/ Some student's may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

### **HEADTEACHER RESPONSIBILITIES**

- Ensure policy development and implementation
- ensure all staff are aware of the policy and understand their role in implementation
- ensure staff who need to know are aware of individual student's medical conditions
- ensure sufficient trained numbers of staff are available to implement and adhere to this policy and deliver against healthcare plans
- have overall responsibility for student's individual healthcare plans
- ensure that medicines are safely stored
- ensure school staff are appropriately insured
- inform school nursing service in the case of any child who has a medical condition that may require support but who is not known to the service
- ensure parents are aware of the school's 'Managing Medicines in School Policy'
- ensure that the policy is reviewed annually.

### **ALL SCHOOL STAFF RESPONSIBILITIES**

- To follow the procedures outlined in this policy
- any member of staff may be asked to support students with medical conditions although they cannot be required to do so
- any member of school staff should know what to do and respond accordingly when they become aware a student with a medical condition needs help
- staff should not take on responsibility to support a student with a medical condition without being authorised / trained to do so.

### **TRAINED SCHOOL STAFF RESPONSIBILITIES**

- To follow the procedures outlined in this policy using the appropriate forms
- to complete a healthcare plan in conjunction with parents and relevant healthcare professionals for students with complex or long term medical needs (Healthcare plans should be in place before the start of the new school term and if this is not possible i.e. due to new diagnosis within 2 weeks)
- to share medical information as necessary to ensure the safety of a student
- to retain confidentiality
- to take all reasonable precautions to ensure the safe administration of medicines
- to manage and maintain the administration and recording of medicines required on a short term basis e.g. course of antibiotics
- ensure that only medicines which have been prescribed to a student are administered (exception to over the counter medication in exceptional circumstances only)

- ensure that when administering medicines that the medicines are in its original container/outer packaging and where it has a pharmacy label showing the student's name, dosage instructions and that the product is in date, with the exception to an insulin pen or pump, rather than its original container
- ensure that over the counter medication/pain relief is in date and in its original packaging
- be aware that only medicines which have been prescribed, other than painkillers agreed by the medicines in school's team, with prior agreement, for a student can be administered in school
- inform the Headteacher of any controlled drugs required by students
- count and record tablets when brought to the school office and when collected again
- challenge and agree the use of painkillers, such as paracetamol or ibuprofen, in exceptional circumstances, only agreed by the medicines in school's team
- to contact parents with any concerns without delay
- to contact the emergency services if necessary without delay
- to keep the first aid room and first aid boxes stocked with supplies
- Education Visits Coordinator – see 'MEDICINES ON EDUCATION VISITS'
- Students must NOT bring painkillers into school.

Refer to Appendix 3 for detailed Medicine In School Training Staff Instructions.

Individual staff training record is held by Human Resources – Template shown at Appendix 6.

## **PARENT/CARER RESPONSIBILITIES**

- To provide the school with adequate information about their child's medical needs prior to a child starting school; and any changes, such as higher / lower dosage
- support the school with input to create individual child healthcare plans, their development and review as required
- complete relevant paperwork / consent required by school
- support the school by following the procedures for bringing medicines and equipment into school in line with policy
- to only request medicines to be administered in school when essential
- to ensure that medicines are in date and in its original container with administration details and that asthma inhalers are not empty
- adhere to support the management of non-prescriptive painkiller use
- to notify the school of changes in a student's medical needs, e.g. when medicine is no longer required or when a child develops a new need e.g. asthma

Refer to Appendix 4 for Parent/Carers request to administer medication template

## **SCHOOL NURSING RESPONSIBILITIES**

- To notify the school when a child is identified as having a medical condition that will require support
- provide general advice and signpost to appropriate local support for individual children and associated staff training needs
- providing specific support in relation to staff training and management and use of Adrenaline Auto Injection Devices (AAID) for management of allergy / anaphylaxis.

## **3.0 Individual Healthcare Plans (IHCP)**

- 3.1 The main purpose of an Individual Healthcare Plan for a student with long term medical needs is to identify the level of support that is needed while the student is at school. IHCP should be agreed and drawn up in partnership between the school, parent/carers and healthcare professionals.
- 3.2 An individual IHCP clarifies for staff, parents and the student what needs to be done when and by whom. They will often be essential, such as in cases where conditions fluctuate or any child with a complex and long term medication condition. Staff may need to be guided by the student's GP or

paediatrician. Locally a number of tailored plans are already used and provided by the student's health care professional e.g. asthma management plan, diabetes care plan these can be referenced to in the individual healthcare plan and appended.

- 3.3 Managing Medicine in Schools Trained staff are responsible for confirming the need for an IHCP, in discussion with parent/carer's of individual student's.
- 3.4 Managing Medicine in Schools Trained staff are responsible for ensuring that relevant information pertained to the health of the student is available at the start of the student's admission or within 2 weeks of a student starting mid term
- 3.5 Should there be a disagreement about the need of an IHCP, between parent/carers, medical professional and school, the Headteacher will make the final decision
- 3.6 Managing Medicine in Schools Training Staff should agree with parents how often they should jointly review the healthcare plan. This should be carried out at least once a year, but much depends on the nature of the student's particular needs in which case the plan may need to be reviewed more frequently.
- 3.7 The student (where relevant), parent/carers, specialist nurse and school should hold a copy of the IHCP. Other school staff should be made aware and have access to the IHCP for students in their care.

