BROADWATER
CHURCH OF ENGLAND
PRIMARY SCHOOL

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Medicines in School, Medical Conditions Policy and Asthma Toolkit 2026-2027

Turn your ear to wisdom and apply your heart to understanding (Proverbs 2:2)

Broadwater is a Christian School. We will enable children to become wise, confident, successful learners with the motivation, skills and responsibility to make a positive difference in God's world. Our vision is underpinned by the values we live by.

The Holy Spirit produces this kind of fruit in our lives: love, joy, peace, patience, kindness, goodness, faithfulness, gentleness, and self-control. There is no law against these things! Galatians 5:22

It is this fruit that, in partnership with parents/guardians, we will instil in the children of our school.

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Alternative Provision to make arrangements for supporting pupils at their school with medical conditions. The governing body of Broadwater Church of England Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions' December 2015'.

Establishment staff do not have a statutory duty to give medicines or medical treatment. However, medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Liz Crockett, Chair of Governors

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at Broadwater Church of England Primary School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff. Staff will follow the medicines protocol.

The lead for the management of medicines at Broadwater Church of England Primary School is the Welfare Officer or in their absence the Office Manager. In their duties, staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review

All staff, governors, parents/carers and members of the Broadwater Church of England Primary School community will be made aware of and have access to this policy. This policy will be reviewed bi-annually and its implementation reviewed and as part of the Head teacher's annual report to Governors.

Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed as 'cover available' in the RMP Medical Malpractice Treatment Table will be insured under the WSCC Public Liability insurance policy. The Treatment Table is available to view on West Sussex Services for Schools under Other Documents in the Insurance, Resources section.

In addition to this policy the Council also maintains a Medical Malpractice policy to incorporate insurance cover for the more invasive and complicated procedures that staff are now expected to undertake and that are not covered under a standard Public Liability policy.

Admissions

When the school is notified of the admission of any pupil the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescriptions medication using 'Template B: Parent/carer consent to administer short-term non-prescribed 'ad-hoc' medicines' (included in the Enrolment booklet). An assessment of the pupil's medical needs

will be completed; (this might include the development of an Individual Health Care Plan (IHP) or Education Health Care Plans (EHCP) Early Help Plan (EHP) and require additional staff training. The school will endeavour to put arrangements in place to support the pupil as quickly as possible. However, the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

Pupils with medical needs

The school will follow Government guidance and develop an IHP or EHP/EHCP for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using Template 1 (Appendix 1)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1).

Parents/carers should provide the Head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/carers, head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

All medication is audited in July. The medication list held in school is reviewed monthly by the Welfare Officer.

All prescribed and non-prescribed medication

On no account should a child come to school with medicine if he/she is unwell. Parents/carers may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/carer and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol, antihistamine, and hand cream e.g E45 cream for administration with parental consent (Appendix 2 template B and/or gained verbally at the time of administration) for symptoms that arise during the school day. All other medication must be supplied by the parent/carer in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the school office with the appropriate consent form Template C and/or C1 (Appendix 2). The school will record the time and dose of any medication administered at the point of administration. For adhoc medicines administered (e.g. paracetamol or antihistamine), parents will be notified of time and dose via email.

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent/carer, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHP/EHCP. It is expected that

staff with contact to a pupil with medical needs will, as a minimum, be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication

Parental/carer consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/carer consent to administer ad-hoc non-prescription medicines by contacting the parent/carer to gain consent at the time of administration (consent will be recorded using form D – to be completed by staff member).

- **Prescribed and non-prescribed medication taken regularly** - each request to administer medication must be accompanied by 'Parental consent to administer medication form (Appendix 2 Template C) or if applicable on the IHP)

Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime. Administration will be recorded using Template D and the parent/carer informed. Parents/carers are expected to remove any remaining medicine from school once the prescribed course has been completed.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHP/EHCP as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2021' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- ibuprofen (pupils age12 and over)
- antihistamine,
- hand cream eg E45

All other non-prescription medications will only be administered by staff, providing:

- The parent/carer confirms daily the time the medication was last administered and this is recorded on Template C1 (Appendix 2);

- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent/carer in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/carer consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect;

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion.
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/carers will be advised to contact their Doctor.
- Skin creams and lotions will only be administered in accordance with the School's Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- If parents/carers have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

Short term ad-hoc non-prescribed medication

A small stock of standard paracetamol, ibuprofen antihistamine and hand cream e.g. E45 will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- For relief from pain
    - Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.

- Standard Ibuprofen will ONLY be administered in tablet form to pupils age 12 and over for period pain, migraine and muscle/skeletal disorders involving inflammation i.e. joint sprains.

- Ibuprofen will NOT be administered to any pupil diagnosed with asthma or under the age of 12.

- For mild allergic reaction – anti-histamine (see Anaphylaxis.) NB parental consent should be gained for those pupils known to require anti-histamine as part of their IHCP. Verbal consent to administer for hayfever will be gained at the time of administration by contacting the parents and this will be recorded in writing (using Template D). In an emergency medication can be administered with the consent of the emergency services.

- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/carer in its original packaging with the PIL if available. Parental consent to administer gained as part of the educational or residential visit.

- For sore skin due to excessive washing (e.g. during a reoccurrence of the COVID 19 pandemic), E45 hand cream.

Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day with the exception of E45 hand cream which can be administered as required with parental consent gained using template B.

Pain relief protocol for the administration of paracetamol

If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) before 12pm:

- The school will contact the parent/carer and confirm that a dose of pain relief (Paracetamol) was NOT administered before school, parents/carers and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip, and medication for cramps e.g. Feminax etc. and these conversations will be recorded. If a dose of pain relief has not been administered in the past 4 hours the school will, with parental consent, administer 1 dose. This will be recorded using Template D.

- If the school cannot contact the parent/carer and therefore cannot confirm if pain relief (Paracetamol) was administered before school, then the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 12pm:

- The school will assume the recommended time between doses has elapsed and will with parental consent, administer one standard dose of Paracetamol without any need to confirm with the parent/carer if a dose was administered before school, but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

The school will inform the parent/carer if pain relief has been administered this will include the type of pain relief and time of administration.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Toolkit. Pupils with asthma will be required to have 2 inhalers and a spacer (if prescribed) in school. Parents/carers are responsible for this medication being in date and the school will communicate (giving advanced notice) with the parents/carers if new medication is required and a record of these communications will be kept. The school inhaler will be used as required and will always be used with a spacer as outlined in the Asthma Toolkit. The school will develop IHPs for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. **The school complies with the School Nursing Service recommendation that staff are trained in the administration of auto injectors and that training is renewed annually.**

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice, the school will ask parent/carer(s) to provide 2 auto-injectors for school use. Parents/carers are responsible for this medication being in date and the school will communicate with the parents/carers if new medication is required and a record of these communications will be kept.

