Medicine Policy (Allergies, Administration and Medical conditions)

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Signed by:

Chief Executive Officer Date: 1st April 2025

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1. INTRODUCTION

Omega Multi Academy Trust is frequently required to manage medications in respect of the young people within its care. This policy has been developed to assist Governors, the Headteacher/Head of School and staff to enable this to be achieved in a safe and professional manner, whilst maintaining the respect and dignity of the young people.

Children may need medication in the following circumstances:

1. During a short term illness or condition, such as the requirement to take a course of antibiotics.
2. For treatment of a long term medical condition which may require regular medicines to keep them well.
3. Medication in particular circumstances, such as children with severe allergies who may need an emergency treatment such as adrenaline injection.
4. Daily medication for a condition such as asthma, where children may have the need for daily inhalers (and, potentially additional assistance during an asthma attack).

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with support. Where it is required an individual health care plan can help staff identify the necessary safety measures to support children with medical needs. Detailed advice on how to develop a health care plan is set out later in this policy.

School staff have no legal obligation to administer medicines to students unless they have been specifically contracted to do so. It is generally accepted, and stated in Local Authority policies, that all staff are acting voluntarily

2. RESPONSIBILITIES

The Headteacher/Head of School is designated by the Governing Body as the responsible person and must ensure that they have knowledge of the Medication Policy, Medication Guidance and any national government or professional body guidance.

Where they decide that they will administer medication, the school should ensure that there are sufficient members of staff who are appropriately trained to manage medicines as part of their duties.

It is the responsibility of the Headteacher/Head of School to ensure that all staff are trained appropriately and should have read and understood the Medicines policy and any associated guidance. The Headteacher/Head of School must ensure that staff have:

- been authorised to administer medication by the Headteacher/Head of School
- parental consent (Appendix 1)
- full knowledge of the school's Medication Policy
- received training where this is required
- attended refresher training as required

3. ARRANGEMENTS AND PROCEDURES

3.1. Minimising the need for medication in school hours

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents should 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.

3.2. Administration of Non-Prescription Medicines

Staff should not administer non-prescribed medicine to students. With parental consent the school will store non-prescribed medicine for students.

3.3. Administration of Over the Counter (OTC) Medicines (Homely Remedies)

Occasionally parents and carers or the young people themselves may wish to use "over the counter" remedies to treat minor symptoms for short periods. These can include alternative medicines such as herbal remedies, vitamins, and supplements. Staff should not administer OTC medicines to students. With parental consent the school will store OTC medicines for students.

3.4. Receipt of Medicines by the school (Appendix 2)

Medicines must always be provided in the original container **as originally dispensed** by the pharmacist. This should be clearly marked with the young person's name, date of dispensing and the name of medication, and include the prescriber's instructions for administration.

The label on the container supplied by the pharmacist must not be altered under any circumstances.

All medicines brought in to be administered by the setting, must be recorded. The record must show:

- Young Person for whom medication is prescribed or purchased.
- Date of receipt.
- Name and strength of the medicine.
- Quantity received (if applicable).
- The dosage required to be administered
- The time of the required dose
- Expiry date of medicines and any special warnings or precautions
- Signature of the employees receiving the medicines

Where consent from parents and carers is also being sought at the same time the record should also include the signature of the parent or carer.

3.5. Administering Medicines - General Principles

- A young person's privacy and dignity is paramount and medicines should always be administered in an area where this will not be compromised.
- In all circumstances the medication administered must be recorded on a Medication Administration Record (MAR) (Appendix 2).
- Under no circumstances must medicines prescribed be given to anybody except the person for whom it was prescribed.
- Medicines should be administered directly from the dispensed container. However, medication can be placed in a small pot after removing it from the dispensed container as a way of hygienically handing it to the student if necessary.
- Medication must never be secondary dispensed for someone else to administer to the student at a later time or date.

