



Hunsley Primary

Medicines Policy

This policy is applicable to Hunsley Primary - Version 3.iii

<p>Important: This document can only be considered valid when viewed on the school website. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.</p> <p>Name and Title of Author: Lucy Hudson, Headteacher</p>	
<p>Name of Responsible Committee/Individual:</p>	<p>Hunsley Primary Local Governing Body</p>
<p>Implementation Date:</p>	<p>Autumn 2023</p>
<p>Review Date:</p>	<p>Autumn 2024</p>
<p>This policy should be read in conjunction with:</p>	<ol style="list-style-type: none"> 1) The statutory guidance ‘Supporting Pupils at school with medical conditions’, published 2014 and updated 2019 https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3 2) The school’s suite of safeguarding policies available on the school website. 3) Hunsley Primary SEND Policy 4) Hunsley Primary Access and Inclusion Plan 5) The Education Alliance Health and Safety Policy 6) Hunsley Primary Asthma Policy
<p>Target Audience:</p>	<p>All Staff, Parents, Pupils, Community Users, Key Stakeholders</p>

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Policy Statement

This policy outlines the principles and values underpinning the expectations for administration of medicines at Hunsley Primary.

1. Purpose and Scope

There are clear regulations regarding Medicines in a School Setting. Only certain medication is allowed to be stored on behalf of pupils whilst in school. By law, parents must give written consent for their child to be given medication.

Conditions such as allergy causing anaphylaxis, asthma and diabetes mean pupils may need to take medication whilst at school. It is the parent/carer's responsibility to ensure that medication is handed into the administrative staff team in the main school office.

Medication should be in date; it is not the school's responsibility to notify parents if medication has gone out of date. Parents will also be responsible for ensuring there is an adequate supply of medication for their child whilst at school. Any out-of-date medication should be collected by parents and school will routinely prompt parents / carers to come to the office to check medications which are kept in school.

2. Roles and Responsibilities

School Leaders will uphold the legal and statutory requirements. These are outlined in the guidance which is held in the Medical Conditions in Schools folder, provided by the Local Authority, and also is found on the Gov.uk website (see above link and References section).

The Headteacher:

The Headteacher of Hunsley Primary (or appropriate delegated deputy) is responsible for implementing the policy on a day-to-day basis. For a child with medical needs, the Headteacher must agree with parents/carers exactly what support can be provided in school via the child's Individual Health Care Plan (IHCP) or relevant Emergency action plan. If parents request adjustments which require further detail to be assessed, the Headteacher should request that written advice be provided by the child's doctor or other appropriate health professional.

The Headteacher should also ensure that there are suitable systems for sharing information about pupils' medical needs, that any training has given staff sufficient understanding, confidence and expertise, and that arrangements are in place to update training on a regular basis. The Headteacher is also responsible for making sure proper guidance is in place for dealing with medicines in the school environment.

If the administration of prescription medicines requires technical or medical knowledge, then the Headteacher should ensure training is provided to staff from a qualified health professional. Such training should be specific to the individual medical needs of the child concerned and a health care professional should provide written confirmation of proficiency in any medical procedure, e.g. diabetes nurse, community nursing team.

The Headteacher should also ensure the following:

- that procedures are understood and adhered to by all staff involved in the child's care
- that the child's parents / carers contribute to, review and sign off the child's IHCP / Emergency action plan
- that training is provided and monitored for refreshers where necessary
- that there is appropriate, effective communication and consultation with parents, children and health professionals concerning pupils with medical needs

In addition, all staff (including supply staff) should be notified of the delegated person with responsibility for medical care and informed of a child's medical needs, if appropriate.

Local Governing Body (LGB):

It is the responsibility of the Local Governors to ensure the school has in place a policy as stated here. The policy should be reviewed and updated on a regular basis in line with Local Authority guidelines and training, and should direct the school to follow clear systems and procedures for the safe administering of medication to pupils.

In addition, the LGB is responsible for ensuring that staff acting within the scope of their employment are fully covered by the school to carry out their roles, and that staff are aware of this.