Template Individual Healthcare Plan is available at Appendix 1

#### **4.0 Staff Indemnity**

In relation to Academy Schools, The Legacy Learning Trust fully indemnifies its employees against claims for alleged negligence, providing they are acting within the scope of their employment. For the purposes of indemnity, the administration of medication falls within this definition and hence staff can be reassured about the protection that their employer provides. The indemnity would cover the consequences that might arise where an incorrect dose is inadvertently given or where the administration is overlooked. In practice indemnity means the Trust and not the employee will meet the cost of damages should such a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer.

#### **5.0 Staff Training**

##### **5.1 Staff involved in Supporting Students with Medical Conditions**

- 5.1.1 Staff involved in the administration of medicines undertake relevant 'Medicines in School Training' as directed by the Headteacher.
- 5.1.2 The Headteacher will ensure that staff allocated to the roles of administering medicines are adequately training
- 5.1.3 The Headteacher will name staff responsible for administering medicines, or delegate the role to a trained member of staff as appropriate
- 5.1.4 The staff responsible will ensure that all staff are updated on the medical needs of other students, be able to access the names of the students with IHCP; be aware of the changes to students' medical needs; aware of who the lead staff are when faced with an issue to do with administering medicines.
- 5.1.5 The named staff in Appendix 2, are responsible for writing, maintaining and monitoring IHCPs.

##### **5.2 Wider Staff Training**

- 5.2.1 All staff receive annual health and safety training, including what action to take in an emergency situation, this included Adrenaline Auto Injection Devise (AAID) training. See Appendix 7 for AAID emergency support procedure.

- 5.2.2 Staff are made aware of students with medical conditions and can access IHCP's via the Main School Office and Specialist Provision.
- 5.2.3 Supply staff are provided with a 'Supply Induction Pack' outlines First Aid provision within school.
- 5.2.4 Medicine in schools trained staff are available should any member of staff require advice and support.

## **6.0 Storage of Medicines in school**

- Prescribed medicines i.e. antibiotics (including antibiotic eye drops) must stored in a lockable cabinet/fridge housed in the First Aid Room
  - adrenaline auto injection device must stored in the First Aid Room, and be easily accessible and labelled with the student's name
  - asthma inhalers should be stored in the First Aid Room and be easily accessible and labelled with the student's name
  - antihistamine eye drops for severe hay fever must be stored in the First Aid Room
  - students are allowed to carry their own inhalers/diabetes devices/auto adrenaline injection devices where appropriate. The student's parent/carers should submit this request in the relevant section of the 'Request to Administer Medication Consent Form' - See Appendix 4. Students should only be allowed to carry their own medicines if they are competent to self-administer the medicine without need for any supervision
  - large volumes of medicines should not be stored in school. Staff should only store, supervise and administer medicines that have been prescribed or painkillers that have been pre-agreed for an individual student.
  - Medicine in Schools Trained staff and students with medical conditions that require medicines storing must be aware of where the medicines are stored and how to access them
  - we recommend that parent/carers take receipt of medicines at the end of each term and return back to school at the start of each term
  - students that need two or more medicines each should be stored together. Staff must not transfer medicines from its original container.
  - only authorised staff and First Aid training staff have access to the First Aid room
  - only authorised Medicine in School Trained staff have access to medication
  - some drugs administered in schools may be classified as controlled drugs e.g. Methylphenidate, Midazolam. Controlled drugs must be handled in the same way as any drug except that they are not suitable to be carried by a student and should be stored in the locked medicines cabinet, housed in the Medical Room. The exception to this is Emergency Epilepsy Medication (i.e. Midazolam/Bucolam).
- 6.1 Controlled drugs need two Medicine in Schools trained staff and they must record and sign the students individual medical register (See Appendix 5).

## **7.0 Disposal of Medicines / Medical Supplies**

- 7.1 School staff should not dispose of medicines by for example flushing tablets or medicines down the toilet. Expired / no longer required medicines should be collected from school by parents within fourteen days of the expiry date / no longer being required. If parents do not collect the expired / no longer required medicines within the specified time frame the school should arrange for these medicines to be returned to their local community pharmacy. This should be recorded on the student's medication sheet – it is advised that this is documented and undertaken by two members of staff.
- 7.2 Expiry dates of all medicines held in school should be checked before every administration. A check of expiry dates should be undertaken of all medicines in school on a half termly basis.
- 7.3 The renewal of any medicine which has passed its expiry date is the responsibility of the parents. Ideally parents should be reminded at least 14 days in advance of medicines expiring that they need to arrange a replacement supply.

7.4 Under the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 (the Sharp Regulations) school must ensure that risks of sharps injuries are adequately assess and appropriate control measure are in place for the safe handling and removal of sharps.

7.5 All Sharps are disposed of in a Sharps container held in the Medical Room and are removed from site by a third party professional waste management company on a quarterly basis.

## **8.0 Administration of Medicines in schools**

8.1 No medicine should be administered unless clear written instructions to do so have been obtained from a doctor. The school reserves the right to refuse responsibility for the administration of medicine in some instances. None prescription painkillers usage should be accepted in extenuating circumstances, only by the medicine in school's team

8.2 All students who require medication to be given during school hours should have clear instructions where and to whom they report. This procedure will only be necessary where medicines have to be taken for an extended period of time or retained by the school for emergency purposes. Copies are to be kept in student's medical/confidential file.