- The Headteacher/Head of School must ensure that staff are appropriately trained and receive refresher training at suitable intervals where this is required.
- In some cases, training must be by a suitable provider (e.g. health practitioner such as a nurse) and recorded.
- The name (or initials) of the member of staff responsible for administering the dose of the medicines must be included on the Medication Administration record.
- All written records relating to medication must be completed in ink (preferably black).
- Medication must not be given to young person's covertly (e.g. hiding in food) without consultation with parents and the agreement documented in a Care Plan.
- Crushing or dissolving medication can destroy the medication properties reducing its effectiveness. Crushing or dissolving of medication is not permitted unless a student's health or wellbeing would be detrimentally affected. Parental approval must be sought and documented in a Care Plan and on a risk assessment to crush or dissolve medication.
- All records of requests for and administration of medicine must be in writing.
- All records of administration of medication to a young person must be retained in line with document retention schedules.
- Where temporary or relief staff required to administer medication the Headteacher/Head of School must ensure they have received instruction/training and that they are assisted by a member of staff who is able to recognise each young person to whom medication is being dispensed.

3.6. "As Required" Medication (PRN)
Advice should be sought from parents/carers when Instructions such as "when required" or "as necessary" appear on prescribed medication. The advice should be documented in an "As required (PRN) Protocol.

The protocol will identify any signs, symptoms and advice and will outline the necessity for administration of the medication when the young person is unable to do so. A signed record must be kept of all advice and decisions made using PRN Record sheet. PRN medication must be dispensed with a standard label with the "as required" medication details. This alerts the person administering the medication that the preparation is PRN. The decision on whether the PRN medication is needed must be based on the individual's PRN protocol. When a PRN medication is administered a record of the administration must be made using the Medication Administration Record (MAR).

3.7. Consent Arrangements
No medication should be given to a young person without written consent obtained from the person with parental responsibility. Witten consent must be obtained on a Parental Consent Form (Appendix 1).

Obtaining consent - communication and language difficulties
Where the young person/parent/carers first language is not English, consideration should be given to the use of an interpreter. Where it is not possible to gain consent due to communication/comprehension difficulties, advice must be sought from the health professionals. The outcomes must be recorded on the young person's care plan if one is required.

For someone with hearing or sight impairment it may be necessary to arrange for communication Multi Academy Trusts or advice specific to their needs or provide assistance in using different communication means such as sign language.

3.8. Cultural and Religious requirements
Britain is a multi-cultural and multi-faith society. Care must be taken to respond sensitively to individuals and not to make assumptions because of their ethnicity or religion. It is important that young people and their carers are asked about any cultural or religious needs relating to the taking of medication or any prohibitions that apply

3.9. Do Not Resuscitate Agreements and Emergency Management Plans
An Emergency Management Plan (EMP) may be in place for some young people which may lead to the need to implement a Do Not Resuscitate Agreement (a DNR Agreement) in an emergency. Guidance in the Local Authority Medication Policy should be followed in consultation with health professionals. Advice must be sought from Omega MAT Trust legal support.

3.10. Self-Management of medication
The school encourages young people to take responsibility for managing their own medicines. The age at which young people are ready to take care of, and be responsible for, their own medicines, varies. There is no set age when this transition should be made, and there may be circumstances where it is not appropriate for a person of any age to self-manage. Where this is agreed it must be added to the Parental Consent Form. Health professionals need to assess, with parents and children, the appropriate time to make this transition. If the young people can take their medicines themselves, staff may still be required to supervise and suitable storage arrangements must still be provided (see Storage of Medication).

3.11. Carrying medication
The young people may carry, and administer (where appropriate), their own medicines, providing the person with parental responsibility has completed and signed a Request for Child to Carry Own Medication form.

3.12. Self-Management of Controlled Drugs
Where young people have been prescribed controlled drugs staff must be aware that these should be kept in safe custody. Controlled drugs have a “street value” and they must be accounted for particularly in relation to transporting them in and out of the setting. Controlled drugs must be transported to and from school by the person with parental responsibility and must be stored by the school (see Storage of Medication). Young people can self-medicate if the person with parental responsibility has agreed in writing that it is appropriate. (See Controlled Drugs)

3.13. Refusing Medicines
If a young person refuses to take medicine, staff must not force them to do so, but should note this in the records and inform the parents of the refusal as soon as practicable and the refusal should be recorded on the Medication Administration Record sheet. If a refusal to take medicines results in an emergency, the school or setting’s emergency procedures should be followed.

Failure to take medication at specified time
The responsibility for taking medication at the time of day specified on the parental consent form rests with the young person unless specified otherwise in a health care plan.