Parents/Carers:

Parents and Carers hold the prime responsibility for their child's medical health; Hunsley Primary is not in a position to take responsibility for any decisions for a child's health other than those laid out in the Individual Health Care Plan or Emergency Action Plan, as agreed with the child's parent or carer, for example a first aid and ambulance procedure plan, if a child requires referral to hospital following an accident.

As such, members of staff will only manage and administer medicines in line with the written approval of parents/carers and in accordance with the dosage and frequency instructions from a legitimate prescriber.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved outside the school remit. The school should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a court decides otherwise.

The major role of caring for a child rests with the parents / carers and it is their responsibility to manage the child's health and to ensure attendance at school. It is the responsibility of the parent/carer to provide the school with full information about their child's medical needs, annually, during admissions or whenever medicines are prescribed. This information should include the following:

- Details of their child's medical needs
- Details of the treatment they will need at school, including any possible side effects of medication
- Other special needs or conditions (i.e. dietary requirements, pre-activity precautions)
- Details of any allergies / allergens
- The name and address of GP/consultants

- Telephone number of surgery
- What to do and who to contact in an emergency

Parents should also provide any medication in a clearly-labelled container with the following:

- Name and strength of medicine
- Dose /quantity to be given to school
- When to be given
- Expiry date
- Any changes to the medication
- Any other appropriate instructions (e.g. special storage arrangements)
- Collect and dispose of any medicines held in school at appropriate times
- Ensure that medicines have not passed the expiry date

3. Equality and Diversity

Hunsley Primary is committed to:

- Eliminating discrimination and promoting equality and diversity in its policies, procedures and guidelines.
- Delivering high quality teaching and services that meet the diverse needs of its pupil population and its workforce, ensuring that no individual or group is disadvantaged.

4. Vision, Values and Ethos

Vision: Our Commitment

Hunsley Primary is committed to being an innovative, stimulating, forward-thinking free school that makes the most of its freedoms to impact positively on pupils' lives in the community and provide opportunities for all its children to make outstanding progress. Hunsley Primary children are capable, confident and creative thinkers and motivated, resilient, problem-solving learners. In particular, the school is committed to developing pupils as mathematicians and scientists.

Values: Our Children

At Hunsley Primary, we believe that every child is an individual, ready, able and eager to learn, and as such a member of the team. We are a fully inclusive school and we view every child as unique; we believe that all learning activities should be personalised and challenging to meet all pupils' needs and that every child should receive the care, guidance, nurture and robust support they need to overcome disadvantage or barriers to learning. It is our prime aim that all children make their best progress in an enabling learning environment, in the presence of their peers and the security of positive relationships with those around them. Our highly-trained expert classroom practitioners, from teachers, TAs, volunteers to associate Trust staff, ensure that all children have the chance to work, discuss and learn with professionals who are passionate about education.

By ensuring our children become responsible for directing, sustaining and reviewing their own learning, taking responsibility for critiquing their own and each other's work and for setting ambitious challenges, we aim to embed an understanding of the importance of refining work to its best point so that children feel a sense of high achievement as a result of the feedback they receive.

By maximising the benefits of our close relationship with South Hunsley School and Sixth Form College and its subject specialists, we aim to secure a continuum of learning and a depth of conceptual understanding necessary for excellent progress in all curriculum areas, leading to the

highest achievement at Key Stage 2, GCSE and A Level and, in due course, access to the most aspirational HE institutions, courses and professions for all children.