8.3 Parents/Carers must take responsibility to update the school of any changes in administration for routine or emergency medication and maintain an in date supply of the medication. Any unused or time expired medication must be handed back to the parents/carers for disposal.

8.4 All medicines must be clearly labelled with the child's named, route i.e. mode of administration oral/aural etc, dosage, frequency and name of medication being given. Oral medication must be in original packs with the original prescription label.

8.5 Changes to instructions should only be accepted when received in writing. A fresh supply of correctly labelled medication should be received as soon as possible.

8.6 A record of medication given in school must be kept in the medical room.

8.7 Wasted dosages e.g. tablets dropped on floor should be recorded and disposed of as per guidance on disposal of medicines. Wasted doses should not be administered.

8.8 Liquid medicines should be administered with a suitable graduated medicine spoon or syringe

8.9 First Aid staff and Medicine in Schools Trained staff must be issued with disposable protective gloves to be used where appropriate

8.10 Staff who are asked to handle hazardous material e.g. "sharps" should request specific information regarding disposal.

8.11 Medication administration ideally should take place in the Medical Room where the medication is stored and all necessary paperwork should be available at the time of the administration of medicine. This should include the Medicine in School Consent form and Record of medication.

8.12 Medication should be administered to the student at a time.

8.13 It is expected that the student should be known to the person administering the medicine and that the staff member positively identifies the child at time of administration by confirming name / date of birth / and / or comparing with recent school photo.

8.14 Prior to administration staff should check:

- the child's identity
- that there is written consent from parent / carer
- that the medication name, strength and dose instructions match the details on the consent form
- that the name on the label matches the student's identity
- that the medicine is in date
- that the child has not already been given the medicine.

8.15 Where a student refuses to take medication:

- Staff should not force the student to take it the school should inform the child's parents as a matter of urgency;



- where such action is considered necessary to protect the health of the child the school should call the emergency services;
- records of refused/non administration or doses should be made in the student's medicines administration record.

## **9.0 Record and audit trail of medicines in school**

- 9.1 Each student who receives prescribed medicine at school must have a Student Medication Register completed for each medication they are to receive (See Appendix 5).
- 9.2 As directed by the Headteacher Medicine in Schools Trained staff are responsible for recording information about the medicine and about its use.
- 9.3 The prescribers written instructions and the Student Medication Register should be checked on every occasion when the medication is administered and the Student Medication Register completed by the member of staff administering the medicine. The School record will be retained for a period of 5 years.
- 9.4 The following information should be recorded on the Student Medication Register:
  - details of the prescribed medicine that has been received by the school;
  - the date and time of administration of medicine and the dose given
  - details of any reactions or side effects to medication;
  - the amount of medicine left in stock
  - all movements of prescribed medicine within the school and outside the school on education visits for example;
  - when the medication is handed back to the parent/carer at the end of the course of the treatment.

If a parent/carer has requested a child self-administers their medicine with supervision a record of this should be made on the Student Medication Register.

Changes to instructions should only be accepted when made in writing. A fresh supply of correctly labelled medication should be obtained as soon as possible.

A template Student Medication Register is provided at Appendix 5.

## **10.0 Hygiene and infection control**

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings and equipment.

Where specialist or enhanced hygiene arrangements are required these should be covered by an appropriate risk assessment written in consultation with parent/carers / health care professional.

## **11.0 Intimate or invasive treatment**

Intimate or invasive treatment by school staff should be avoided wherever possible. Any such requests will require careful assessment. Some school staff are understandably reluctant to volunteer to administer intimate or invasive treatment because of the nature of the treatment or fears about accusations of abuse. Parents/carer's and Headteachers must respect such concerns and undue pressure should not be put on staff to assist in treatment unless they are entirely willing. The Headteacher will provide appropriate training for school staff willing to give medical assistance. If undertaken the school should arrange for two adults, one the same gender as the student, to be present for the administration of the treatment.

Where intimate or invasive treatment is required, it should be subject to an individual risk assessment which should include reference to two people to minimise any risk claim.

## **12.0 Emergency Treatment**

In the event of an emergency staff should contact the emergency services using the 111 or 999 system.

Where an individual health care plan has been agreed and arrangements put in place to deliver any emergency treatment this should be undertaken by authorised individuals. Qualified First Aiders in the school may also be able to offer support.

Should a student need to go to hospital, parent/carers must be contacted, if an urgent transfer to hospital is needed a member of staff should always accompany the student to hospital and stay with them until the student's parent/carer arrives. Healthcare professionals are responsible for any urgent decisions on medical treatment when parent/carers are not available.

Where students are taken off site on educational visits or work experience then the arrangements for the provision of medication must be considered in consultation with parents and risk assessments and arrangements put in place for each individual student.

Controlled drugs taken out of school for off- site education visits or work experience must be held in a lockable container.

Emergency medication should always be readily accessible and never locked away.

AAID may be carried by students (if requested by parent/carers) with a spare device stored in school. It is advised the device is carried in a plastic container and that written instructions for use and after care are included with both devices.

If the student is unable to administer their AAID, trained staff may administer the prescribed AAID and seek emergency service support as needed.