3.14. Controlled Drugs
The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. A Pharmacist will give advice as to whether a medication is a controlled drug or not. To keep up to date with the medications classified as a controlled drug and can be viewed on the Home Office website
http://www.homeoffice.gov.uk/documents/cdlist.html

Controlled Drugs Register
A separate record of controlled drugs should be maintained to include the receipt, administration and possible disposal of controlled drugs. These records must be kept in a bound book or register with numbered pages. The book will include the balance remaining for each product with a separate record page being maintained for each child. It is recommended that the balance of controlled drugs be checked at each administration and also on a regular basis e.g. monthly. The book should be locked away when not in use.

Administration of Controlled Drugs
Any authorised member of staff may administer a controlled drug to the child for whom it has been prescribed and they should do so in accordance with the prescriber's instructions in the presence of another member of staff as witness.

The administration of controlled drugs is recorded using the Controlled Drugs Register which can be purchased from a pharmacist and on the Medication Administration Record sheet.
Staff MUST NOT sign the record of administration unless they have been involved in the administration of the medication.

The recommended procedure for the administration of controlled drugs is as follows:

1. Check the child's Parental Consent form for details of dosage required etc.
2. Verify the quantity of medication as stated on the controlled drug register to ensure that the dose has not already been given.
3. Ensure two members of staff are present; one member of staff must witness the other administer the medication to the young person.
4. Both staff must sign the Medication Administration Record sheet and controlled drug register to confirm that the dose was given and the amount remaining.

If medication is refused or only partly taken both staff must witness the disposal of the remaining medication and record the details and sign to that effect.

If a dose of medication is refused or only partly taken then the parents/carer should be contacted for advice on any adverse reactions and risk to the young person.

Return or Discontinued Controlled Drugs
A controlled drug, as with all medicines, should be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy).

3.15. Storage of medication (Appendix 3)
All medication is to be stored in the original container issued by the Pharmacist and must be stored away from public areas, sources of heat, moisture or direct sunlight, as these elements can cause the medicines to deteriorate. Stock should be rotated as it is received. Never mix the remains of an old prescription with a freshly supplied prescription.

Medicine cupboard/cabinets must of a suitable size to store all medication, and have a quality lock fitted where this is assessed as required.

The medication storage container must be secured to a wall and where portable storage device is used it must be secured to a wall when not in use.

The medicine cupboard should be reserved for medicines, dressings and reagents only and the following must be stored separately within the cupboard:

- External use only medicines
- Oral medicines

- Injectable

The key to the medicine cupboard will be retained for the duration of the working day in a locked key cupboard. The key to the cupboard will be retained by an authorised person and access should be restricted to authorised members of staff only.

Medication requiring storage by refrigeration

Regular Administration of Significant Quantities
Where significant quantities of medicines are administered on a regular basis, a lockable drug fridge is advised. The temperature of the fridge is to be monitored and recorded daily. In the event that medicines are stored outside the required range, usually between 2-8°C, the dispensing pharmacist should be contacted for advice. Non- pharmaceutical items must not be stored in this fridge. The refrigerator should be cleaned and defrosted regularly.

Small quantities
Where low quantities are administered, medicines may be stored in a domestic fridge located in a staff only area. To avoid contamination medicines must be stored separately in a locked container labelled "medicines - authorised access only".

The temperature of the fridge is to be monitored and in the event that medicines are stored outside the required range, usually between 2-8°C, staff should contact the dispensing pharmacist for advice.

Storage of Controlled Drugs
In all settings, controlled drugs must be stored behind **double lock and key**. This must be a metal cupboard with an inner lockable cupboard or a metal lockable container within a cupboard. The cupboard must be secured to the wall.

Controlled drugs must be checked in by two members of staff, one of which must be authorised to carry out this duty. All records must be recorded in the controlled drugs register and on the Medication Administration Record sheet.

Storage of medication for young person's self-managing their medication
The storage of medication being self-managed by young persons must form part of a risk assessment and Care Plan if necessary.

In the case of a medical emergency staff must have access to any personal lockable containers, with the permission of the young person. This information should be communicated to young person's parent/carer and their written authorisation should be recorded. The School Nurse may be consulted for advice concerning transition to independence.

3.16. Self-managing general medication
Where a young person is self-managing medication in a school, this must be agreed by all parties (and may be included in a care plan where required).

The school has storage arrangements available and parents/carers and the young people are encouraged to use it for all types of medication which is being self-managed by the young person as this approach offers effective safety and security for other young persons who could otherwise access the medication.