Mild Allergic Reaction

Non-prescription antihistamine will, with parental consent, be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact with hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

Hay fever

Parent/carer(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction – Ambulance Service must be contacted immediately.

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer one standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time, pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents/carers informed.

Medical Emergencies

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHP/EHCP, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHP/EHCP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff. If the pupil's medication is not available staff will administer the school's emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents/carers are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (Appendix 1). The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in the medical room and school office. (Appendix 2 Template G)

Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of

any doses used and the amount of controlled drug stock held in school. (Appendix 2 Templates D and E)

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHP/EHCP and parents/carers should complete the self-administration section of 'Parental consent to administer medication' form (Template C Appendix 1).

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil, or kept in a clearly identified container in their classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents/carers will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the medical room fridge to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs.

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired, it will be returned to the parent/carer for disposal.

Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the school's procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents/carers will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the General Risk Assessment document.

If the school holds any cytotoxic drugs, there management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

Record Keeping – administration of medicines

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/carer will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Appendix 2 Template D and E.

Recording Errors and Incidents

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/carer. Details of the incident will be recorded locally as part of the school's local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Staff Training

The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are instructed and guided in the procedures adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines **MUST** complete a competency test and achieve a score of 100% in order to administer medication.

Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. School staff are trained annually to administer an auto-injector and asthma inhaler in an emergency.
A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example, Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged with relevant health care professionals, by the Welfare Officer.

Educational Visits (Off - site one day)

Staff will administer prescription medicines to pupils when required during educational visits. Parents/carers should ensure they complete a consent form (Appendix 2 Template C) and

supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff. Pupils must not carry non-prescription medication for self-administration.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

Residential Visits (overnight stays)

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally, it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents/carers must give written consent prior to the residential visit and sign to confirm that they have previously administered the medication without adverse effects.

The school will keep its own supply of the following non-prescription medication: paracetamol and antihistamine for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (Appendix 2 Template H). The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

Risk assessing medicines management on all off-site visits

Pupils with medical needs shall be included in visits as far as this is reasonably practicable. School staff will discuss any issues with parents/carers and/or health professionals so that extra measures (if appropriate) can be put in place. A copy of the pupils IHP or EHP/EHCP will be taken on the visit and detailed arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHP or EHP/EHCP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

The results of risk assessments however they are recorded i.e. IHP, EHP/EHCP etc. will be communicated to the relevant staff and records kept of this communication.

Complaints

Issuing arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

Appendix 1 – WSCC Care Plan Templates October 2021
Appendix 2 – WSCC Administering Medicines Templates October 2021
Appendix 3 – Summary guidance medicines policy

BROADWATER
CHURCH OF ENGLAND
PRIMARY SCHOOL

Asthma Toolkit

What is asthma?

Asthma is a condition that affects the 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 becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions cause the airways to become narrower and irritated - making it difficult to breath and leading to symptoms such as cough, wheeze and shortness of breath. Triggers can include exposure to tobacco smoke, furry pet's, changes in the weather, fumes, physical exercise and stress however one of the most common triggers is a viral infection that causes cough or cold symptoms

It is difficult to say for sure what causes asthma however you are more likely to develop asthma if you have a family history of asthma, eczema or allergies. It is likely that this family history, combined with certain environmental factors, influences whether or not someone develops asthma.

Asthma is a widespread, serious but controllable condition, and schools should ensure that pupils with asthma can and do participate fully in all aspects of school life. Pupils with asthma need immediate access to reliever inhalers in an emergency and schools are now able to keep a generic spacer for children diagnosed with asthma or prescribed a reliver inhaler by their GP to use1. Parental consent is required.

The school should ensure that they have a register of all children with asthma and that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack. A policy should be in place within the school outlining what to do in the event of a child having an asthma attack.

Symptoms of asthma

The usual symptoms of asthma are:

- coughing
- wheezing
- shortness of breath
- tightness in the chest.

Not every child will get all of these symptoms. Some experience them from time to time; a few people may experience these symptoms after exposure to a trigger. The aim of asthma management is to be free of symptoms.

Asthma medicines

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor/asthma nurse and class teacher agree they are mature enough. Those deemed competent to do so may self-administer their asthma medication but should let a member of staff know if they are needing it more than every 4 hours. The reliever inhalers of younger children should be kept in the classroom.

It is advised that the school has an in date spare reliever inhaler on site. These are held in case the pupil's own inhaler runs out or is lost or forgotten and are kept in the medical room. The school may ask a pupil's parent or guardian to provide a second inhaler. All inhalers must be labelled with the child's name by the parent/carer. It is the parents' responsibility to ensure inhalers are in date.

From October 1st 2014 following changes to the Human Medicines Regulations 2012 schools will be able to purchase inhalers for emergency use from their local pharmacist provided it is done on an occasional basis and is not for profit 1. It is recommended that schools keep a small stock of back-up inhalers for emergency use. Schools wishing to purchase inhalers should put their request in writing on headed paper signed by the principal or head teacher stating:

- The name of the school for which the product is required
- The purpose for which that product is required
- The total quantity required

It is recommended that emergency asthma medication is delivered via a spacer device and schools should ensure they have a spacer on site. Spacers may not be shared therefore once used a spacer should be allocated to the pupil that used it and a new one purchased. Spacers can be purchased from a local pharmacist. It is the school's responsibility to ensure the school inhaler remains in date. Spacers provided by pupils for their own individual use should be cleaned between uses. Wash spacer in warm soapy water and leave to dry naturally.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

Record keeping

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. In most cases, this is sent as a digital online form to parents. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment. Records must be kept for the administration of asthma medication as for any other prescribed medication. All children with asthma should have a personal asthma action plan provided by their GP, asthma nurse or hospital.

Commented [NL1]: From this year I am sending an online form for inhaler holder parents to complete. This mirrors the paper AIF currently referenced in this policy.

Schools must gain consent from a parent/guardian to administer the school's emergency inhaler and a register must be kept with the inhaler that details which parents/guardians have given permission for the school inhaler to be administered. It is the responsibility of the school to keep the register up to date.

Exercise and activity - PE and games

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are fully aware of the importance of thorough warm up and cool down. Each pupil's inhaler will be labelled and kept in a box at the site of the lesson.

Asthma Friendly School Environment

It is recommended that schools endeavour to ensure that the school environment is favourable to pupils with asthma. The school will need to take into consideration, any particular triggers to an asthma attack that an individual may have and seek to minimise the possibility of exposure to these triggers. This will need consideration in science classes where fumes may trigger an attack and in schools where pets are kept.

Training

It is best practice that all school staff are trained to recognise the symptoms of worsening asthma, how to respond in an emergency and how to administer reliever medication (inhaler).