Student's known to have asthma must have a reliever inhaler available with them at all times in school. If students are carrying their own inhalers ideally a spare inhaler should be held by the school.

Student's known to have epilepsy have individual healthcare plans and manage their condition well in school. Staff must be mindful of triggers of an attack and seek First Aid support: Anxiety, Stress, Tiredness, Flashing/Flickering lights and student's feeling generally unwell.

## **13.0 PE and Out of School Activities**

Education Visit Group Leaders must check student medication records and take any student medication that needs administering and adhere to this policy.

Asthma relievers should always be available during physical education, sports activities and education visits. A spare inhaler and spacers should also be available and stored in a place where they can be readily accessed if the primary inhaler cannot be accessed.

Students with asthma should participate in all aspects of school life, including physical activities. They need to take their relevant inhaler with them on all off-site activities. Some student's may need to take their reliever asthma medication before any physical exertion. Asthma medicine should be clearly labelled with the student's name. The expiry date of the medicine should be checked every six months.

Students with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming. Concerns about safety should be discussed with the child and parents as part of the IHCP.

## **14.0 Treatment of attention deficit hyperactivity (ADHD)**

When medication is prescribed for ADHD it is usually part of a comprehensive treatment programme and always under the supervision of a specialist childhood behavioural problems.

Methylphenidate (Ritalin, Equasym and Medikinet) and dexamphetamine are used in the treatment of ADHD and a lunch time dose is usually needed. In some cases once symptoms are stabilised a longer acting version of Methylphenidate is used (Concerta XL, Equasym XL and Medikinet XL). There are legally categorised as controlled drugs and should be treated in the same way as other medicines administered in school. However, they should not be carried by the student and should be kept securely in a locked cabinet.

## **15.0 Management of Diabetes**

Students who have diabetes must have emergency supply kits available at all times. This kit should include a quick acting glucose in the form of glucose sweets or drinks. Most students will also have a concentrated glucose gel preparation e.g. Gluogel. These are used to treat low blood glucose levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate such as biscuits.

Students with diabetes will generally need to undertake blood glucose monitoring at lunchtime, before PE and if they are feeling 'hypo'. This should be administered in the Medical Room.

### **Causes of Hyperglycaemia (Hypo)**

Hypo's happen when blood glucose levels rise too high, reasons include:

- Missed insulin dose or student hasn't take enough insulin
- eaten of sugar or starchy food
- stressed or generally unwell
- problem with insulin intake (i.e. pump)

### **Signs of a Hypo:**

- Tiredness
- lack of concentration
- extreme thirst
- mood change
- increased toilet use
- headaches

### **Emergency Treatment**

Staff should seek support for the First Aid Team/Medicine in School Trained Staff.

- Immediately give the student a sugary snack/drink
- consider extra dose of insulin (contact parent/carer)
- test student blood levels (all students have their own test kits)

Call 999 for an Ambulance if the student is losing consciousness; DO NOT give them anything by mouth. Place in the recovery position and support their needs until the ambulance team arrive.

## **16.0 Management of Asthma**

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the

airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

- 16.1 As a school, we recognise that asthma is a widespread, serious, but controllable condition. Acklam Grange welcomes all students with asthma and aims to support these student in participating fully in school life. We support this by:
- having an up-to-date asthma register
  - having an up-to-date asthma policy
  - medicines in school staff
  - encouraging all students to carry their reliever inhaler on their person at all times allowing them immediate access
  - parents are encouraged to provide an up-to-date GP asthma action plan if applicable
  - parents and students are encouraged to provide an additional salbutamol inhaler to be stored in the medical room as a spare
  - parents are encouraged to complete consent form to allow use of emergency inhaler
  - ensure medicines in school staff receive asthma updates and training offered by the local health trust
  - promote asthma awareness to students, parents and staff
- 16.2 An Asthma register is active for all students that have a diagnosis, the register is updated regularly, with regular communication with parent/carers as needed.
- 16.3 The Medical in Schools Team are responsible for:
- maintaining the asthma register
  - managing the emergency salbutamol inhalers (*refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015*)
  - parents are encouraged to complete consent form to allow use of emergency inhaler
  - ensure that measures are in place to ensure that students have immediate access to their inhalers
- 16.4 All students with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe (Source: Asthma UK).
- Students' are encouraged to carry their reliever inhaler on their person at all times
  - Some students may have a number of other medications which are taken at home morning and/or night, as prescribed by the doctor/nurse. These medications need to be taken regularly for maximum benefit.
  - Student should not bring their **preventer** inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the student is going on a residential trip, we recognise that they must take the preventer inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).
  - Parents should be encouraged to report to school if their child has started a new medication or a course of oral steroids in case of any side effects.
- 16.5 As part of our Health and Safety responsibilities to all students the school does all that it can to ensure the school environment is favourable to students with asthma. The school has a definitive no-smoking

policy and discourages the use of aerosols. A number of risk assessments are supported for subjects including: Science, Physical Education and Education Visits, where possible triggers will be avoided:

Triggers: (Source: Asthma UK)

Colds and infection, dust and house dust mite, pollen, feathers, furry animals, exercise, laughing, stress, cold air, change in the weather, chemicals, glue, paint, aerosols, food allergies, fumes and cigarette smoke.