Self-managing Controlled Drugs
Where children and young people have been prescribed controlled drugs and are self-managing medication, staff must be aware of the storage requirements for controlled drugs

and implement them. Controlled drugs must be stored behind a double lock and key e.g. this may be a personal lockable container/locker inside another lockable container to which the young person may have direct access to when required, if it is agreed that it is appropriate.

3.17. Medical Equipment
Some children and young people may be prescribed, as part of ongoing medical treatment, the use of certain medical equipment. This could include range of testing devices – such as blood/urine testing equipment and sharps, such as needles. All equipment should, as far as possible, be kept in its original container/packaging.

It is important to record on the young person's care plan the type of equipment being used, and any make or model numbers, and to date the record. All medical equipment will be kept locked away. However, a risk assessment needs to be undertaken for individual children as to their ability to manage their condition and carry or access equipment themselves. For example, in the case of a diabetic when blood and urine testing equipment may be needed urgently.

3.18. Transportation issues
Transporting medication
When medication is transported, it must be placed in a suitable lockable carrying case or box that is secure during transportation. Controlled drugs must be kept in a lockable container within a lockable container. The Medication Container must be kept out of public vision at all times.

During educational visits, medication (with the exception of emergency medication) can be left in a vehicle if necessary. It must be a container as detailed above and the vehicle must be locked.

Educational Visits
Where required, staff will take charge of the medicines and return the remainder on return to the school or to parents/carers as appropriate. Where a young person is self-medicating this should continue whilst on the educational visit, but consideration must be given to the locations, activities and the storage of the medicines to ensure that they are kept safe and secure for the young person.

Individual Transport Health Care Plans
In some cases individual transport health care plans will be required (e.g. for children with more complex medical needs). These will require input from parents and the responsible medical practitioner for the child concerned. The care plans should specify the steps to be taken to support the normal care of the student during transport as well as the appropriate responses to emergency situations.

3.19. Allergic Reactions
Some young people are at risk of severe allergic reactions. The school must plan to reduce the likelihood of the risk of allergic reactions by ensuring that the young people do not come into contact with the material or foodstuffs which may cause a reaction. For example; where allergies are known to be food related risks can be minimised by not allowing anyone to eat on vehicles.

3.20. Specialist Medication Activities (this includes invasive treatments)
A wide range of specialist medication activities may at times be required within a school. These activities must be carried out by medical professionals whenever possible. Where it is decided that such activities could be carried out by school staff the school should determine if they have the resources, suitable staff volunteers/staff with job descriptions covering such activities to undertake the medication activity.

These requests must be discussed with appropriate professionals and support services including the Strategic Health and Safety Service and Special Educational Needs, Legal Services and Insurance Services.

The decision must not be taken in isolation, the school will need to consider the impact of this activity on staffing resources based on other medication needs presently being managed within the school, to determine whether they can manage the adjustments required. It is also important that the school's ability to manage specialist medication activities is reviewed at regular intervals with input from health professionals.

Where the decision is that the school staff cannot accommodate completion of the specialist medication activity then Omega MAT Trust legal support must be contacted for advice.

3.21 Emergency Provision of Care
As part of general risk management processes all schools should have arrangements in place for dealing with emergency situations. This should be part of the school's first aid policy and emergency plans. All staff should also know who is responsible for carrying out emergency procedures.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify the role and responsibilities of staff during the emergency. Where possible staff and other children should know what to do in the event of an emergency, and all staff should know how to call the emergency services. Staff should never take children to hospital in their own car unless accompanied by another member of staff and only then in extreme emergencies.

A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

3.22 Disposal of Medicines
Medication should not be disposed of by via the sink, toilet or dustbin, this is both illegal and unsafe.

Staff must not undertake to dispose of any medication, except in the case of spoiled doses. Any unused medication must be returned to the parent/carer. Any other arrangements must be formally recorded and agreed by all parties.

The Headteacher/Head of School must put arrangements in place for medicines held to be checked at regular intervals, to remove out of date or discontinued medicines. Discontinued medicines awaiting disposal should be kept segregated from medicines that are currently in use, i.e. in a labelled bag in a locked cupboard.

When a young person leaves the school the medicines should be returned to their parent/carer unless they have positively consented to their safe disposal or passed to another authoritative source e.g. Social Worker. In situations where medication may need to be returned to the pharmacy, a record should be made of the name, quantity of the medicine, reason and the date of disposal, which should be certified by two staff members. The pharmacist should be asked to sign for all the returned medication.