Ethos: Our Teaching and Learning Rationale Engagement, Enjoyment, Discovery, Reflection, Achievement

Our aim is to deliver teaching and learning which meets the needs of every single pupil in school, basing our planning on rigorous assessment and observation, mapping out challenging, supportive next steps. We plan our curriculum activities and our personalised teaching and learning approach to match the following rationale:

- Flexible, personalised timeframes for learning, based on excellent pupil-centred teaching – teachers highly conversant in the complexities and specialisms of their practice
- Real learning themes and deep-thinking investigations, which prepare our pupils for 21st Century living and engage them in learning with enjoyment and passion
- Inspirational and challenging learning activities, which have the principles of scientific enquiry and investigation ('working scientifically') at their core, generating a lifelong love of learning, enquiry and discovery and a systematic means of approaching challenging and new tasks
- A union of partnerships with cross-phase, multi-agency and multi-disciplinary expertise for planning, delivery, monitoring and review, to ensure each child has every opportunity to build successfully on their learning from 4 to 19, removing barriers to engagement and development
- Pupil resilience, independence, confidence and readiness to meet the rigours of education, through to university and beyond, and the demands of living and working in a rapidly changing technological world
- Innovative, immersive and inclusive learning resources, combining the best of expert input, outdoor, hands-on, experiential learning and digital interfaces, to give pupils every opportunity to aspire to their full potential.

5. Systems and Processes

Medicines and Medication are defined in this document as those which have been prescribed by the pupil's doctor, dentist, nurse prescriber or pharmacist prescriber and dispensed by a pharmacist specifically for that pupil.

Where parents request for a non-prescription paracetamol-based medicine (Calpol or equivalent) to be administered, the following procedure is adhered to:

Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and agreement from the Headteacher. If agreed to, under certain circumstances, clear records must be kept, indicating when a non-prescribed medicine was taken. Paracetamol-based medicine (e.g. Calpol) will only be administered within a 48 hour period, thereafter which parents will be encouraged to seek medical guidance if the symptoms persist. Parents will be asked to bring the paracetamol-based medicine in sachets as opposed to bottles.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor (As directed by Department of Health 'Managing Medicines in Schools & Early Years Settings')

All relevant forms, as detailed in the procedure, and found in the Appendix, must be completed by parent/carer and returned before the school will undertake management of medicines for a child.

Prescribed Medicine

Medicines should only be brought onto the school site when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Hunsley Primary will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber if accompanied with the original container as dispensed by a pharmacist and the prescriber's instructions for administration.

Hunsley Primary will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages of prescribed medicines on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours and therefore administered by parents. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Prescribed Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

Any agreed member of staff volunteering to do so may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions and appropriate to their level of training and expertise.

For reasons of health and safety, Hunsley Primary will look after a controlled drug and agree a process with parents/carers for the medication to be administered to the child for whom it has been prescribed.

Hunsley Primary will keep controlled drugs in a locked non-portable container and only specified staff will have access. A full record of all medications received and the dates and times of administration will be retained for audit and safety purposes.

A controlled drug, as with all medicines, will be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy or similar arrangements). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should first check the following details on SIMS or records kept in the Main Office:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container
- Parental consent has been received.

If in doubt about any procedure, staff should not administer the medicines but contact parents/carers regarding decisions before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent.

Storage of medicines will be done in accordance with the terms described in the policy with access given to a limited number of staff only – again, parents must collect medicines for disposal.

Self-Management & Long Term/Complex Medical Needs (access to education)

The DH guidance considers it to be good practice, where appropriate, for children to take responsibility for the management of their own medicines from a relatively early age.

Hunsley Primary will consider self-management on an individual case basis.

Recognition must be taken of the potential risk to the child in question but also to other pupils and members of staff if medication of any description is handed into the care of a pupil. Careful consideration must be given to all mitigating circumstances although **the general position is that all medication will be controlled and documented by the school.**

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA). The DDA defines a person as having a disability if they have a physical or mental impairment which has substantial or long term adverse effect on their abilities to carry out normal day to day activities. Under Part 4 of the DDA, the school must not discriminate against disabled pupils in relation to their access to education and associated services – a term that covers all aspects of school life including school trips, clubs and activities. The school will make reasonable adjustments for disabled children, including those with medical needs at different levels of school life, and for the individual child, within our practices, procedures and policies; furthermore, the school will strategically plan, where possible, an increase to independent access, over time, for disabled children, including those with medical needs, as they progress through the school

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so. The refusal should be noted in the child's pupil record. Parents/carers should be informed immediately of the refusal. If a refusal to take medicines results in an emergency, the school's emergency procedures should then be followed. If the refusal is repeated, it is at the discretion of the Headteacher and Governors for reasons

of health and safety, to work with parents and carers to ensure a prompt solution is reached; for example parents attending school to administer the medication.