- 16.6 Taking part in sports, games and activities is an essential part of school life for all students. All staff will know which students in their class have asthma and all PE teachers at the school will be aware of which students have asthma from the school's asthma register and students SIMS record.
- 16.7 Students with asthma are encouraged to participate fully in all activities. PE teachers will encourage students whose asthma is triggered by exercise to take their reliever inhaler and spacer before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that students will carry their rescue inhaler and spacer with them. If a student needs to use their inhaler during PE lesson they will be encouraged to do so. A student can keep a spare inhaler at the Acorn centre reception if they wish. The Acorn Centre reception also holds an emergency school inhaler to allow for quick access during PE lessons.
- 16.8 Acklam Grange School is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting on the students' lives, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the student needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan (provided by their GP) to improve their symptoms.

***However, the school recognises that students with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.***

- 16.9 Acklam Grange School is aware of the guidance, 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015), which gives guidance on the use of emergency salbutamol inhalers in schools. The document can be found at:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

Key points from this policy are summarised below:

- Acklam Grange School purchase salbutamol inhalers and spacers from community pharmacists without a prescription from registered local pharmacies.
- We have 12 emergency kits.
- For easy access they are located as follows:
  - 4 kits in the medical room (taken out on educational visits when required)
  - 3 kits (1 for each of the 3 mini buses) located at the Acorn Centre
  - 1 kit in The Acorn Centre (sports centre)
  - 2 kits for the Sport Leaders Programme located at the Acorn Centre
  - 1 kit for Discovery programme
  - 1 kit for Resolution programme

- Each emergency kit contains:
  - A salbutamol metered dose inhaler;
  - At least two disposable spacers compatible with the inhaler;
  - Instructions on using the inhaler and spacer;
  - Instruction on cleaning and storing the inhaler;
  - Manufacturer's information;
  - Check list including batch number and expiry date
  - A note of the arrangements for replacing the inhaler and spacers;
  - A list of student permitted to use the emergency inhaler:
  - A record of administration
- Acklam Grange School recognise that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

***We will ensure that the emergency salbutamol inhaler is only used by students who have been diagnosed with asthma OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of emergency inhaler has been given.***

16.10 The Medicines in Schools team 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;
- Replacement inhalers are obtained when expiry dates approach;
- Disposable 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.
- Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.
- Any puffs should be documented so that it can be monitored when the inhaler is running out.
- An inhaler contains 200 puffs when new, so will be replaced when 40 puffs are remaining or when it reaches its expiry date, which comes first.
- The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it has not come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.
- Spent/expired inhalers will be returned to the pharmacy to be recycled.  
(The name(s) of these student will be recorded after using the emergency kit(s)). The parents/carers will be informed if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

16.11 Common day to day asthma symptoms:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the student's inhaler and rest (e.g. stopping exercise). As per Department of Health Guidance, they would not usually require the child to be sent home from school or to need urgent medical attention.

- 16.12 Acklam Grange School recognises that if all of the above is in place, we should be able to support students with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

**The Department of Health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body).
- Nasal flaring.
- Unable to talk or complete sentences. Some student will go very quiet
- May try to tell you that their chest 'feels tight' (younger student may express this as tummy ache)

If a student is showing these symptoms we will follow the guidance for responding to an asthma attack as detailed at Appendix 10 and the flowchart outlined in Appendix 11, adopted from South Tees Hospital Asthma clinic.

## **17. Management of Epilepsy**

Students who have epilepsy are identified from student personal data when joining the school. As detailed at point 3 of this policy students would be issued with an IHCP. Most students with epilepsy manage well and this will not impact on their time in school.

Students with epilepsy do not normally need their prescribed medication during the school day. This is managed in their home environment. Should a student require medication in the day this will be managed and administered by Medicine In Schools Trained staff and procedures detailed at point 8 of this policy will be adhered too.

All staff must make themselves aware of students with epilepsy, and be able to spot the signs of an attack and take appropriate action. Information to support a student suffering epilepsy is available in each faculty office and PE area.

### **17.1 Triggers of an Epilepsy Seizure/Attack: Triggers include:**

- Anxiety
- stress
- tiredness
- being generally unwell
- flashing or flickering lights

### **17.2 Awareness of an Epilepsy Seizure/Attack:**

- Any factors which may have acted as a trigger
- unusual 'feelings' reported by the student prior to the seizure
- parts of the body demonstrating seizure activity
- the timing of the seizure, when and how long
- whether the student lost consciousness

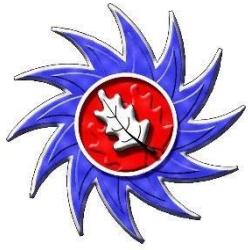
- whether the student was incontinent

### 17.3 Emergency Treatment: What to do if a student has an epilepsy seizure

- Make sure the student is in a safe position
- stay with the student at all times
- their movement should not be restricted
- the seizure should be allowed to take its course
- putting something under the student's head will help protect it
- nothing should be placed in the mouth
- when the seizure has stopped the child should be placed in the recovery position until fully recovered
- contact parents/ ambulance as needed

Call 999 for an Ambulance if the student is losing consciousness; DO NOT give them anything by mouth. Keep the student in the recovery position and support their needs until the ambulance team arrive.





