



# Administration of Medicines & Supporting Pupils with Medical Conditions Policy

2024-2025



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## Introduction

- This school is an inclusive community that welcomes and supports pupils with medical conditions.
- This school provides all pupils with any medical condition the same opportunities as others at school.
- The priority for all staff at Cherry Tree Academy, is to promote and support the wellbeing of our children.
- This policy has been produced in line with the DFE Statutory Guidance 'Medical-conditions: supporting pupils at school'.
- This policy applies to all pupils, parents and staff at Cherry Tree Academy

## Department of Health Guidance documents that give greater detail in specific areas:

Guidance on the use of adrenaline auto-injectors in schools (September 2017)

Guidance on the use of emergency salbutamol inhalers in school (March 2015)

## To be read in conjunction with:

- Supporting pupils at school with medical conditions, Statutory guidance (December 2015, updated August 2017)
- Separate guidance document; Supporting pupils with medical conditions: links to other useful resources) updated August 2017
- Attendance Policy
- SEND Policy
- First Aid Policy
- Health and Safety Policy
- Education Visits Policy
- Children who cannot attend school because of medical needs
- Additional resources include Health Conditions in Schools Alliance:  
[www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk)

Be aware that individual medical conditions guidance may have been updated to reflect the impact of Coronavirus: Covid-19; if uncertain contact Public Health England (PHE) and/or local infection control teams

## Scope and Publication

Copies of the policy are available on request, in large print or other accessible formats if required.

This policy should be read in conjunction with the school's Health and Safety Policy.

## Aims

Cherry Tree Academy is committed to ensuring that all pupils with medical conditions, both physical and mental health, can access and enjoy the same opportunities at the school as any other pupil and to ensuring that they are able to play a full and active role in school life, remain healthy and achieve their academic potential.

## Personnel

The person responsible for leading on supporting pupils with managing medicines in school is called:

Title: Designated Safeguarding Lead

Name: Lisa Shephard

Location: Cherry Tree Academy

## Responsibilities

### Trust

The Trust is responsible for:

- Fulfilling the statutory duty to support pupils with medical conditions
- Ensuring that policies, plans, procedures and systems in place are properly and effectively implemented. (This monitoring role is the responsibility of the Head of SEND and Inclusion)

- Ensuring that the school is covered by the Department for Education's Risk Protection Arrangement (RPA) or the equivalent level of insurance.

### **Headteacher**

The Headteacher is responsible for:

- Clearly identifying the roles and responsibilities for those involved in the supporting pupils with medical conditions
- Ensuring that sufficient numbers of staff are suitably trained and able to access all relevant information and teaching support materials required to assist pupils with medical conditions
- Ensuring that sufficient numbers of trained staff are available to support pupils' medical needs at all times whilst they are under the care of the school, including making contingency plans for staff absence and emergency situations
- Ensuring that information regarding an individual pupil's medical condition is shared with appropriate staff (including supply teachers where appropriate) on a need-to-know basis
- Ensuring that risk assessments consider the additional risks posed to individual pupils as a result of their medical conditions.

### **Medicines Lead**

The Medicines Lead is responsible for:

- Training frontline admin/office staff to understand the systems and processes in school for receiving medicines, completing forms or signposting parents to the person who leads on managing medicines. (Appendix 2 provides an overview for this)
- Ensuring that IHCPs are completed for relevant pupils/students and that they are updated annually.
- Monitoring that medication is being administered according to any agreements recorded.
- Monitoring that records of medication administered are being completed in line with policy.
- Ensuring that pupils/students additional medical needs are being met to the highest standards both on the premises and off (whilst on educational visits and activities).
- Ensuring they are familiar with this policy and all the appendices including the consent forms and plans.
- Ensuring that the school has two emergency asthma inhalers and two emergency auto-adrenaline injectors which are in date at all times and that they are stored in line with school procedures.
- Ensuring that all staff, including supply and agency staff, and volunteers working with their class know which children might require emergency medication (i.e. inhalers or auto-immune injectors) and where this can be found.
- Ensuring that a child who has had a prolonged absence from school due to a long-term health need is receiving the additional support required to help them readjust and access learning.
- Risk-assessing the procedures for administering medicines in the school.

### **Staff**

Staff are responsible for:

- Ensuring that pupils receive any support or medication stated in their plans/agreements at the times and according to the dose stated.
- Ensuring that all staff, including supply and agency staff, and volunteers holding this information are aware of the need for confidentiality.
- Ensuring that any concerns are shared with the person responsible for Supporting pupils with medical conditions.
- Recording all doses of medication administered.

In the case of schools with EYFS

- Reporting, in writing, to parents that medication has been administered.