A complete record of medicines leaving the setting must be kept.
In event of the death of a young person, all medicines must be retained for at least 7 days in case they are required by the Coroner's Office.

3.23. Disposal of Sharps

Where any staff on site use syringes and needles, it is their responsibility to ensure safe disposal of these items into a sharps box.

Used needles and syringes are not to be re-sheathed. They are to be disposed of immediately into the sharps box. Where regular use of needles is required, consideration should be given to the use of retractable needles. Young person's self-administering insulin or any other medication with a syringe, must be assisted by staff in the proper disposal of sharps. A sharps box will be provided, but kept safe by staff, and locked away if necessary.

The school should access local arrangements for the supply and disposal of sharps boxes using a registered contractor.

3.24. Management of Errors/Incidents in Administration of Medicines

In the event that medication has been administered incorrectly or the procedures have not been correctly followed, then the following procedure is to be implemented:

- Ensure the safety of the young person. Normal first aid procedures must be followed which will include checking pulse and respiration.
- Telephone for an ambulance if the young person's condition is a cause for concern.
- Notify the Headteacher/Head of School immediately.
- Contact the young person's parents/carers as soon as practicable.
- Contact the young person's GP/pharmacist for advice if necessary. (Out of hours contact NHS Direct).
- Document any immediate adverse reactions and record the incident in the young person's file/Care Plan using the Medication Incident Report Form.
- The Headteacher/Head of School must complete the Medication Incident Report Form and, if injury results, the Accident Investigation Report.
- The Headteacher/Head of School must commence an immediate investigation about the incident, and, where applicable inform any relevant regulatory body. Statements should be taken from both staff and young persons if they are self-medicating.
- The medication administration record sheet should reflect the error.
- Young person's parent/carer/guardian should be informed formally in writing.

It is recognised that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to his/her manager. Managers should encourage staff to report any errors or incidents in an open and honest way in order to prevent any potential harm or detriment to the young person. Managers must handle such reporting of errors in a sensitive manner with a comprehensive assessment of the circumstances.

A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action is taken.

3.25 Unaccounted for Drugs

If medications are unaccounted for this must be regarded as a serious situation. The Managers must decide on the action to be taken, dependent upon the circumstances. As a minimum a full internal investigation must be carried out by the setting Headteacher/Head of School.

The Headteacher/Head of School may determine that the situation is sufficiently serious to warrant informing the police. In any case where **controlled drugs are unaccounted for, the police should be informed** and a police investigation may take place.

The Headteacher/Head of School must also inform the Governing Body and Omega MAT Executive team.

3.26 Individual/Health Care Plan
Developing a Care Plan
Not all young people who have medical needs will require an individual plan. The main purpose of an individual health care plan for a young person with medical needs is to identify the level of support that is needed, who will carry out that support and how the setting with deal with any problems or emergencies.

The Care Plan may also include individual risk assessments which have taken place as decisions have been made about the young person's medication or care. An individual health care plan clarifies for staff, parents and the young person the help that can be provided. It is important for staff to be guided by the child's GP or Paediatrician as well as parents and carers.

Staff should agree with parents how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the young person's particular needs; some would need reviewing more frequently.

Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual young person. In addition to input from the young person's GP/Paediatrician or other health care professionals (depending on the level of support the young person needs).

Those who may need to contribute to a health care plan include:

- The Headteacher/Head of School (or person to whom responsibility has been delegated)
- The parent or carer
- Health Visitor/School nurse/Looked After Children's Nurse/Community Paediatric Nurse as appropriate.
- The young person (if appropriate)
- Form Tutor/Head of Year/Student Support Mentor
- Care assistant or support staff (if applicable)
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures

Co-ordinating Information
The relevant Head of Year or key named pastoral person has responsibility for co-ordinating and sharing information on an individual young person with medical needs. They are the first contact for parents, staff and external agencies. It would be helpful if members of staff with this role attended training on managing medicines and drawing up policies on medicines.

Information for Staff and Others
Staff who may need to deal with an emergency will need to know about a young person's medical needs. The Headteacher/Head of School should make sure that all staff (including supply and temporary staff) know about any medical needs.

Off-site Education or Work Experience
Where young people have special medical needs the school will need to ensure that the care plan and any risk assessments take into account those needs when the young person is on work experience parents and the young person must give their permission before relevant medical information is shared on a confidential basis with employers.