Asthma Attacks – School's Procedure

In the event of an asthma attack, staff will follow the school procedure:

- Encourage the pupil to use their inhaler
- Summon a first aider who will bring the pupil's Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil's condition does not improve or worsens, the First Aider will follow the 'Emergency asthma treatment' procedures
- The First Aider will call for an ambulance if there is no improvement in the pupil's condition
- If there is any doubt about a pupil's condition an ambulance will be called
- Reliever inhalers should only be given every 4 hours, if the pupil is getting symptoms in the time between doses this indicates the onset of an attack.

Mild Symptoms:

- **Cough**
- **Feeling of 'tight chest'**
- **Wheeze**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible. Do not lie the pupil down**
- **Younger pupils or those using 'puffer' / aerosol style inhalers should use a spacer**
- **Allow the pupil to take 2 puffs of their inhalers**
- **Assess effect and if fully recovered, the child may re-join usual activities**
- **Document dose and time reliever inhaler given**

Moderate Symptoms:

- **Increased cough and wheeze**
- **Mild degree of shortness of breath but able to speak in sentences**
- **Feeling of 'tight chest'**
- **Breathing a little faster than usual**
- **Recurrence of symptoms / inadequate response to previous 'puffs'**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck**
- **Younger pupils or those using 'puffer' style inhalers should use a spacer**
- **Allow the pupil to take 2 - 4 puffs of the inhaler**
- **Assess effect, if fully recovered the pupil may re-join activities but a parent/carer should be informed**
- **Document dose and time reliever inhaler given**

Severe symptoms:

- **Not responding to reliever medication**
- **Breathing faster than usual, finding it hard to breathe**
- **Difficulty speaking in sentences**
- **Difficulty walking/lethargy**
- **Pale or blue tinge to lips/around the mouth**
- **Appears distressed or exhausted**

Ensure that the pupil has access to their reliever (blue inhaler)

- **Sit the pupil down in a quiet place if possible and loosen any tight clothing around their neck. Try to keep calm.**

- **Help the child to take two separate puffs of salbutamol inhaler via the spacer**
- **If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs**
- **If the child does not feel better or we are concerned at ANYTIME before10 puffs have been reached, 999 will be called for an ambulance**
- **If an ambulance does not arrive within 10 minutes, another 10 puffs will be given in the same way**

Remember to document any use of reliever inhaler and inform the pupil's parent or carer of the dose given and time.

Broadwater C of E Primary School

[digital online versions of this form are used in most cases. Completed forms will be printed and retained with inhalers]

Asthma information form

Commented [NL2]: This is now an online form using the same fields. Copy attached to this email. Once completed by parent online these will be printed and included in inhalers bags

Please complete the questions below so that the school has the necessary information about your child's asthma. **Please return this form without delay.**

CHILD'S NAME: _____ Age: ____ Class: _____

1. Does your child need an inhaler in school? **Yes / No** *(Please circle)*

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?

   _____

   _____

   Do they have a spacer? **Yes / No** *(Please circle)*

3. What triggers your child's asthma?

   _____

4. The school holds a generic Salbutamol inhaler and spacer, please tick to authorise that your child can use this in an emergency ☐

   It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date.

   I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.

   Name: _____*(I am the person with parental responsibility)*

   Signed: _____ Date: _____

Circle the appropriate statements:

- My child carries their own inhaler.
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with within date inhaler(s)/spacer for school use and will supply this/these as soon as possible. **YES / NO** *(Please circle)*

4. Does your child need a blue inhaler before doing exercise/PE? **YES / NO** *(Please circle)*

If so, how many puffs? _____

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? **Yes / No** *(Please circle)*

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**
- Reassess after 5 minutes

If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:

- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.
- I agree to inform the school if there are any changes in your child's treatment or condition.

Name: _____*(I am the person with parental responsibility)*

Signed: _____ Date: _____

Parental Update (only to be completed if your child no longer has asthma) My child …….. no longer has asthma and therefore no longer requires an inhaler in school or on school visits.	
Signed *I am the person with parental responsibility*	Date

For office use:

	Provided by parent/school	Location (delete as appropriate)	Expiry date	Date of phone call requesting new inhaler	Date of letter (attach copy)
1st inhaler		With pupil/In classroom			
2nd inhaler Advised		In office/first aid room			
Spacer (if required)					
Record any further follow up with the parent/carer:					

Example letter to send to parent/carer who has not provided an in-date inhaler.

Dear (Name of parent)

Following today's phone call regarding (name of pupil)'s asthma inhaler/adrenaline auto injector, I am very concerned that in date medication has not been provided. You have confirmed on (name of pupil)'s Individual Protocol (name of pupil) requires an inhaler in school and you have agreed to provide the medication. Please ensure that:

- an inhaler/ adrenaline auto injector
- a spacer

are provided without delay.

If (name of pupil) no longer requires an inhaler/auto injector, please inform the school in writing as soon as possible.

Please be aware that in the absence of in date medication, should (name of pupil) suffer an attack, if you have given your consent staff will administer the schools reliever inhaler/adrenaline auto injector. However if you have not given consent for the school reliever inhaler/adrenaline auto injector to be administered staff will not be able to follow suitable emergency procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely

Appendix 1

West Sussex County Council

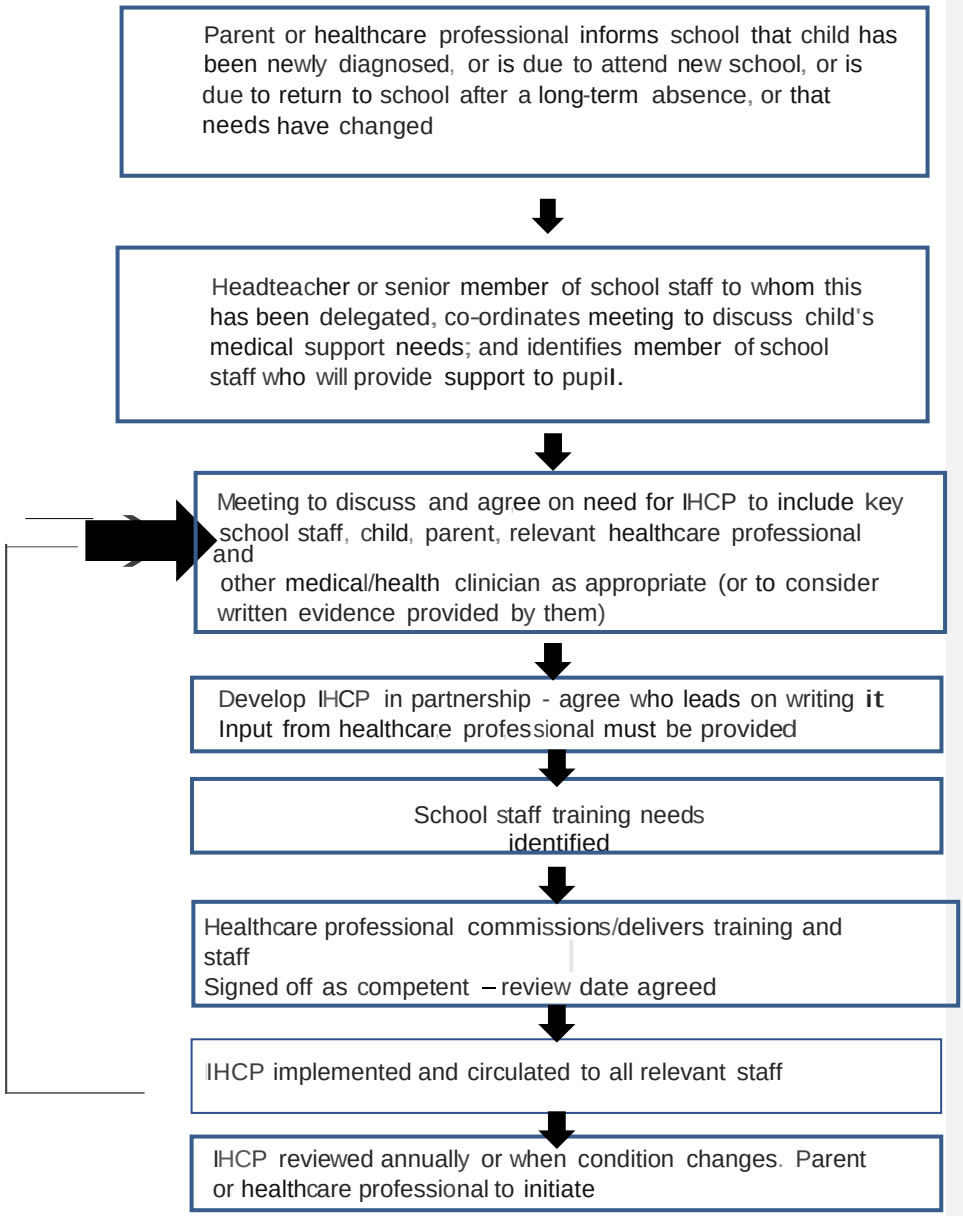
Care Plan Templates

Supporting pupils with medical conditions

December 2021

Contents
Model process for developing individual health care plans
Template 1 – Individual health care plan (IHCP)
Template 2: Individual protocol for Mild Asthma (please see Asthma Information Form in Asthma Toolkit in previous section)
Template 3 : Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction
Template 4 : Individual protocol for an Emerade adrenaline auto injector
Template 5 : Individual protocol for an Epipen adrenaline auto injector
Template 6 : Individual protocol for a Jext pen adrenaline auto injector
Template 7 : Model letter inviting parents to contribute to an individual health care plan development
Template 8: Example letter to send to parent/carer who has not provided an in-date inhaler or auto injector.
Administering Paracetamol Poster

Model process for developing individual healthcare plans



Template 1: individual healthcare plan (IHCP)

BROADWATER
CHURCH OF ENGLAND
PRIMARY SCHOOL

Health Care Plan

Name	
Date	
Review date	

INSERT PHOTO HERE

Name of School	Broadwater C of E Primary School
Reg Group	
Date of birth	
Child's address	
Medical Condition	

Family Contact Information

Full name	Home number	Mobile number

Clinic /Hospital Contact

Name	Clinic/Hospital	Contact number and/or email

GP

Name	Clinic/Hospital	Contact number and/or email

Describe medical needs and give details of child's symptoms

Daily care requirements whilst in school

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

Emergency situations linked with this condition are not expected.

Follow up care

This health care plan to be reviewed annually, or before if new information is available.

Who is responsible in an emergency

Supervising adult or other first aider

Date	Parent/Guardian signature	Date	School rep signature

[digital online versions of this form are used in most cases]

Template 3: Individual protocol for Antihistamine as an initial treatment protocol for mild allergic reaction

Commented [NL3]: This is now an online form – copy attached to this email

Child's full name			
Date of birth		Class	
Nature of allergy			

Emergency contact Information

Full name			Relationship to pupil	
Phone numbers		Mobile		Work / home

If I am unavailable please contact:

Full name			Relationship to pupil	
Phone numbers		Mobile		Work / home

GP contact		**Clinic/hospital contact**	
Name		Name	
Phone number		Phone number	
Address		Address	

MEDICATION - Antihistamine

Name of antihistamine		Expiry date	
Dosage/method	As prescribed on the container		

***It is the parents' responsibility to ensure the Antihistamine has not expired**

I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education, and I give my consent to the school to administer the schools supply of anti-histamine as part of my child's treatment for anaphylaxis. I confirm I have administered this medication in the past without adverse effect.

Signed (parent/carer)		**Print name**		**Date**	

**I am the person with parental responsibility*

It is the school's responsibility to ensure this care plan is reviewed when parents inform the school of any changes in condition or treatment.

Agreed by:

School Representative: …….. Date: ……

Individual protocol for using Antihistamine (e.g. Piriton)

Symptoms may include:

- Itchy skin
- Sneezing, itchy eyes, watery eyes, facial swelling (does not include lips/mouth)
- Rash anywhere on body

Stay Calm

Reassure

……

Give Antihistamine delegated person responsible to administer antihistamine, as per instructions on prescribed bottle

Observe patient and monitor symptoms

Inform parent/carer to collect

……

from school

If symptoms progress and there is any difficulty in swallowing/speaking /breathing/ cold and clammy

Dial 999

A = Airway
B = Breathing
C = Circulation

If child is prescribed an adrenaline auto injector administer it - follow instructions on protocol

If symptoms progress Dial 999 - Telephone for an ambulance

You need to say: "I have a child in anaphylactic shock".
Give school details:
Give details: Pupils name has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Template 4: Individual protocol for an Emerade adrenaline auto injector

Child's full name			
Date of birth		Class	
Nature of allergy			

School use attach photo here

Emergency contact Information

Full name			Relationship to pupil	
Phone numbers		Mobile		Work / home

If I am unavailable please contact:

Full name			Relationship to pupil	
Phone numbers		Mobile		Work / home

GP contact		**Clinic/hospital contact**	
Name		Name	
Phone number		Phone number	
Address		Address	

MEDICATION - Emerade

Name on Emerade			
Expiry date 1		Expiry date 2	
Dosage & method	**1 DOSE INTO UPPER OUTER THIGH**		

***It is the parent's responsibility to supply 2 EMERADE auto injectors and to ensure they have not expired.**

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**
- **I give my consent for the school to administer my child's Emerade pen or the school-held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.**

Signed (parent/carer)		**Print name**		**Date**	

**I am the person with parental responsibility*

For office use:
School staff will take all reasonable steps to ensure the child does not eat any food items unless they have been prepared / approved by parents.