### **Liaising with Parents**

- The school promotes on-going communication with parents in order to ensure that the specific medical needs of all pupils in our care are known and met.

- Parents must inform the Headteacher/Medicines Lead if their child has or develops a medical condition and, where appropriate, provide the school with appropriate medical evidence and/or advice relating to their child's medical condition.
- Parents should also inform the Headteacher/Medicines Lead if their child will require prescription medication to be taken over a specified period of time at the school, and of any changes to the medication required.
- The school requests that medication is only taken at the school if it is essential, i.e. where it would be detrimental to the pupil's health not to administer the medication during the school day.
- To this end, medicines should generally be taken at home, before and after the school day where possible. The school will therefore only administer medicine if it is prescribed as four times a day or more. Any variance to this will be at the discretion of the Headteacher.
- Where pupils require medication for pain relief (i.e. Calpol, Paracetamol, etc.) for a specific medical or health issue, that has been prescribed, parents need to bring this to the school office and complete an 'Agreement for School to Administer Medicines' form (Appendix 4). School will administer this in line with the manufacturer's guidelines, including the timeframes advised i.e. not administering it for more than a 24-hour period (except at the direct discretion of the Headteacher/Medicines Lead). School will need to know the time when the last dose was given at home in order to agree to give subsequent doses.

Prescription medicines will only be administered at school:

- when it would be detrimental to a child's health or school attendance not to do so and
- when we have parent's written consent.

#### **[EYFS only]**

Staff will ensure that parents are informed in writing on each and every occasion that any medication was administered, and for any reason medication has not been administered parents will be informed and will be given an explanation.

#### **Individual Health Care Plans (IHCPs)**

The school will focus on the needs of each individual pupil and how their medical condition impacts on their school life, including how the medical condition impacts on a pupil's ability to learn and will take steps to help increase pupils' confidence and ability to self-care.

Where a pupil has long-term or complex medical condition or health needs, the school will, where appropriate, produce an IHCP for that pupil, in accordance with Appendix 1. A template IHCP is set out in Appendix 3.

The IHCP will be presented to the parents for approval prior to its implementation to ensure the school holds accurate information about the medical condition of any pupil with long-term needs.

The IHCP will be reviewed at least annually or more frequently where a pupil's needs change.

#### **Asthma Care Plans**

Where a child is suffering from Asthma and has been prescribed an inhaler, there will be a meeting between the Medicine Lead and the parents to complete an Asthma Care Plan (as opposed to an IHCP). Asthma Plans are completed annually as it is recognised that this condition and the relevant medication can change over time. The information collected (See Appendix 5) includes identifying potential triggers, treatment, emergency contacts and what to do in an emergency.

The school keeps an Asthma register which is kept updated regularly. It is posted in the First Aid Room and the Staff Room to assist identification of pupils who may require emergency support (see Appendix 8).

The school also displays, alongside the above, a flowchart for helping children who need emergency support for their asthma (see Appendix 9).

DoH Guidance on the use of emergency Salbutamol inhalers in school (March 2015)

### Severe Allergy Plans

Pupils who suffer from severe allergies and have been prescribed an auto-adrenaline injector (AAI) require a Severe Allergy Plan. This needs to be completed by a healthcare professional and then shared with the school.

**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 one. (Appendix 11)**

- In the case where emergency services are required, those dealing with the incident should clearly pass this message onto office staff, who will call for the ambulance straight away, and then inform leadership. The ambulance should be called before parents are contacted. A **designated first aider** should remain with the child until the ambulance arrives.
- In the case that a child needs to be assessed at a hospital then parents should be contacted immediately. If the child's contacts cannot be reached, then a member of the leadership team and a first aider should transport the child to hospital. Office staff should continue to attempt to contact family members.

See also:

DoH Guidance on the use of auto-injectors in school (September 2017).

### Training

The school will ensure that there are members of staff who are appropriately trained to manage medicine as part of their duties. Staff must not give medication or undertake healthcare procedures without appropriate training. As a result, all staff will receive training in school procedures for supporting pupils with medical needs as part of safeguarding children.

All new starters will be made aware of the terms of this policy during their induction.

### Prescription Medication

As a general rule, staff will not administer any medication that has not been prescribed for that particular pupil by a doctor, dentist, nurse or pharmacist.

**No pupil shall be given medicine containing aspirin unless prescribed for that particular pupil by a doctor.**

### Administration of Medication

Where a pupil requires supervision to take their medication or where such medication will be administered by staff, pupils receiving medication should be made aware of when and where they should attend at the prescribed times during the course of the medication to receive their treatment.