Confidentiality

The Headteacher/Head of School and staff should always treat medical information confidentially. It should be agreed with the parent/carer who else should have access to records and other information about a young person.

When the medical status of a staff member or service user is known, either through recorded information or verbally, the indisputable “need to know” is the criteria for disclosure not “want to know.”

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.

3.27. Staff Training

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine or in dealing with emergencies. The Headteacher/Head of School should arrange appropriate training in collaboration with local health services if necessary. All such training must be recorded.

When staff agree to assist a young person with medical needs, or to assist or administer medication, they should receive appropriate instruction and/or training and a training record should be maintained.

Staff must:

- Be conversant with the Medication Policy and guidance as well as any local procedures.
- Have basic knowledge of medication and its use before assisting or administering.
- Understand the safe procedures for handling medications and understand their responsibilities in the administration of medication
- Be able to administer medications safely and effectively

3.28. Automated External Defibrillator (AED)

The AED machine is located within the school and all staff are made aware of the location. All First Aiders have been trained in the use of this.

- Support service users who self-administer
- Ensure knowledge of emergency procedures in the event of an incident i.e. overdose, administration of wrong medication etc.
- Ensure that accurate records are maintained for administration.
- Ensure that all medication is clearly identified in an original container with recipient’s name on.
- Complete any records as required.
- Possess a basic knowledge and understanding of the County Council Policy on Infection Control.
- Be aware of potential cultural, religious, language and communication needs of children/young people in relation to health and medication.
- Be aware of needs of children/young people with disabilities, and the effects of such factors as sight, hearing or physical dexterity in relation to medication.
- Appreciate the role of other professionals in relation to medication
- Have a good understanding of their role and responsibilities in relation to the safe storage, administration, disposal etc. of medication.

Training to carry out any Specialist Medication Activities

Only staff who are trained and deemed competent should perform any invasive medical procedures.

3.29. Management of Oxygen
The Medication Policy should be followed in consultation with health professionals.

4. SPECIFIC MEDICAL CONDITIONS – GUIDANCE

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). This section provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of young people are assessed on an individual basis.

ASTHMA
What is Asthma?
Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children has asthma in the UK. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Not everyone will get all these symptoms, and some young people may only get symptoms from time to time.

It is imperative that staff know how to identify when symptoms are getting worse and what to do for young people with asthma when this happens. This should be supported by a health care plan for young people with significant asthma and regular training and support for staff.

Medicine and Control
There are two main types of medicines used to treat asthma, relievers and preventers. Usually a young person will only need a reliever during the school day. **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

Young people with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this It is good practice to support young people with asthma to take charge of and use their inhaler. Young people should carry their inhalers with them. Inhalers should always be available during physical education, sports activities and educational visits. For a young person with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school or setting. **Only an inhaler provided for the specific individual should be used.**

The school has emergency salbutamol inhalers, these can only be used in an emergency and for students diagnosed and prescribed an inhaler.

Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting students with medical conditions

- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler
- having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use

- appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting students with medical conditions
- keeping a record of use of the emergency inhaler as required by *Supporting students* and informing parents or carers that their child has used the emergency inhaler
- having at least two volunteers responsible for ensuring the protocol is followed
- In the event of staff member should summon the assistance of a designated person with responsibility for the emergency inhaler kit which, in school this is First Aid through the main school office.

The signs of an asthma attack include:

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

When a young person has an attack they should be treated according to their individual health care plan or asthma card as previously agreed.

An ambulance should be called if the child

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

It is important to agree with parents of young people with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma School Card (available from Asthma UK) is a useful way to store written information about the young person's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the young person's doctor.

A young person should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school or setting. The young person should have a reliever inhaler with them when they are in school or in a setting.

Storage and care of the inhaler

A school's asthma policy should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

Schools will wish to ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, such as the medical room, which is known to all staff, and to which all

staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

Young people with asthma should participate in all aspects of the school 'day' including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits young people with asthma in the same way as other young people. Swimming is particularly beneficial, although endurance work should be avoided. Some young people may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

Reluctance to participate in physical activities should be discussed with parents, staff and the young person. However young people with asthma should not be forced to take part if they feel unwell. Young people should be encouraged to recognise when their symptoms inhibit their ability to participate.

Young people with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the young person's parents or attendance officers as appropriate.