It is the school's responsibility to ensure this care plan is reviewed when parents inform the school of any changes in condition or treatment.

Agreed by: School Representative: …… Date: ……..

Individual protocol for using aan EMERADE Pen (Adrenaline Auto injector)

Symptoms may include:

1. Difficulty in swallowing / speaking / breathing
2. Wheezy / irregular breathing / excessive coughing
3. Hoarseness
4. Nettle rash (hives) anywhere on body
5. Sense of impending doom
6. Swelling of throat and mouth
7. Abdominal pain, nausea & vomiting
8. Feeling of weakness (BP drops)
9. Collapse & unconsciousness
10. Cold and clammy

Stay Calm

Reassure ……

One member of staff to Dial 999

REMEMBER

A = AIRWAY
B = BREATHING
C = CIRCULATION

Give EMERADE first
Then call 999
Administer Emerade in the upper outer thigh

Remove cap protecting the needle. Hold Emerade against upper outer thigh and press it against patient's leg. You will hear a click when the adrenaline is injected.
Hold in Emerade in place for 10 seconds.
Can be given through clothing, but not very thick clothing
Note time of injection given
If no improvement give 2nd Emerade 5 minutes later

Call Parents

Reassure

……

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".
Give school details: Address
Give details: **[**Childs name] has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

[digital online versions of this form are used in most cases]

Template 5: Individual protocol for an Epipen adrenaline auto injector

Commented [NL4]: This is now an online form – copy attached to this email

Child's full name			
Date of birth		Class	
Nature of allergy			

School use attach photo here

Emergency contact Information

Full name			Relationship to pupil	
Phone numbers		Mobile		Work / home

If I am unavailable please contact:

Full name			Relationship to pupil	
Phone numbers		Mobile		Work / home

GP contact		**Clinic/hospital contact**	
Name		Name	
Phone number		Phone number	
Address		Address	

MEDICATION - EPIPEN

Name on Epipen			
Expiry date 1		Expiry date 2	
Dosage & method	**1 DOSE INTO UPPER OUTER THIGH**		

***It is the parent's responsibility to supply 2 EPIPEN auto injectors and to ensure they have not expired.**

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**
- **I give my consent for the school to administer my child's Epipen or the school-held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.**

Signed (parent/carer)		**Print name**		**Date**	

**I am the person with parental responsibility*

For office use:
School staff will take all reasonable steps to ensure the child does not eat any food items unless they have been prepared / approved by parents.

It is the school's responsibility to ensure this care plan is reviewed when parents inform the school of any changes in condition or treatment.

Agreed by: School Representative: …….. Date: ……..

Individual protocol for using a Epi Pen (Adrenaline Auto injector)

Symptoms may include:

11. Difficulty in swallowing / speaking / breathing
12. Wheezy / irregular breathing / excessive coughing
13. Hoarseness
14. Nettle rash (hives) anywhere on body
15. Sense of impending doom
16. Swelling of throat and mouth
17. Abdominal pain, nausea & vomiting
18. Feeling of weakness (BP drops)
19. Collapse & unconsciousness
20. Cold and clammy

Stay Calm

Reassure ……

One member of staff to Dial 999

REMEMBER

A = AIRWAY
B = BREATHING
C = CIRCULATION

Give Epi pen first
Then call 999
Administer in the upper thigh

Remove yellow cap, place black tip against upper outer thigh, push injector firmly into thigh until it clicks.
Hold in Epi Pen in place for 3 seconds.
Can be given through clothing, but not very thick clothing
Note time of injection given
Only administer the 2nd Epi pen when advised by a health professional /ambulance call centre.

Call Parents

Reassure

……

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".
Give school details: Address
Give details: **[**Childs name] has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

[digital online versions of this form are used in most cases]

Template 6: Individual protocol for an JEXT pen adrenaline auto injector

Commented [NL5]: This is now an online form – copy attached to this email

Child's full name			
Date of birth		Class	
Nature of allergy			

School use attach photo here

Emergency contact Information

Full name			Relationship to pupil	
Phone numbers		Mobile		Work / home

If I am unavailable please contact:

Full name			Relationship to pupil	
Phone numbers		Mobile		Work / home

GP contact		**Clinic/hospital contact**	
Name		Name	
Phone number		Phone number	
Address		Address	

MEDICATION - JEXT

Name on JEXT			
Expiry date 1		Expiry date 2	
Dosage & method	**1 DOSE INTO UPPER OUTER THIGH**		

***It is the parent's responsibility to supply 2 JEXT auto injectors and to ensure they have not expired.**

- **I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education.**
- **I give my consent for the school to administer my child's JEXT pen or the school-held adrenaline auto-injector (if my child's pen is lost/forgotten or malfunctions) to be administered in an emergency as detailed in this plan.**

Signed (parent/carer)		**Print name**		**Date**	

**I am the person with parental responsibility*

For office use:
School staff will take all reasonable steps to ensure the child does not eat any food items unless they have been prepared / approved by parents.

It is the school's responsibility to ensure this care plan is reviewed when parents inform the school of any changes in condition or treatment.

Agreed by: School Representative: …… Date: ……..

Individual protocol for using a JEXT Pen (Adrenaline Auto injector)

Symptoms may include:

21. Difficulty in swallowing / speaking / breathing
22. Wheezy / irregular breathing / excessive coughing
23. Hoarseness
24. Nettle rash (hives) anywhere on body
25. Sense of impending doom
26. Swelling of throat and mouth
27. Abdominal pain, nausea & vomiting
28. Feeling of weakness (BP drops)
29. Collapse & unconsciousness
30. Cold and clammy

Stay Calm

Reassure ……

One member of staff to Dial 999

REMEMBER

A = AIRWAY
B = BREATHING
C = CIRCULATION

Give JEXT pen first
Then call 999
Administer in the upper thigh

Remove yellow cap, place black tip against upper outer thigh, push injector firmly into thigh until it clicks.
Hold in JEXT pen in place for 10 seconds.
Can be given through clothing, but not very thick clothing
Note time of injection given

If no improvement give 2nd JEXT pen 5 minutes later

Call Parents

Reassure

……

Telephoning for an ambulance

You need to say: "I have a child in anaphylactic shock".
Give school details: Address
Give details: **[**Childs name] has a severe allergy and what has happened.

DO NOT PUT THE PHONE DOWN UNTIL YOU ARE SURE ALL THE NECESSARY INFORMATION HAS BEEN GIVEN

Someone to wait by the school gate to direct the ambulance staff straight to the child.