**We will:**

- Administer prescription medicines during the school day if absolutely necessary (i.e. in cases where it would be detrimental to the child's health if it were not administered during the school day)
- Require parents/carers to complete a consent form detailing doses and times. Medication must be supplied in the original container they were dispensed in.
- Devise Individual Health Care Plans, with parents/carers, for managing long-term medical needs.
- Appoint a 'named person' for the administration of medication that requires specialist training (e.g. diabetic insulin injections)
- Keep inhalers in boxes in the classrooms so they are always accessible.
- Supervise the administration of inhalers where necessary.
- Store prescribed medication safely, in a designated locked medicine fridge and/or cupboard.
- Record and retain all documentation regarding the administering of medication. All medicines supplied to the school by parents must be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration.

**We will not:**

- Administer non-prescription medication, including throat sweets, which could result in a child choking.

- Administer inhalers without signed consent from parent/carer. Where possible, children should be taught to self-administer

**Before** providing the medicine to the pupils, staff administering medication will check:

- the pupil's full name
- the name of the medication
- the name of the child on the label
- the prescribed dose
- the expiry dates
- the method of administration
- the time/frequency of administration
- any side effects
- the written instructions on the container
- when any previous dose was given

In order to avoid any errors, the name and the dose will be checked by another member of staff and the record of the dose countersigned by them.

If staff are in any doubt over the procedure, including where a child might be sick after taking medication, to be followed, the parents will be contacted before action is taken.

If a pupil refuses their medication, Staff will record this and report to parents as soon as possible.

No member of staff will administer more than the stated dose in the time period stated for any reason. (This **does not** include the emergency use of inhalers or auto-adrenaline injectors for those with IHCPs for these medical conditions).

### **Storage of Medication**

Medicines are always securely stored in accordance with individual product instructions.

The school will carry out a risk assessment to consider any risks to the health and safety of the school community and put in place measures to ensure that identified risks are managed and that medicines are stored safely.

Non-emergency medicines will be stored in a locked cupboard with the key readily available at all times, not easily accessible by pupils – located in the main school office only.

Where such medicines need refrigeration, the medicine will be put in a sealed plastic container, particularly necessary if the fridge also contains food – located in the main school office

All medicines shall be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration.

Medicines other than inhalers, unless otherwise specified in an IHCP, will be kept in the main school office.

Emergency medication such as inhalers, adrenaline pens and blood glucose testing meters will be kept in the pupil's classroom in a clearly marked container/bag in order to be easily accessible. They will not be locked away to ensure quick access in emergency. In order to ensure safety of classmates and avoid misuse of equipment, staff will instruct the whole class about the equipment, why it is vital to the pupil, where it is kept and how they need act. Inhalers must be checked, to ensure they have not expired. Parents must be contacted immediately and a new inhaler must be brought into school.

Pupils who do not carry and administer their own medication understand which members of staff will administer their medication.

Schools with EYFS need to state where the medicine is kept and the procedures for accessing it.

If a pupil is prescribed a controlled drug, unless otherwise agreed as part of an IHCP, it will be kept in safe custody in a locked, non-portable container and only named staff and the pupil will have access. A record of any doses used, and the amount of the controlled drug held at the school will be maintained.

Those pupils who are permitted to possess a controlled drug will be advised that it is an offence to pass the drug to any other person for use.

Parents should collect all long-term medicines belonging to their child at the end of each term and are responsible for ensuring that any date-expired medication is collected from the school.

### **Emergency Procedures**

In the event of an emergency related to the administration of medicine, the Headteacher/Medicines Lead should be called as soon as possible, if not already present. If he/she does not consider that he or she is able to deal with the presenting condition, then they should continue any first aid or medical procedures being provided whilst another person summons emergency medical care. This does not, however, affect the ability of any person to contact the emergency services in the event of a medical emergency. Staff should always dial 999 for the emergency services in the event of a serious medical emergency before implementing the terms of this policy and make clear arrangements for liaison with the ambulance services on the school site.

All action taken should reflect the details outlined and agreed in the pupil's/student's IHCP if one is in place. A checklist for contacting the emergency services can be found in Appendix 10.

### **Off-Site Visits and Sporting Events**

The school actively supports all pupils with medical conditions to access and enjoy the same opportunities at the school as any other pupil, which includes ensuring that they are able to take an active role in school trips and sporting activities, unless it is contraindicated by a medical professional involved in a pupil's care (such as his or her GP).

If a pupil attending an off-site visit or sporting event cannot self-medicate, they will be accompanied by a member of staff who has received appropriate training to administer the medication in accordance with this policy. Any treatment or action required will be documented in the Risk Assessment for the visit.