Record Keeping

Parents/Carers must notify the school about the medicines their child needs to take and provide details of any changes to the prescription or any support required. The Medication notification form must be completed and returned to the school before any medication can be managed or administered by the school. When first receiving/managing a new medication, staff must make sure that the information provided by the parent/carer corresponds with that provided by the prescriber before updating pupil records.

Although there is no legal requirement for schools to keep records of medicines given to pupils, and the staff involved, Hunsley Primary will retain a full record to demonstrate that agreed procedures, timings and dosages have been followed and to provide information for staff should this be required in any given circumstance. These records will be stored and disposed of according to the Trust's data handling policies.

Confidentiality

The Headteacher and staff should always treat medical information confidentially. The Headteacher should agree with the parent / carer, who else should have access to records and other information about a child. If information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

Educational Visits

This policy document and the associated school forms and templates located in the Appendix will be used in conjunction with other policy guidance available from the Local Authority / Government when planning educational visits, especially visits abroad where overseas rules regarding prescribed medicine may differ from the UK.

Hunsley Primary has established procedures for the operation of trips and visits. When it is necessary to take medicines on trips, all medicines will be controlled by staff.

Staff supervising trips and visits (including sport activities etc) must always be aware of any medical needs, and be provided with relevant Individual Health Care Plans, Emergency action Plans, Individual Risk Assessments and medication.

Movement around the school site, playtimes and sporting activities

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers.

Members of staff leading lessons outside and away from the main building must carry a portable first aid kit and Pupil Emergency Bags (containing specific pupils' emergency medication) where pupil medication can be carried for immediate access. A paediatric first aider or emergency first aider will

always accompany the children and will carry the school radio or emergency contact school mobile phone as standard.

Extra-curricular Clubs run by External Agencies

Where a child accesses an extra-curricular early morning club and requires medication for school to be handed by parents / carers before the Main Office opening time of 8.15am, the club provider will be responsible for the medication and subsequent handover in agreement with the school and shall provide the appropriate hand-over forms for the procedure.

Home to School Transport

Local Authorities arrange home to school transport where legally required to do so. They must make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary and have been notified by the school. Guidance should be sought from the child's GP or paediatrician.

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they must receive training and support, and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

Where pupils have life threatening conditions, specific Individual Health Care Plans should be carried on vehicles. Within the East Riding area, this role is undertaken by the ERYC Passenger Services section, prior to arranging transport for a pupil with specific needs they collect all the information from the relevant departments/agencies in the council, including the school's SENCo, to establish the needs/disability of the pupil/person following which they arrange the necessary care, for example providing an escort to ensure the pupils safety and wellbeing.

Where pupils are at risk of severe allergic reactions, risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

Staff Medicines

Staff who have prescribed medication on their possession or in school should not carry it around the site with them. It should be kept in a place that is not accessible by the pupils i.e. personal locker, own office (again as long as it can be locked and is not accessible to pupils) and if either of these options are not available to certain staff then it should be retained in the secure area of the main office and treated in the same way as the pupils' prescribed medication. Individual members of staff are solely responsible for their own medication.

Access to Emergency Procedures

Emergency procedures that might be required regarding the medication of a pupil should be assessed using the criteria and forms in the individual child's Emergency Information and will be kept in a central place in the Pupil Emergency Bag, both in the classroom (appropriately stored for safety from the

children, but ease of access for adults in an emergency situation – e.g. a high, supervised shelf) and the Main Office, to ensure quickness of response in an emergency situation. This will usually be a collectively constructed document (as part of the IHCP) involving the input of several sources including medical professionals, parent/carers, school nursing team, first aid staff, teachers etc. The completed record of actions will also be located in the child’s electronic folder and appropriate staff briefed; however, this will vary on occasions as each individual will be assessed on their particular needs not, common factors and therefore on outcome and actions may vary.