Template 7: model letter inviting parents to contribute to individual healthcare plan development

Commented [NL6]: This process will change once we have setup Medical Tracker

Dear Parent/carer

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 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

Template 8: Example letter to send to parent/carer who has not provided an in-date inhaler or auto injector.
Please amend as necessary for the individual circumstances.

Dear (Name of parent)

Following today's phone call regarding (name of pupil)'s asthma inhaler/adrenaline auto injector, I am very concerned that in date medication has not been provided. You have confirmed on the Individual Protocol that (name of pupil) requires an inhaler in school and you have agreed to provide the medication. Please ensure that the following are provided without delay:

- an inhaler/ adrenaline auto injector
- a spacer

If (name of pupil) no longer requires an inhaler/auto injector, please inform the school in writing as soon as possible.

Please be aware that in the absence of in date medication, should (name of pupil) suffer an attack, and you have given your consent staff will administer the school's reliever inhaler/adrenaline auto injector. However, if you have not given consent for the school reliever inhaler/adrenaline auto injector to be administered staff will not be able to follow suitable emergency procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely

Protocol for the administration of Paracetamol

- Paracetamol can be administered to children of any age, dose must be suitable for their age and weight
- Verbal parental consent must be gained at the time of administration to administer paracetamol. If the parents cannot be contacted paracetamol cannot be administered. Conversation with parent/carer must be recorded in writing.
- If paracetamol is administered at any time during the school day parents will be informed of the time of administration and dosage.
- The school will keep records of the administration of paracetamol as for prescribed medication.
- Pupils must not bring paracetamol (or other types of painkillers) to school for self-administration.

Use with caution:

- Liver problems
- Kidney problems
- Long term malnutrition
- Long term dehydration
- Epilepsy

SIDE EFFECTS:

- Allergic reaction rash, swelling difficulty breathing
- Low blood pressure and a fast heartbeat
- Blood disorders
- Liver and kidney damage (overdose)

Do not administer if the pupil is also taking any of the following drugs:

- Metoclopramide (relieves sickness and indigestion)
- Carbamazepine (treats a number of conditions including epilepsy)
- Phenobarbital or phenytoin (used to control seizures)
- Lixisenatide – used to treat type 2 diabetes)
- Imatinib – used to treat leukaemia
- Other drugs containing paracetamol e.g. Lemsip, Sudofed, Feminax

IF YOU SUSPECT AN OVERDOSE CALL 999 IMMEDIATELY only 4 doses in 24 hours

Appendix 2 WSCC
Administering Medicines Templates

Supporting pupils with medical conditions

December 2021

Contents
Template A – Pupil Health Information Form
Template B – Parent/carer consent to administer short-term non-prescribed 'ad-hoc' medicines
Template C – Parental Consent to Administer Prescribed or Non-Prescribed Medication (to be taken regularly)
Template C1 – Record of medicine administered to an individual child
Template D – Verbal consent to administer short-term, ad-hoc non-prescribed medication
Template E – Record of medicine administered to all children
Template F – Staff training record – administration of medicines
Template G – Contacting the emergency services
Template H Consent to administer non-prescribed medication on a school trip

[In most cases, this information will be collected digitally through MCAS]

Broadwater C of E Primary School

Template A: Pupil Health Information Form

Commented [NL7]: I believe this has been replaced by the online data gathering directly into Bromcom via MCAS?

This information will be kept securely with your child's other records. If further information is needed we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Childs Name	**D.O.B**
Gender	**Year/Tutor Group**

Please complete if applicable
Has your child been diagnosed with or are you concerned about any of the following:

Condition	**Yes**	**No**	**Medication**
Asthma NB: Parents of pupils with mild asthma must also sign an asthma Information form (template 2 in Appendix 1) available from the school			
Allergies/Anaphylaxis NB: Parents of pupils prescribed ar auto injector must also sign The relevant auto injector protocol form (template 3, 4, 5 in Appendix 1 or available from the school)			
Epilepsy NB: A care plan will need to be arranged with the school.			
Diabetes NB: A care plan will need to be arranged with the school.			

Sight Does your child have a known visual problem? Does he / she wear glasses?			
Hearing Does your child have hearing difficulties? Does he / she have a history of intermittent ear problems			

Does your child take any medication for any condition other than those listed on the previous page? Does your child have any other condition/disability?

Any other Conditions/Disabilities	**Yes**	**No**	**Medication & emergency requirements**

Please use the space below to tell us about any other concerns you have regarding your child's health, continue on a separate sheet if necessary:

Thank you

Broadwater C of E Primary School

Template C: Parental Consent to Administer Prescribed or Non-Prescribed Medication (to be taken regularly)

(Where an individual Healthcare Plan or Educational Healthcare Plan is not required.)

The School will not administer medicines to your child unless you complete and sign this form, and the school has a policy that the staff member can administer medicines. This information will be kept securely with your child's other records. If further information is required, we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Childs Name	**D.O.B**
Year/Tutor Group	**Gender**

MEDICAL CONDITION OR ILLNESS	
NAME/TYPE OF MEDICINE TO BE ADMINISTERED NB: Medicines must be in the original container as dispensed by the pharmacy and the manufacturer's instructions and/or Patient Information Leaflet (PIL) must be included	
EXPIRY DATE	
DOSAGE AND METHOD OF ADMINSTRATION	
TIMING OF ADMINISTRATION (During the school day)	
DATE RANGE TO BE ADMINISTERED	**From:** **To:**
SPECIAL PRECATUIONS/INSTRUCTIONS (i.e storage requirements)	
ARE THERE ANY SIDE EFFECTS THAT THE SCHOOL NEEDS TO BE AWARE OF	
SELF ADMINISTRATION (Please delete as necessary)	**YES / NO**
PROCEDURES TO TAKE IN AN EMERGENCY (Other than standard action i.e. call 999)	

CONTACT DETAILS

NAME (Parent/Carer)	
DAYTIME TELEPHONE NUMBER	
RELATIONSHIP TO CHILD	
ADDRESS	

Declaration: The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medication in accordance with the school's policy. I confirm that this medication has been administered to my child in the past WITHOUT adverse effect. I will inform the school immediately, in writing, if there is any change to the dosage or frequency of this medication, or if the medicine is to be stopped.

☐ **I understand that I must deliver the medication personally to the school office**

Signature: _____ Date: _____

Broadwater C of E Primary School

Template C1: Record of medicine administered to an **INDIVIDUAL CHILD**

(This form must be completed in conjunction with Template C)

*For office use

Pupil Name	
Year / Class	
Date medicine provided by parent	
Name of medicine	
Expiry date	See template C
Dosage and frequency of medicine	See template C

Details of medicines administered

Date	Time	Dose	Staff signature	Print name

Broadwater C of E Primary School

Template D: Verbal consent to administer short-term, ad-hoc non-prescribed medication

Under exceptional circumstances, (where it is deemed that administration is required in order to enable the pupil to remain in school) the school will administer non-prescription medicines for **a maximum of 48 hours**. Pupils will be given a standard dose suitable to their age and weight. You will be informed via email when the school has administered medication.