All pupils requiring preventative medicine (particularly for sport), if sufficiently competent to self-medicate, are responsible for carrying their medication with them. If not sufficiently competent, a member of staff shall carry the medication, individually labelled, along with the written agreement/plan. All doses administered by staff will be recorded on the plan/record.

Secure storage for medicines will be available at all short-term accommodation used by the school.

(See Educational Visits Policy).

### **Absence due to Long Term Health Needs**

It is our intention that every pupil/student on our role has the offer of good quality education. Where the education of a pupil/student is interrupted as a result of being unable to attend school for a period of time due to health needs, we will work with the Local Authority and Health Care Practitioners/Hospital to ensure that the pupil/student's individual needs, including social and emotional, are met.

This applies to children who cannot attend school at all or can only attend intermittently.

The school will contact the LA as soon as it becomes clear that the child will be away from school for 15 days (30 sessions) or more consecutively or cumulatively.

The school will liaise with the Local Authority, as soon as the need becomes apparent, with a view to deciding the best course of action or provision.

The school will:

- Appoint a Lead contact to maintain regular communication with the child, the LA and the parents/carers
- Liaise with external teaching support in order to minimise the effect of the absence on the child's attainment and ensure effective reintegration through contributing to the education plan
- Ensure that any alternative education providers used will have the appropriate safe recruitment checks in place
- Maintain the child on role during this period
- Contribute to an individually tailored reintegration plan



(See guidance document: “Ensuring a good education for children who cannot attend school because of health needs” Statutory guidance for local authorities December 2023 for more details).

### **Safeguarding**

Where there are any concerns about a child’s wellbeing, including frequent use of medication, staff will speak with the Designated Safeguarding Lead or their Deputy about such concerns. (Refer to the Child Protection Policy and Safeguarding Policy for procedures).

### **Staff Medicines**

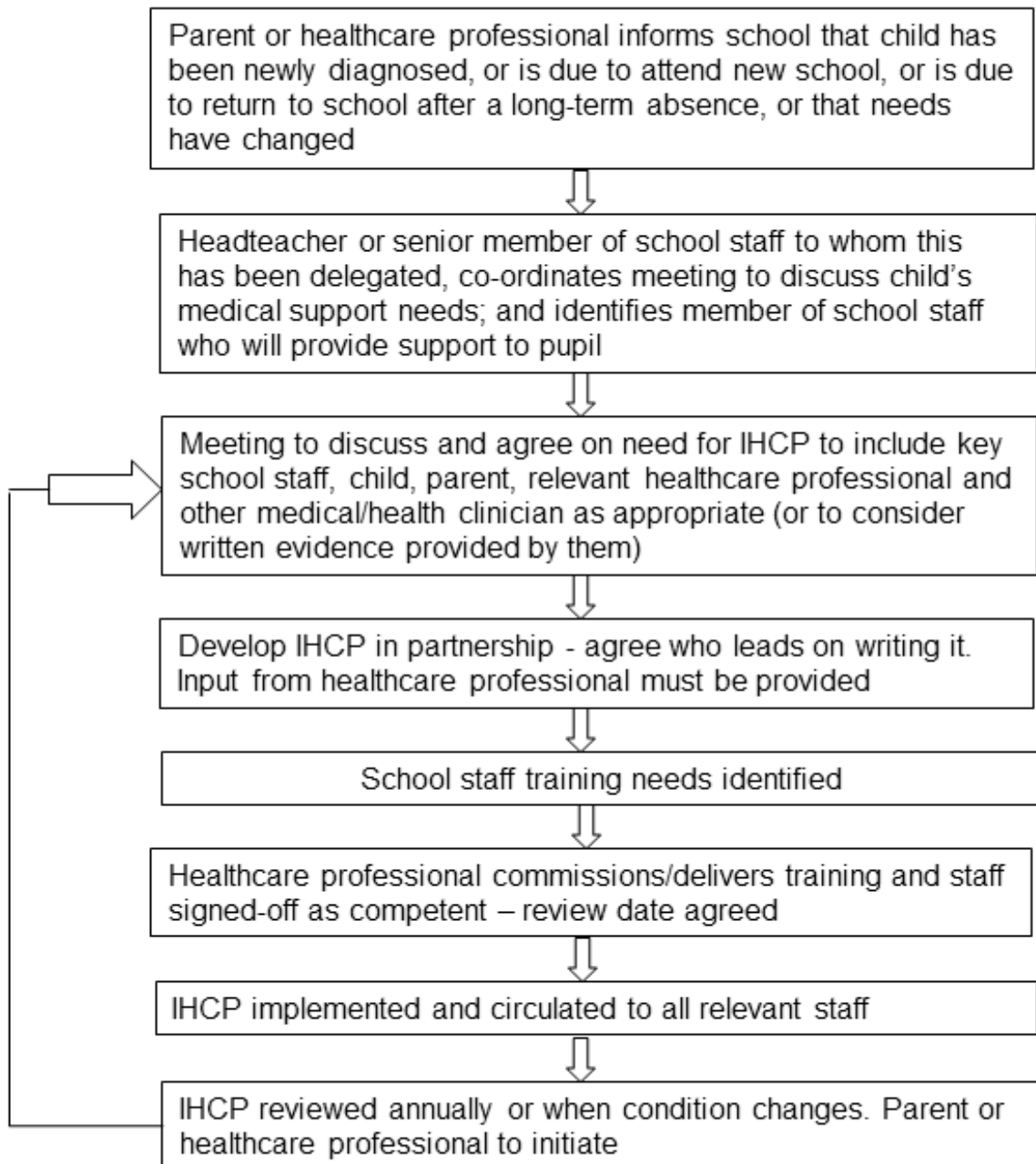
Where staff are taking medication for their own medical conditions, these will be stored securely, locked away, and out of reach of children. We are aware of the serious implications of children accessing medicines not prescribed for them. The arrangements for this school are that staff will keep all personal medication in the staff room (not accessible to children) and will only bring such medication that is necessary for the working day.