# Acklam Grange School

## LONG TERM INDIVIDUAL HEALTH CARE PLAN

Appendix 1

Student Photo

--

### STUDENT DETAILS

NAME:			
D.O.B:		FORM:	
ADDRESS:			

### CONTACT DETAILS

NAME			
RELATIONSHIP TO STUDENT			
CONTACT NUMBERS	H:		
	M:		
	W:		

### CONTACT DETAILS

NAME			
RELATIONSHIP TO STUDENT			
CONTACT NUMBERS	H:		
	M:		
	W:		

### OTHER CONTACTS

GP NAME			
GP ADDRESS			
GP TELEPHONE NO.			

HOSPITAL			
SPECIALIST NAME			
SPECIALIST CONTACT NO			

OTHER CONTACTS			

All details pertained in this document is compiled from information provided by the parent/carer of the above named student. Any professional medical information supplied by external bodies will be attached to this care plan.

This document is for internal school use.

#### MEDICAL CONDITION

Medical Condition(s)	
Triggers	
Signs and Symptoms	
Treatment	
Medication 1)	Name: Dosage: Timing: Side Effects: Storage:
Medication 2)	Name: Dosage: Timing: Side Effects: Storage:
Medication 3)	Name: Dosage: Timing: Side Effects: Storage:

#### ADDITIONAL REQUIREMENTS

Other Treatments	
Special Requirements, e.g. facilities, equipment, access to food and drink, dietary requirements, access to lessons	

#### SPECIFIC SUPPORT

ABSENCES e.g. reporting procedure, absence line contact details	
EXAMS e.g. extra time, rest periods	
EXTRA WORK ARRANGEMENTS	
COUNSELLING	
STAFF TRAINING	

SELF-MANAGEMENT: E.g. appropriate arrangements and monitoring	
--	--

## SCHOOL TRIPS/PE FIXTURES/RESIDENTIAL VISITS

Items Required	All emergency devices (inhalers, adrenaline auto-injector, insulin pen) must be carried by student at all times, in school, at sports fixtures, on school visits and education trips.
----------------	---

## CONTACTS IN SCHOOL

STAFF CONTACTS	
MEDICINES/IHCP	
HEAD OF YEAR	
ARC SERVICES	

## EMERGENCY ARRANGEMENTS

# PARENT/CARER CONSENT

PARENT/CARER CONSENT	YES	NO
I give permission for a designated member of staff (nominated by the Headteacher) to administer medication to my child and understand that all long term medication must be prescribed by GP or Hospital		
I give permission for my child to self-administer their own emergency medication (e.g. inhaler, insulin)		
I give permission for a copy of my child's Individual Health Care Plan (IHCP) to be given to the Emergency Services, if necessary		
I give permission for my child's IHCP to be shared		
I agreed to bring in my child's medication into school myself		
I agree to monitor expiry dates and update medication when required		
I agree to ensure the medication will be complete, in its original packaging containing the information sheet, within its expiry date and showing the pharmacy label and administration instructions		
I agree to inform school as soon as possible of any changes that may occur		
I agree to collect any remaining medication at the end of the treatment or at the end of the school year (whichever comes first)		
My child will carry their emergency medication (e.g. Adrenaline Auto-injector, Inhaler, Insulin Pen) with them whilst in school, at sporting fixtures, on a school visit or residential trip. I will replace all items when they reach their expiry dates		

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

Relationship to student: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Date: \_\_\_\_\_

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

Copy to parent/carer: \_\_\_\_\_ Date: \_\_\_\_\_



# Acklam Grange School



## Managing Medicines in Schools Trained Staff:

<b>Name</b>	<b>Area</b>
Mrs Y Aveling	Main School Office
Mrs A Carey	First Aid Rom
Mrs C Martin	ARC Services
Mrs H Myers	Main School Office
Mrs Y Neeve	Main School Office
Mrs A Nevison	Acorn Centre Reception



# Acklam Grange School

## ADMINISTERING MEDICINES IN SCHOOL

### STAFF INSTRUCTION SHEET

#### SHORT TERM CARE

Initial meeting with parent

- 1) Complete Request To Administer Medication Form (one for each medication)
- 2) Complete Student Medication Register
- 3) Set up individual record in plastic sleeve
- 4) File in alphabetical order in red file in medical room
- 5) Store medication in medical room storage facility
- 6) Add students name and medicine details onto inventory sheet
- 7) Add students name onto spreadsheet of medicines held in school
- 8) Advise any staff that may need to know e.g. Year Leader, PE, attendance etc
- 9) Complete register every time medication is administered
- 10) Contact parent/carers to collect medicine at the end of treatment period if necessary

#### LONG TERM CARE

Arrange and hold an Initial Meeting with parent/carers

- 1) Complete Request To Administer Medication Form (one for each medication)
- 2) Complete Student Medication Register
- 3) Complete Individual Health Care Plan with parent/carers (this may take some time and can be done at another time and may require an appointment, but asap (no longer than 2 weeks) this meeting may include other members of staff if necessary, when complete, copy and give one to parent/carers)
- 4) Set up a file with any completed forms in plastic wallet, in alphabetical order, in red file in medical room
- 5) Store medication in medical room storage facility
- 6) Add students name and medicine details onto inventory sheet
- 7) Add students name onto spreadsheet of medicines held in school
- 8) Advise any staff that may need to know e.g. SEN, Year Leader, PE, attendance etc
- 9) Update SIMS medical information
- 10) Complete register every time medication is administered
- 11) Update care plan annually or if treatment/medical condition changes
- 12) Contact parent to collect medicine at the end of treatment period if necessary
- 13) Disposal of out of date/unwanted medicines must be taken to local pharmacy/vets by 2 members of staff or collected by arrangement with MBC/LA