Initial assessment of pupils that might be considered at “higher risk” or present emergency actions that are specialist in nature and require staff assistance will be initially assessed by the school, as they occur and at the start of each new term. Individual Risk Assessments will be undertaken where necessary and updated regularly.

6. Monitoring of compliance with and effectiveness of the policy

The **Hunsley Primary Local Governing Body** is responsible for ensuring that this policy and procedure is implemented fairly, consistently and objectively.

The **Headteacher** is responsible for overseeing the introduction, implementation, monitoring and review of this policy.

7. Review

This policy and its linked documentation will be reviewed annually.

Appendix:

Hunsley Primary Individual Health Care Plan

Name of child		Child's Photo
Year and Class		
Date of Birth		
Medical diagnosis/condition		
Date		
Review Date		

Family Contact Information

Name	
Relationship to child	
Telephone - work	
Telephone - mobile	
Telephone - home	

Further Contact Information

Name	
Relationship to child	
Telephone - work	
Telephone - mobile	
Telephone - home	

Clinic / Hospital contact / Health Care Professional

Name	
Telephone number	

GP

Name	
Telephone number	

ALLERGIES
Describe medical needs & symptoms / Daily care requirements and interventions
Parent/Carer to provide information about symptoms and treatments and a copy of any allergy action plan that the child has.
<u>Know Triggers & Symptoms</u>

Treatment

Follow up care

ASTHMA

Describe medical needs & symptoms / Daily care requirements and interventions

Know Triggers & Symptoms

Treatment

To be completed by school

Location of inhaler / spacer* in school (*where required)

Stored safely by staff within close proximity to child at all times.

Instructions for use of the reliever inhaler in school (please tick all appropriate statements)

- My child does **not** understand the proper use of his/her inhaler and requires help to administer
- My child understands the proper use of his/her asthma medication and, **in my opinion**, can use their inhaler independently.

I give consent for school to support my child in using their inhaler, should this be required in a medical emergency.

School 'Salbutamol' Emergency Inhalers

Since October 2014, the Human Medicines Regulations 2014 have allowed schools to keep 'Salbutamol' inhalers for use in emergencies. The Regulations stipulate the very limited situations in which a school should utilise this emergency reserve. **The inhalers will only be used in an emergency for pupils with an existing diagnosis of asthma or those children prescribed an inhaler as a reliever medication, if the pupil's own prescribed inhaler is not accessible or malfunctions.**

I give my consent for school to use the emergency 'Salbutamol' inhaler, in accordance with the Human Medicines Regulations, 2014, if my child's own prescribed inhaler is not available or malfunctions.

Permissions and Responsibilities

I give permission for school personnel to share this information with all school staff, follow this plan and administer my child's prescribed asthma medication.

If necessary, I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices. I approve this Asthma Care Plan for my child and agree to update school as necessary with any changes to information relevant to this plan.

SIGNS OF ASTHMA ATTACK¹

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

NB Not all symptoms need to be present for a child to be having an asthma attack

IF A CHILD PRESENTS WITH ANY OF THE FOLLOWING – CALL AN AMBULANCE IMMEDIATELY AND COMMENCE ASTHMA ATTACK PROCEDURE WITHOUT DELAY

- Appears exhausted
- Has blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use emergency inhaler (prior consent from parent must be documented)
- Remain with the child while the inhaler and spacer are brought to them.