If staff are taking medication which may affect their ability to care for children, they must seek medical attention and speak with their line manager.

### **Review**

This policy will be reviewed by the Trust every two years and its procedures will be reviewed and updated by the Medicines Lead on an annual basis.

Appendix 1: Model Process for Developing Individual Health Care Plans



## Appendix 2: Checklist when Receiving Medicines

All such documentation is stored with good data protection practice in mind

1	Is this a fourth dose? If YES go to Q3. If NO go to Q2
2	If not, why does it need administering in school?
3	Has it been prescribed by a doctor, dentist, nurse or pharmacist? If YES go to Q4. If NO go to Q5
4	Is it in the original packaging? ** Does it have the Pharmacist's name, address, telephone number and logo? If no logo, phone the pharmacy – do not administer.) <sup>1</sup>
5	Does it have the child's name and date of birth stated clearly on the packaging (and contents – if a bottle)?
6	Does the content match the container in name and dose size? (i.e. 200mg Paracetamol not 500mg).
7	Is it in date?
8	Where does it need to be stored?
9	Who brought the medicine in to school?
10	Who will be collecting the medicine at the end of the day? (Not the child)
11	Has an administering medicines consent form or an IHCP been completed?

\*\* Note if Insulin, this may not be in the original container but might be in the form of pen or pump

Type of Permission / Medical Record to Complete	Long-Term Medicines	Short-Term Medicines	Asthma Plan	Allergies
	Appendix 3 IHCP	Appendix 4 Agreement for school to administer medicines/record	Appendix 5 Asthma Care Plan	1. Specific allergy treatment plan 2. Generic allergy plan i.e. not severe
Who Completes it	SENCO – if linked to SEN Health Care Professional involved Another designated member of SLT	Parent	Parent with class teacher	1. Health Care professionals (who train relevant school staff to administer required medicine) 2. Parents with school Appendix 4 or IHCP depending on need
Types of Illnesses / Medication	Epilepsy Diabetes Cystic Fibrosis Chronic Fatigue Arthritis Coeliac Disease	Pain Fever Antibiotics	Asthma – use of inhalers	Allergies to food, animals etc.

**Appendix 3: Individual Healthcare Plan (IHCP)**

*Place on school letterhead or insert school name and logo*

<b>Child's name</b>	
<b>Photo*</b> <b>*If parents give consent</b>	
<b>Class/Form</b>	
<b>Date of birth</b>	
<b>Age</b>	
<b>Medical diagnosis or condition</b>	
<b>Date of plan</b>	
<b>Date of plan review</b>	

<b>Family contact information: FIRST contact</b>	
<b>Full name</b>	
<b>Relationship to child</b>	
<b>Phone number (work)</b>	
<b>Home</b>	
<b>Mobile</b>	
<b>Address, if different to child</b>	

<b>Family contact information: SECOND contact</b>	
<b>Full name</b>	
<b>Relationship to child</b>	
<b>Phone number (work)</b>	
<b>Home</b>	
<b>Mobile</b>	
<b>Address, if different to child</b>	

<b>Clinic/Hospital Contact/Pharmacy</b>	
<b>Name</b>	
<b>Role</b>	
<b>Contact Number</b>	

GP	
Name	
Surgery/Practice	
Contact Number	

School	
Who is responsible for providing support in school?	
What are the expectations of the role? (Even if the child is self-administering)	
Who will cover this role if they are absent?	