# Acklam Grange School

APPENDIX 4

## REQUEST TO ADMINISTER MEDICATION



### STUDENT DETAILS

NAME:		
D.O.B:		FORM:
ADDRESS:		

### MEDICATION

Name of Medication	
Reason for Medication	
Duration	
Date Dispensed	
Dosage	
Timing	
Side Effects	
Allergies	
Self-Administration	
Special Precautions	
Emergency procedures	

### CONTACT DETAILS: to add further contacts, please turn over

NAME	
RELATIONSHIP TO STUDENT	
CONTACT NUMBERS	H:
	M:
	W:

I understand that I must deliver all medication to Main Reception.

I understand that any medication **prescribed by a GP** must be: 1) in its original packaging, showing pharmacy label and containing the information sheet, 2) within its expiry date, 3) can only be given as per GP instructions, 4) any remaining medication will be collected by me.

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

Relationship to student: \_\_\_\_\_

For further details please refer to The Administration of Medications in School Policy at:

[www.acklamgrange.org.uk](http://www.acklamgrange.org.uk)



**CONTACT DETAILS:**

NAME	
RELATIONSHIP TO STUDENT	
CONTACT NUMBERS	H:
	M:
	W:

**CONTACT DETAILS:**

NAME	
RELATIONSHIP TO STUDENT	
CONTACT NUMBERS	H:
	M:
	W:

**CONTACT DETAILS:**

NAME	
RELATIONSHIP TO STUDENT	
CONTACT NUMBERS	H:
	M:
	W:



**Acklam Grange School**  
**Student Medication Register**



NAME:			
D.O.B:		FORM:	
Name and Strength of Medication:			
Dose and Frequency of Medication:			
Medical Condition:	Allergies:		
Notes:	Side effects:		

DATE:				
QUANTITY RECEIVED:				
EXPIRY DATE:				
BROUGHT IN BY: PRINT				
RECEIVED BY: PRINT				
QUANTITY RETURNED:				
COLLECTED BY:				
RETURNED BY STAFF:				

DATE	TIME GIVEN	DOSE GIVEN	STAFF SIGNATURE	PRINT NAME





# Acklam Grange School

## Individual Staff Training Record – Administration of Medication

Name: \_\_\_\_\_ Role: \_\_\_\_\_

[illegible]



## **Adrenaline Auto Injector Pens (AAIP)**

### **Emergency Administration**

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

What can cause anaphylaxis? Common allergens that can trigger anaphylaxis are:

- foods (e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- insect stings (e.g. bee, wasp)
- medications (e.g. antibiotics, pain relief such as ibuprofen)
- latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.
- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

Anaphylactic or potentially anaphylactic children should carry at least one AAIP with them at all times and have back-ups available in school. Most children are able to carry their own AAIP.

School will keep one extra auto injector pen in the Medical Room in case of an emergency. This must be supplied by parents and renewed by them when the pen expires. Parents are responsible for disposing of expired pens. The Medicines in School Team are responsible for managing administration and liaison with parents to ensure student medication is kept up to date and relevant.

It cannot be presumed that a child/adult will self-administer their AAIP (The individual may not be able to self administer whilst having a reaction).

Posters describing the signs and symptoms of anaphylaxis and the use of AAIP's are displayed in the Medical Room, relevant classrooms and Faculty offices.

## Treatment Protocol

If someone appears to be having a severe allergic reaction (anaphylaxis), **you MUST call 999 without delay**, even if they have already used their own AAI device, or a spare AAI.

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

### Practical points:

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the student's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics: – if the child is known to have an allergy; – what might have caused this reaction e.g. recent food; – the time the AAID was given.

### How to use the AAIP:

1. Take the AAIP out of its package
2. Remove the safety cap
3. Hold the auto-injector in your first. The needle comes out of the end, so be careful not to hold your hand over the end
4. Push the end with the needle firmly against the side of person's thigh, about halfway between the hips and knee. Inject the medicine into the fleshy outer portion of the thigh. Do not inject into a vein or the buttocks
5. You can give the injection through clothes or on bare skin
6. Hold the auto-injector in place until all the medicine is injected – usually no more than 3 seconds
7. Remove the needle by pulling the pen straight out. A protective shield will cover the needle as soon as it is removed from the thigh. Put the injector back into its safety tube. Give it to the Emergency Services when they arrive
8. Massage the area after injection

**Acklam Grange School****Symptoms and treatment of an Asthma Attack**

- Not all symptoms listed have to be present for this to be an asthma attack
- Symptoms can get worse very quickly
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

**Cough**

A dry persistent cough may be a sign of an asthma attack.

**Chest tightness or pain**

This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache.

**Shortness of breath**

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'.

**Wheeze**

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

**Increased effort of breathing**

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger student, the stomach may be obviously moving in and out. Nasal flaring.

**Difficulty in speaking**

The child may not be able to speak in full sentences.

**Struggling to breathe**

The child may be gasping for air or exhausted from the effort of breathing.

**CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD**

- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed
- Cannot speak /short sentences
- Symptoms getting worse quickly

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- \*Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. ( r 1 puff to 5 breaths or 20 seconds per dose with mask)
- If there is no improvement, repeat these steps\* up to a maximum of 10 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 you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse
- If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **call 999 FOR AN AMBULANCE** and call for parents/carers
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a student taken to hospital by an ambulance and stay with them until a parent or carer arrives

**Depending on responses, steps 2 - 7 can be repeated according to response up to 10 puffs.**

**If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.**

**If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.****



## Acklam Grange School



## Use of Emergency Inhaler Consent Form

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Parent/Carer Name: \_\_\_\_\_

(Please print in capitals)

Parent/Carer Signature: \_\_\_\_\_

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

Additional Emergency Contact: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

Parent/Carer to complete	Yes	No
I can confirm that my child has been diagnosed with asthma?		
My child has been prescribed an inhaler?		
My child has a working in-date inhaler, clearly labelled with their name, which they will bring with them to school every day?		
<p><b>Please ensure the label on the inhaler reads:</b></p> <p>a) Salbutamol UP TO 10 PUFFS EVERY 4 HOURS IF NEEDED</p> <p>OR</p> <p>b) Dry Powder Rescue Inhaler UP TO 3-4 DOSES EVERY 4 HOURS IF NEEDED</p>		
I will monitor the expiry date and replace my child's inhaler when expired, keeping school notified of any changes to my child's health / prescription?		
<p>My child attends hospital clinic</p> <p>Consultant Name: _____</p> <p>Asthma Nurse Name: _____</p>		
In the event of my child displaying symptoms of Asthma and their inhaler being unavailable or unusable, I consent for my child to receive Salbutamol from an emergency inhaler		

Please note this consent will last for the time your child attends Acklam Grange School

**STUDENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

Medical Condition(s)	<b>ASTHMA</b>
Triggers	
Signs and Symptoms	
Treatment	
Medication 1)	Name: Dosage: Timing: Side Effects: Storage:
Medication 2)	Name: Dosage: Timing: Side Effects: Storage:
Medication 3)	Name: Dosage: Timing: Side Effects: Storage:
Notes	

**Acklam Grange School Internal**

Medicines in School Staff Name:

Date updated in Student records:



## Administering Reliever Inhaled Therapy through a Spacer

A metered dose inhaler can be used through a spacer device.

**If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

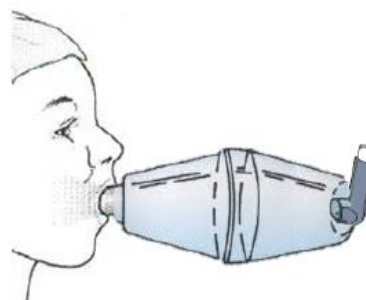
### Small spacers

- Pink
- Green
- Blue

### Large spacer

- Clear

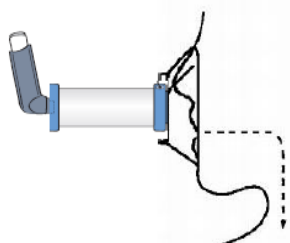
### A spacer without mask



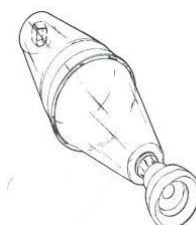
1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the end of the spacer
5. Place mouthpiece in mouth with a good seal,
6. Press the canister encouraging the child to continue to breathe in and out for 5 slow breaths.
7. Remove the spacer.

### A spacer with mask

#### small spacer



#### large spacer



1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from in
4. Shake inhaler and place it in the end of the spacer
5. Place mask over nose and mouth with a good seal, (Tipping inhaler end of the spacer up)
6. Press the canister encouraging the child to continue to breathe in and out for 20 seconds
8. Remove the spacer from the face.
9. Repeat from step 1 until the dose has been given.

Depending on responses, steps 2 - 7 can be repeated according to response up to 10 puffs.

If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.

If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**

**Acklam Grange School  
Asthma Policy Flow Chart**



**IF A CHILD WITH ASTHMA HAS COUGH /WHEEZE/BREATHLESS  
GIVE THEIR USUAL DOSE OF BLUE INHALER**

**IF better after 15 mins continue as usual  
IF no improvement then follow this plan**



**REASSURE THE CHILD SIT THEM DOWN AND ENCOURAGE CALM DEEP  
BREATHING**

Give 10 separate doses of blue (salbutamol) inhaler in the large spacer with 5 slow breaths per dose or with mask on and tipped up for 20 seconds per dose. Shake inhaler in between until 10 doses has been given

**Observe closely for 15 minutes**



**If after 15 minutes the child is better and fully recovered and looking /behaving in the usual way.  
Please make a note of this for parents**

**IF BLUE INHALER NEEDED AGAIN WITHIN 4 HOURS AT SCHOOL AND THERE IS A GOOD RESPONSE. PLEASE FOLLOW THIS GUIDELINE AND ALSO SEEK PARENTAL ADVICE.**



**No response or poor response  
OR GETTING WORSE**

- **Wheezy/coughing**
- **Breathing quickly.**
- **Tight chest**
- **Not speaking/joining words together**
- **Distressed or anxious**
- **Pale/listless/blueness**
- **Carer still has concern!**

**Give another 10 puffs (blue) in the LARGE spacer while another member of staff is calling an ambulance.999.**

**State severe asthma.**