IMMEDIATELY HELP THE CHILD TO TAKE TWO SEPARATE PUFFS OF SALBUTAMOL 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



IMPROVEMENT

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

Document medication given. Dose may be repeated if symptoms return. However, if this is within 4 hours, contact parents as



NO IMPROVEMENT

If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**



If an ambulance does not arrive in 10 minutes **GIVE ANOTHER 10 PUFFS IN THE**

¹ With reference to the East Riding School Medicines training and documentation. The information in this flowchart is taken from the Department of Health 0 *Guidance on the use of emergency salbutamol inhalers in schools* (March 2015) <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Follow up care

ADDITIONAL INFORMATION

Who is responsible in an emergency

Paediatric First Aiders – give names of PFA's in class
Mrs Hudson – Headteacher
Mrs Hitchin - Administrator

HUNSLEY PRIMARY ALLERGY EMERGENCY INFORMATION SHEET

Name of child		Child's Photo
Year and Class		
Date of Birth		
Parent/Carer name		
Home Contact number		
Mobile Contact number		
GP/Medical Centre Number		
School Nurse Number		

Do you have an allergy action plan for your child?

Yes / No

If Yes, please send a copy to the school.

Known Triggers and Symptoms	
Treatment	

To be completed by school	
Location of medication in school	Classroom

Designated staff/first aider	
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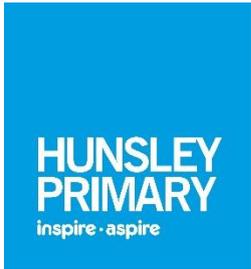
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I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices. I approve this Allergy Care Plan for my child.

Parent/Carer Signature	Date:
Headteacher's Signature	Date:



HUNSLEY PRIMARY ASTHMA/INHALER EMERGENCY INFORMATION SHEET

For children with a medical diagnosis of asthma and / or prescribed inhaler / asthma medication. To be read in conjunction with the Hunsley Primary Asthma Policy and the Medicines Policy

To be completed by the Parent / Carer		
Name of child		Child's Photo
Year and Class		
Date of Birth		
Parent/Carer Name		
Home Contact Number		
Mobile Contact Number		
GP/Medical Centre Tel. Number		
School Nursing Team Tel. Number	(01482) 335010	
Known Triggers & Symptoms		
Treatment		

To be completed by school	
Location of inhaler / spacer* in school (*where required)	Stored safely by staff within close proximity to child at all times.
Designated staff/first aider	

Instructions for use of the reliever inhaler in school (please tick all appropriate statements)

- My child does **not** understand the proper use of his/her inhaler and requires help to administer
- My child understands the proper use of his/her asthma medication and, **in my opinion**, can use their inhaler independently.
- I give consent for school to support my child in using their inhaler, should this be required in a medical emergency.

School 'Salbutamol' Emergency Inhalers

Since October 2014, the Human Medicines Regulations 2014 have allowed schools to keep 'Salbutamol' inhalers for use in emergencies. The Regulations stipulate the very limited situations in which a school should utilise this emergency reserve. **The inhalers will only be used in an emergency for pupils with an existing diagnosis of asthma or those children prescribed an inhaler as a reliever medication, if the pupil's own prescribed inhaler is not accessible or malfunctions.**

Hunsley Primary has three Salbutamol CFC Free 100mcg inhalers for emergency administration.

- I give my consent for school to use the emergency 'Salbutamol' inhaler, in accordance with the Human Medicines Regulations, 2014, if my child's own prescribed inhaler is not available or malfunctions.

Permissions and Responsibilities

I give permission for school personnel to share this information with all school staff, follow this plan and administer my child's prescribed asthma medication.

If necessary, I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with prescribed medication and delivery devices. I approve this Asthma Care Plan for my child and agree to update school as necessary with any changes to information relevant to this plan.

Parent/Carer Signature	Date:
Headteacher's Signature	Date:

SIGNS OF ASTHMA ATTACK¹

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)

- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in upper body)
- Nasal flaring
- Unable to talk or complete sentences – some children will go very quiet
- May try to tell you that their chest ‘feels tight’ (younger children may express this as tummy ache)

NB Not all symptoms need to be present for a child to be having an asthma attack

IF A CHILD PRESENTS WITH ANY OF THE FOLLOWING – CALL AN AMBULANCE IMMEDIATELY AND COMMENCE ASTHMA ATTACK PROCEDURE WITHOUT DELAY

- Appears exhausted
- Has blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure child
- Encourage the child to sit up and slightly forward
- Use the child’s own inhaler – if not available, use emergency inhaler (prior consent from parent must be documented)
- Remain with the child while the inhaler and spacer are brought to them.