Medical Needs	
What are the medical needs?	
What are the symptoms experienced by the child?	
What are the signs that can be seen that are an indication of the child being unwell?	
What can trigger an incident?	
Is treatment required?	
If so, what treatments are needed?	
What equipment/device is required?	
Where is this stored?	

Medication	
Name of medication	
Dose	
Time the dose is to be taken	
Method of administration (including 'with water' etc.)	
Side effects	
Contraindications (any circumstances in which the medicine should not be given)	
What other medication are they on?	
Who is administering the medicine?	

Which other staff have been appropriately trained to administer medicine (in case of absence or on school visits)?	When?
Name	Date
Name	Date
Name	Date

<b>Daily Care requirements (including intimate care/need for food with medicines/need for bloods testing etc.):</b>
<b>Potential risks to staff (including manual handling/blood borne virus etc.):</b>
<b>Specific support for the pupil's educational, social and emotional needs:</b>
<b>Arrangements for school visits/trips (including overnight/residential):</b>
<b>Other information: (Requirements for emergency evacuation/fire drill etc. Is a PEEP and/or an EHCP in place?)</b>
<b>Describe what constitutes an emergency, and the action to take if this occurs.</b>

Who is responsible in a medical emergency?	
On site	
On site	

Who needs to be aware of this plan, the child's condition and the support required? <i>Check appropriate box</i>			
Role	Name	Yes	No
Office/Admin staff		<input type="checkbox"/>	<input type="checkbox"/>
Class teacher		<input type="checkbox"/>	<input type="checkbox"/>
Classroom support		<input type="checkbox"/>	<input type="checkbox"/>
Dinner time support		<input type="checkbox"/>	<input type="checkbox"/>
After school club support		<input type="checkbox"/>	<input type="checkbox"/>
Headteacher		<input type="checkbox"/>	<input type="checkbox"/>
Site manager		<input type="checkbox"/>	<input type="checkbox"/>
Whole teaching staff		<input type="checkbox"/>	<input type="checkbox"/>
Whole school staff		<input type="checkbox"/>	<input type="checkbox"/>
External providers		<input type="checkbox"/>	<input type="checkbox"/>

<i>sports coaches/swimming instructors/peripatetic teachers etc.</i>			
Supply/cover/PPA cover teachers		<input type="checkbox"/>	<input type="checkbox"/>
EYFS unit staff		<input type="checkbox"/>	<input type="checkbox"/>

Plan developed with <i>tick and name where applicable</i>	
<input type="checkbox"/> <b>Parent</b>	
<input type="checkbox"/> <b>Pupil</b>	
<input type="checkbox"/> <b>School Representative</b>	
<input type="checkbox"/> <b>School Nurse/Health Representative</b>	

**Parental agreement for school to administer medicine (Including self-administration):**

I understand that I must deliver the medicine personally to .....

(Agreed member of staff)

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering/my child self-administering (select as appropriate) medicine in accordance with the school policy and this plan. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medication is stopped.

I agree to the school sharing information appropriately to relevant members of staff (on a need to know and confidentiality basis in line with the school policy).

In the case of diagnosed, severe allergic reactions where the child has already been prescribed an auto adrenaline injector: I give consent for my child to use the school's emergency auto adrenaline pen in a case of emergency.

**Name:** .....

**Signed:** ..... **(parent/carer)**

**Date:** .....

**Agreement for School to Administer Medicines (& Record)**

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

Name of Child	
Date of Birth	
Group/Class/Form	
Medical Condition/Illness	

**Medicine**

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

Name and strength of medicine	
Date medicine provided by parent	
Expiry date	
Dose & time to be taken	
Frequency & duration of administration	
Are there any side effects that the school/setting needs to know about?	

**Contact Details**

Name	
Telephone number	
Relationship to child	
I understand that I must deliver the medicine personally to the office staff.	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

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





## Appendix 5a: My Asthma Care Plan

<b>Name of Child</b>	
<b>Class/Form</b>	
<b>Date of Birth/Age</b>	
<b>Type of Medicine (&amp; Expiry Date)</b>	
<b>Date of Plan Review</b>	(Annually)

Family contact information: FIRST contact	
<b>Full name</b>	
<b>Relationship to child</b>	
<b>Phone number (work)</b>	
<b>Home</b>	
<b>Mobile</b>	
<b>Address, if different to child</b>	

Family contact information: SECOND contact	
<b>Full name</b>	
<b>Relationship to child</b>	
<b>Phone number (work)</b>	
<b>Home</b>	
<b>Mobile</b>	
<b>Address, if different to child</b>	

GP/Health Practitioner	
<b>Name</b>	
<b>Surgery/Practice</b>	
<b>Contact Number</b>	