Pupil Name	DOB
Year / Class	Gender

Medicine to be administered (Please circle)	Paracetamol	Antihistamine	E45
Reason for administering			

Parental consent

Has the pupil had any medication before school today?	YES / NO
If yes, please name medication	
Has the pupil had this type of medication before?	YES / NO
I give consent for school staff to administer medication in accordance with the school's policy. I confirm that this medication has been administered to my child in the past WITHOUT adverse effects and that I must inform the school when I last administered	YES / NO
Verbal consent gained from: **(name of parent/carer)**	Date: …….
Verbal consent gained by: **(name of staff member)**	Time: …….

Medicine administered

Date	Time last dose administered at home	Dosage to be given in school	Time to be administered	Comments
Day one				
Day two				

EMERGENCY PROCEDURES- IF THE CHILD DEVELOPS ANY OF THE SIGNS OR SYMPTOMS MENTIONED ABOVE, OR ANY OTHER SIGNS OR REACTIONS AS DETAILED ON THE MANUFACTURERS INSTRUCTIONS AND OR THE PATIENT INFORMATION LEAFLET (PIL), THEN THIS MIGHT BE A SIGN OF A NEGATIVE REACTION. IF IT IS SUSPECTED THAT THE CHILD HAS TAKEN TOO MUCH MEDICATION IN A 24 HOUR PERIOD THEN STAFF, WILL CALL 999 AND THEN CONTACT THE PARENT/GUARDIAN(S).

Broadwater C of E Primary School

Template E: Record of medication administered in school to ALL children.

Date	Pupil's name	Time	Name of medication	Dose given	Staff signature	Print name

BROADWATER
CHURCH OF ENGLAND
PRIMARY SCHOOL

*USE **TEMPLATE D** FOR PRE-AGREED ADMINISTRATION OF MEDICINES (e.g. antibiotics)

Template F: staff training record – administration of medicines

Staff training in the administration of medicines is recorded in the main staff training spreadsheet (file name: Staff training – FIRST AID AND MEDICAL).

The following fields are recorded.

First name	
Surname	
Role	
Type of training	
Training provided by	
Completion date	
Valid until	
Top-up course date	

Template G: contacting emergency services

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

1. telephone number

School telephone

2. your location as follows [insert school/setting address]

School address

3. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

Postcode

4. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Best entrance is:

5. your name

6. provide the exact location of the patient within the school setting

7. provide the name of the child and a brief description of their symptoms

8. put a completed copy of this form by the phone

[digital online versions of this form are used in most cases]

BROADWATER
CHURCH OF ENGLAND
PRIMARY SCHOOL

Broadwater C of E Primary School
Rectory Gardens, Worthing, West Sussex, BN14 7RQ

Residential Trip to Lodge Hill Activity Centre
(Watersfield, Near Pulborough, West Sussex RH20 1LZ)

Commented [NL8]: This is now an online form. Copy attached to this email

(Insert: DATES)

This form must be completed and signed:

I wish my child to be allowed to take part in the above mentioned school residential trip and having read the information sheet, agree to his/her taking part in any or all of the activities described. I have ensured that my child understands that it is important for his/her safety and for the safety of the group that any rules and any instructions given by the staff in charge are obeyed. I understand that, while the school staff and helpers in charge of the party will take all reasonable care of the young people, unless they are negligent they cannot be held responsible for any loss, damage or injury suffered by my son/daughter arising during or out of the journey.

Please complete the following:

Child's Name in full _____ **Child's Date of Birth** _____

My child has *No illness, allergy or physical disability
*The following illness or physical disability

(*please delete the one which does not apply. Thank you)

_____

_____

which necessitates the following medical treatment:

_____

_____

I consent to any emergency medical treatment necessary during the course of the visit.

Signed _____ (parent/guardian) Name (printed) _____

Parent name:		Alternative contact:
Relationship:		Relationship:
Telephone home:		Telephone home:
Mobile phone:		Mobile phone:

Please state an additional contact which will only be used in an emergency.

Name: _____ Telephone number: _____

Please return this form to Broadwater Church of England Primary School

Medical Questionnaire

Pupil's Name	
Date of Birth	
Parent's Name & Initials	
Home Address	
Telephone No.	
Doctor's Surgery/ Medical Practice & Phone Number	

Has your child had any of the following (circle relevant answer):

Asthma or Bronchitis	**YES**	**NO**
Heart Condition	**YES**	**NO**
Fits, fainting or blackouts	**YES**	**NO**
Severe headaches	**YES**	**NO**
Diabetes	**YES**	**NO**
Allergies to any known drugs or medication	**YES**	**NO**
Any other allergies e.g. material, food, insect bites etc.	**YES**	**NO**
Other illness or disability	**YES**	**NO**
Any recent contact with contagious disease & infections	**YES**	**NO**

If the answer to any of these questions is YES please give details on a separate sheet which should be firmly attached.

Does your child require special dietary requirements: (e.g. Vegetarian) Give details:	**YES**	**NO**
Do you give permission for your child to take Calpol in case of headache or other pains etc? ✶	**YES** ✶	**NO**
Do you give permission for your child to take antihistamine (Piriton) for minor allergies, bites, etc. ✶	**YES** ✶	**NO**
Does your child suffer from Travel sickness? If yes, then please ensure you supply tablets (including dosage).	**YES**	**NO**
Has your child received vaccination against Tetanus in the last 10 years?	**YES**	**NO**
Is your child receiving medical treatment of any kind from either your GP or Hospital? If yes, then please give details below.	**YES**	**NO**
Has your child been given specific medical advice to follow in emergencies? If yes, then please give details below.	**YES**	**NO**

✶ ***Medication can ONLY be administered if your child has taken this medication previously with no adverse effect. You will be contacted by a staff member to confirm this is happening.***

ALL medicines MUST be supplied in the original packaging with the written instructions.

(Include dosage of any medicines/tablets supplied by you.)

Appendix 3- Administering Medicines Guidance – October 2021

Signed _____ **Parent/Carer Date** _____

Type of medication	Forms to complete	Administer:	Requirement for Individual Health Care Plan (IHCP)	Training	Other
Prescribed medication e.g. Anti-biotics required more than 3 times per day,	Form Template C parental consent completed for each episode Form Template E to record administration	As directed by GP/Pharmacist/ Medical Professional	No IHCP required	Managing Medicines in Schools available from WSCC or instruction and guidance from schools Lead for Medicines (who has completed Managing Medicines) and competency test completed scoring 100%.	Medicine labelled with the child's name and medication must be supplied by the parent/carer in its original container, with prescriber's instructions and patient information leaflet (PIL). PIL can also be downloaded from the Electronic Medicines Compendium https://www.medicines.org.uk/emc/ Parent to take medication away if course is finished and any medication remains un-administered.