IMMEDIATELY HELP THE CHILD TO TAKE TWO SEPARATE PUFFS OF SALBUTAMOL 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

IMPROVEMENT

Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

Document medication given. Dose may be repeated if symptoms return. However, if this is within 4 hours, contact parents as medical review is recommended.

NO IMPROVEMENT

If the child does not feel better or you are worried at **ANYTIME** before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**

If an ambulance does not arrive in 10 minutes
GIVE ANOTHER 10 PUFFS IN THE SAME WAY

¹ With reference to the East Riding School Medicines training and documentation. The information in this flowchart is taken from the Department of Health 0 *Guidance on the use of emergency salbutamol inhalers in schools (March 2015)* <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

HUNSLEY PRIMARY DIABETIC EMERGENCY INFORMATION SHEET

Name of child		Child's Photo
Year and Class		
Date of Birth		
Parent/Carer name		
Home Contact number		
Mobile Contact number		
GP/Medical Centre Number		
School Nurse Number		

Known Triggers & Symptoms	
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Location of medication in school	
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Designated school first aider	
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Regime
<p><input type="checkbox"/> Insulin Regime -(child's name) is on a multi-dose insulin regime of 4 or more injections a day. They will have an injection of insulin at breakfast, lunch, evening meal and another before bed.</p> <p>In addition to these injections they may also have a small snack during the day without requiring a further injection.(child's name) will require a suitable, safe, private place to be able to carry out lunchtime injections with access to sharps disposal unit for needles and lancets.</p> <p>A toilet is not considered a suitable place to carry out this clean procedure. Some children/young people will require supervision for this lunchtime injection.</p> <p><input type="checkbox"/> Pump Regime -(child's name) is given insulin via a pump device. The pump delivers a small amount of background insulin constantly throughout the day (basal).</p> <p>Insulin is also administered each time carbohydrate food is consumed (bolus). This is carried out by manually instructing the pump. An insulin bolus may also be required to correct blood glucose levels if levels exceed 14mmols.</p>