Inhaler Use		
Does your child tell you when he/she needs their inhaler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need help administering their inhaler?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your child need to take their inhaler before exercise or play?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What signs does your child display when they need their inhaler? <i>Select or add</i>		
Shortness of breath		<input type="checkbox"/>
Sudden tightness in chest		<input type="checkbox"/>
Wheeze or cough		<input type="checkbox"/>
Other (please state):		<input type="checkbox"/>
What are your child's triggers (things that can make their asthma worse)? <i>Select or add</i>		
Pollen		<input type="checkbox"/>
Exercise		<input type="checkbox"/>
Cold/flu		<input type="checkbox"/>

Stress	<input type="checkbox"/>
Weather	<input type="checkbox"/>
Air pollution	<input type="checkbox"/>
Other (please state):	<input type="checkbox"/>

Is your child on any other asthma medication while in school's care? <i>Give details below</i>			
Medication	Dose	Frequency	Side Effects

If the above signs occur, please help/allow (delete as appropriate) my child to take the medicine stated above. After treatment and as soon as they feel better, they can return to normal activity.

I confirm that my child has an inhaler and spacer in school, and I will ensure that it is in date.

I consent to my child using the school's emergency reliever inhaler and spacer should it be necessary.

I understand that in an emergency, the school will first contact emergency services and then me.

Signed: .....(parent/carer)

Date: .....



**Appendix 6: Staff Training Record: Administration of Medicines**

<b>Name of School</b>	
<b>Name of Staff Member</b>	
<b>Type of Training Received</b>	
<b>Date of Training Completed</b>	
<b>Training Provided by</b>	
<b>Profession and Title</b>	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training has been updated for [name of member of staff].

Trainer's Signature: .....

Date: .....

I confirm that I have received the training detailed above.

Staff Signature: .....

Date: .....

Suggested Review Date: .....



**Appendix 8: Model Asthma/Severe Allergic Reaction Register**

*(Keep separate registers for the above medical needs for ease of identification of pupil/student)*

Asthma register for [academic year]

Photo (Where Possible)	<b>Name:</b>	<b>Asthma plan in place (include date for renewal)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Class:</b>	<b>Parental consent for the use of the emergency inhaler received</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

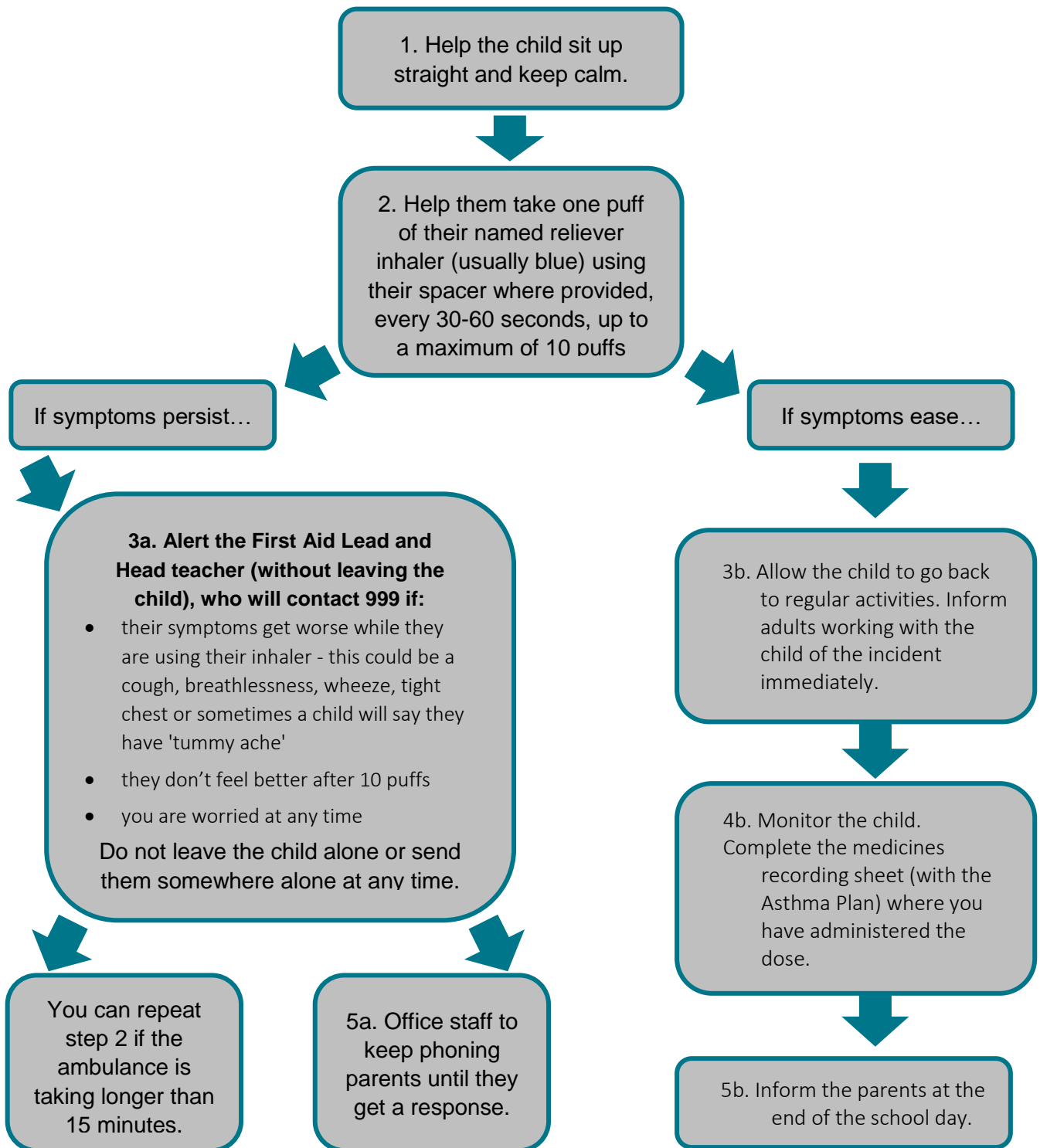
Photo (Where Possible)	<b>Name:</b>	<b>Asthma plan in place (include date for renewal)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Class:</b>	<b>Parental consent for the use of the emergency inhaler received</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