Long term – prescribed medication

Prescribed medication e.g. Anti-biotics, long term prescribed medication that is administer as part of an IHP	Parental consent is part of IHP Form Template D to record administration of medication for an individual pupil	As directed by GP/Pharmacist/ Medical Professional	Template 1- IHCP required complete standard form	Long term prescribed medication that requires specialist administration – training via School Nurse /Community Nursing Service Long term prescribed medication without specialist administration Managing Medicines in Schools available from WSCC or instruction and guidance from schools Lead for Medicines (who has completed Managing Medicines) and competency test completed score 100%	As short term prescribed medication and: Parents/carers are responsible to provide the school with medication that is in date. Schools must keep records of all communication with parents/carers regarding requests for in date medication and/or out of date medication.

Prescribed emergency medication

Type of medication	Forms to complete	Administer:	Requirement for Individual Health Care Plan (IHCP)	Training	Other
Short term prescribed emergency medication e.g. • Auto Injectors (Epipen, Jext pen Emerade) for Anaphylaxis • Asthma Inhalers i.e. salbutamol • Midazolam for epilepsy (NB controlled drug)	Parental consent is part of IHP Form Template D to record administration of medication for an individual pupil NB Midazolam is a controlled drug and administration must be witnessed and record of stock recorded on Form D	Emergency medication - as symptoms arise and/or in the event of a medical emergency administer as per training	Yes IHCP required complete standard forms: Template 1 for pupils with severe asthma and those needing midazolam for epilepsy Template 2 pupils with mild asthma Templates 3 or/and 4 or 5 or 6 for Anaphylaxis dependent on type of medication	Asthma – inhaler training renewed annually delivered by School Nursing Service Auto-injectors – Best practice that all staff are trained to administer an auto-injector training renewed annually delivered by School Nursing Service Midazolam training renewed annually available from Community Nursing Service NB basic first aid must be renewed annually to validate midazolam training – basic first aid is offered by Outdoor Ed Team Other unspecified emergency medication – training as detailed on IHP and delivered by relevant medical professional	As short term prescribed medication and: Parents/carers are responsible to provide the school with medication that that is in date. Schools must keep records of all communication with parents/carers regarding requests for in date medication and/or out of date medication. Parents/carers are expected to provide

• Other unspecified					the school with 2 in date asthma inhalers and/or 2 auto-injectors. Asthma protocol for administration must be followed see main policy School will hold an asthma inhaler, spacer for emergency use. If parents/carers do not provide 2 in date auto-injectors for their child the school will purchase an auto injector for emergency use as permitted by the Human Medicines Act 2017 All emergency medication must be readily available and not locked away this includes controlled drugs i.e. midazolam

Short term ad-hoc non-prescribed medication

Type of medication	Forms to complete	Administer	Requirement for IHCP	Training	Other
ONLY the following may be administered if symptoms develop during the school day: • Paracetamol, • Anti-histamine • Travel sickness • E45 cream N.B. Special schools may wish to add that they will administer creams/lotions for nappy or skin rashes to the list of ad-hoc non-prescribed medication.	Template E record verbal parental consent in comments box. Template B Parental consent – for E45 cream. Anti-histamine parental consent gained as part of IHCP or on the day of administration and record conversation on template E. Travel sickness and other meds for residential Template C or H completed for parental consent	All of the below follow guidance on PIL or packaging for side effects, dosage Consent gained when pupil joins school using template B Administer only where there is a health reason to do so. • Paracetamol, • Ibuprofen (over 12's only) Administer following relevant pain relief protocol see main policy and instructions on PIL and/or packaging • Anti-histamine – administer as per instructions on PIL or packaging Anti-histamine will ONLY be administered if pupil exhibits associated symptoms and not as a preventative Ibuprofen cannot be administered to pupils diagnosed with asthma Travel sickness administered for school trips	No IHCP required for pain relief medication or E45 cream. IHCP required for anti-histamine	Managing Medicines in Schools available from WSCC or instruction and guidance from schools Lead for Medicines (who has completed Managing Medicines) and competency test completed scoring 100%.	School should hold a small stock of standard paracetamol and anti-histamine, all in their original container, with prescriber's instructions and PIL. Medication mixed with other substances i.e. paracetamol and caffeine or paracetamol plus etc. are not permitted ONLY ONE STANDARD DOSE CAN BE ADMINISTERED IN SCHOOL BEWARE DOSAGE – guidance on packaging is based on 'average' height and weight and may need to be revised for pupils that are below average. Do not increase dose for pupils who are above average NB: Parents/carers will be expected to administer a dose of anti-histamine to their child before school for hay fever; schools will only administer anti-histamine for symptoms of allergic reaction and not as a precautionary measure. As detailed in the child's IHCP Paracetamol and Ibuprofen – administration the school will follow the pain relief protocol as outlined in the main policy Antihistamine - Staff must monitor symptoms closely if symptoms persist the emergency services should be called or prescribed an auto-injector should be administered.

Other Non-prescription medicines

Type of medication	Parental consent	Administer:	Requirement for IHP	Training	Other
Non-prescribed medication will be administered if they are required to allow a pupil to remain in school: • Parent/carer confirms daily in writing the time the medication was last administered by completing Template C1 (Appendix 2 of main policy); • medication is licensed as suitable for the pupil's age; • administration is required more than 3 to 4 times per day; • medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL); • and accompanied by parental/carer consent Template C and C1 (Appendix 2) and confirmation the medication has been administered previously without adverse effect; Will NOT be administered: The school will NOT administer non-prescription medication: • as a preventative, i.e. in case the pupil develops symptoms during the school day; • if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time; for more than 48 hours – Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional the school will continue to administer medication at their own discretion. • A request to administer a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and	Template C and C1 for parental consent and info on medication Template C1 used to record administration or Template E depending on school's admin procedures	Administer as instructions on medication	No IHP required	Managing Medicines in Schools available from WSCC or instruction and guidance from schools Lead for Medicines and competency test completed scoring 100%.	Medicine supplied by the parent/carer in its original container, with prescriber's instructions and patient information leaflet (PIL). PIL can also be downloaded from the Electronic Medicines Compendium https://www.medicines.org.uk/emc/ Parent to take medication away if course is finished and any medication remains un-administered.

parents/carers/guardians will be advised to contact their Doctor. • Skin creams and lotions will only be administered in accordance with the School's Intimate Care Policy and procedures. • Medication that is sucked i.e. sweets or lozenges, will not be administered by the school. • If parents/carers have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.					