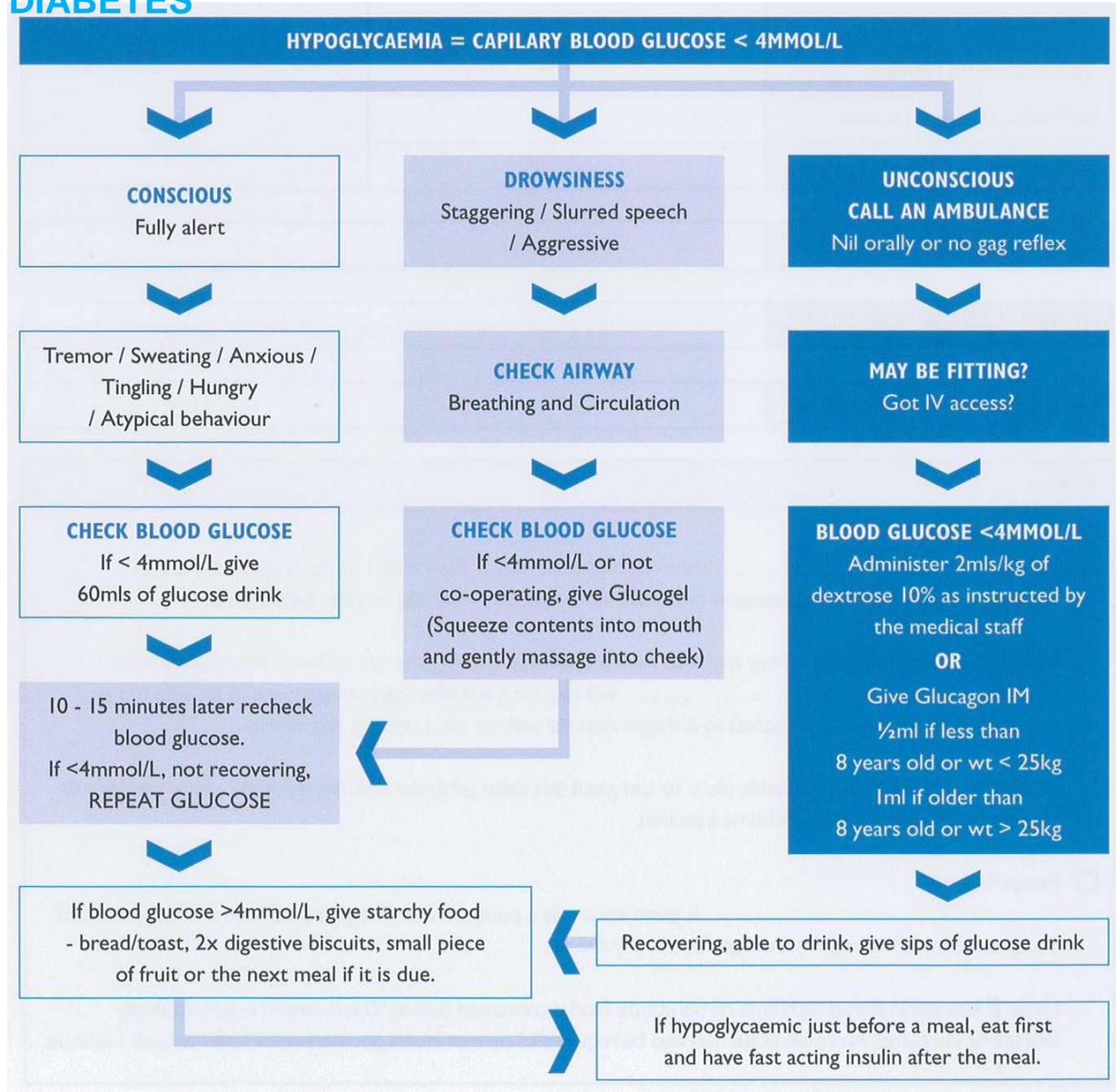
I give permission for school personnel to share this information with all school staff, follow this plan and administer medication.

If necessary, I also give permission for the school to contact our GP/School Nurse and in the case of an emergency, this plan may be passed to medical professionals.

I assume full responsibility for providing the school with adequate supply of prescribed medication with the pharmacist unstructions and required dekivery devices. I approve this Diabetes Care Plan for my child.

Parent/Carer Signature	Date:
Headteacher's Signature	Date:
School Nurse Signature	Date:

MANAGEMENT OF HYPOGLYCAEMIA IN CHILDREN WITH DIABETES



Hunsley Primary Individual Pupil Risk Assessment

Pupil Name:		Decide who may be harmed (insert ✓) and add relevant details:			
		Individual pupil			
Date of Birth:		Other pupils			
Class:		Staff			
House Team / Key Worker:		Visitors (adults)			
Reasons for Risk Assessment:		Other agencies involved with pupil:			
Hazards Identified	Initial Risk Rating	Existing Control Measures (select all that are in place)	✓	Further Actions / Comments	Residual Risk Rating H/M/L

Risk Rating Guidance: H= High M= Medium L= Low TBA = To Be Assessed - Assessment of the likelihood and or impact of injury and or damage. Initial assessment has been undertaken, complete the residual assessment based on your control measures/findings/additional actions etc.

Date of Assessment:		Carried out by:		Signature:	
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Risk Assessment Review – to be carried out at agreed intervals

Other Hazards Identified in Review	Additional Control Measures to be Put in Place following the Review				
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Date of Review:		Carried out by:		Signature:	
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Review Notes:

As appropriate,

other relevant risk assessments or safeguarding documents, e.g. <i>Intimate Care agreement</i>	

References

- Managing Medicines in Schools and Early Years Settings (Reference: 1448-2005DCL-EN)
DfE Supporting Pupils at School with Medical Conditions
- <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions->
- [-3](#)
- Medical Conditions in School – Management Resource Pack – Guidance for Schools 2019