Photo (Where Possible)	<b>Name:</b>	<b>Asthma plan in place (include date for renewal)</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
	<b>Class:</b>	<b>Parental consent for the use of the emergency inhaler received</b> Yes <input type="checkbox"/> No <input type="checkbox"/>

Appendix 9: What to do if a Child is Having an Asthma Attack

Inhalers are kept in the child's classroom, in a named wallet with the child's Asthma Plan. If the inhaler doesn't work or is empty, then check the plan to see if the child has consent to use the school's emergency inhaler. **(This is kept in the First Aid room in a box labelled EMERGENCY INHALERS.)**

Where consent has been withheld but there is a need to use the emergency inhaler, seek help from the First Aid Lead and Headteacher.





### Appendix 10: Contacting Emergency Services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

Ensure that, where the pupil/student has an IHCP relating to any medical condition (whether related or otherwise to this emergency), is made available to the emergency services upon arrival.

Ensure that, where the pupil/student is on any medication, this information is made available to the emergency services on arrival.

#### **Contacting the 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. School Telephone number – **01977 704138**
2. Your name
3. School Location/Address: **Cherry Tree Academy, Cobblers Lane, Pontefract.**
4. Postcode – **WF8 2NH**
5. Provide the exact location of the patient within the school setting.
6. Provide the name of the child and a brief description of their symptoms.

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

#### **Practical points**

- Ensure someone is stationed at the entrance to direct the ambulance crew to the pupil.
- Assign someone to contact, and keep contacting, the parent.
- Assign a senior person/first aider to stay with the child at all times.
- Give the paramedics:
  - a clear concise account of the incident
  - any medication given
  - the time the medication was given
  - the container the medication was in
  - knowledge of any other medications the pupil/student may be on.

**Appendix 11: Recognition and Management of an Allergic Reaction/Anaphylaxis**

**Signs and symptoms include:**

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Abdominal pain or vomiting
- Itchy/tingling mouth
- Sudden change in behaviour
- Hives or itchy skin rash

**Action**

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s) - always bring AAI to the child not the other way around
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact

**Watch for signs of anaphylaxis (below) – life threatening allergic reaction**

Airway	Breathing	Consciousness
Persistent cough Hoarse voice Difficulty swallowing Swollen tongue	Difficult or noisy breathing Wheeze or persistent cough	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

**If any ONE (or more) of these signs are present:**

- Lie child flat with allow child to sit)
- Use Adrenaline
- Dial 999 to request

**\*\*\* If in doubt, give**

**After giving Adrenaline**


1. Stay with child until child up
2. Commence CPR if
3. Phone
4. If no improvement adrenaline using another autoinjector device, if available

**Anaphylaxis may occur without initial mild signs: ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.**

legs raised: (if breathing is difficult, autoinjector\* without delay ambulance and say ANAPHYLAXIS

**Adrenaline \*\*\***

ambulance arrives, do NOT stand there are no signs of life parent/emergency contact after 5 minutes, give a further dose of

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