All schools and settings should have an asthma policy that is an integral part of the whole school or setting policy on medicines and medical needs. The asthma section should include key information and set out specific actions to be taken (a model policy is available from Asthma UK). The school environment should be asthma friendly, by removing as many potential triggers for young people with asthma as possible.

Consideration should be given to staff, particularly PE teachers, should have training or be provided with information about asthma. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a young person has an asthma attack.

EPILEPSY

What is Epilepsy?

Young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 young people has epilepsy and around 80 per cent of them attend mainstream school. Most young people with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual young people experience. Parents and health care professionals should provide information to schools, to be incorporated into the individual health care plan, setting out the particular pattern of an individual child's epilepsy. If a child experiences a seizure in a school or setting, details should be recorded and communicated to

parents including: any factors which might possibly have acted as a trigger to the seizure – e.g.

- visual/auditory stimulation, emotion (anxiety, upset)
- any unusual 'feelings' reported by the young person prior to the seizure parts of the body demonstrating seizure activity e.g. limbs or facial muscles
- the timing of the seizure – when it happened and how long it lasted
- whether the young person lost consciousness
- whether the young person was incontinent

This will help parents to give more accurate information on seizures and seizure frequency to the young person's specialist.

What the young person experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a young person will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles. Where consciousness is affected; a young person may appear confused, wander around and be unaware of their surroundings.

They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure. In some cases, such seizures go on to affect all of the brain and the young person loses consciousness. Such seizures might start with the young person crying out, then the muscles becoming stiff and rigid. The young person may fall down. Then there are jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the young person's colour may change to a pale blue or grey colour around the mouth. Some young people may bite their tongue or cheek and may wet themselves.

After a seizure a young person may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some young people feel better after a few minutes while others may need to sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A young person may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Medicine and Control

Most young people with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness or being unwell may increase a young person's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most young people with epilepsy can use computers and watch television without any problem.

Young people with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the young person and parents as part of the health care plan. During a seizure it is important to make sure the young person is in a safe position, not to restrict a young person's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the young person's head will help to protect it. Nothing should

be placed in their mouth. After a convulsive seizure has stopped, the young person should be placed in the recovery position and stayed with, until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- it is the young person's first seizure
- the young person has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the young person's health care plan
- a seizure lasts for five minutes if you do not know how long they usually last for that young person
- there are repeated seizures, unless this is usual for the young person as set out in the young person's health care plan

Such information should be an integral part of the school's emergency procedures but also relate specifically to the young person's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

Most seizures last for a few seconds or minutes, and stop of their own accord. Some young people who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a paediatrician should provide guidance as to when to administer it and why.

Training in the administration epilepsy medication is needed and will be available from local health services. Staying with the young person afterwards is important as medication may cause drowsiness.

Further advice and guidance on the emergency treatment of seizures including administration of rectal diazepam or midazolam as first aid measures is available in G51 Emergency Treatment of Seizures Procedures.

DIABETES

What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the young person's needs or the insulin is not working properly (Type 2 diabetes).

About one in 550 school-age children have diabetes. The majority of young people have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Young people with Type 2 diabetes are usually treated by diet and exercise alone.

Each young person may experience different symptoms and this should be discussed when drawing up the health care plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention.

Medicine and Control

The diabetes of the majority of young people is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most young people can manage

their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The young person is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the young person was competent. The young person is then responsible for the injections and the regime would be set out in the individual health care plan.

Young people with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Young people with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for students with diabetes if the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the young person may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a **hypoglycaemic reaction** (hypo) in a young person with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour
- Each young person may experience different symptoms and this should be discussed when drawing up a health care plan.
- If a young person has a hypo, it is very important that the young person is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the young person and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the young person has recovered, some 10-15 minutes later.
- An ambulance should be called if:
- the young person's recovery takes longer than 10-15 minutes
- the young person becomes unconscious

Some young people may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the young person is unwell, vomiting or has diarrhoea this can lead to dehydration. If the young person is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the young person will need urgent medical attention.

Such information should be an integral part of the school emergency procedures but also relate specifically to the young person's individual health care plan.

ANAPHYLAXIS

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately, this is rare among young children below teenage years. More commonly among children and young people there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the young person should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

If a severe allergic reaction occurs the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school should hold, and where to store them, has to be decided on an individual basis between the Headteacher/Head of School, the young person's parents and medical staff involved.

Where young people are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. It is often quicker for staff to use an injector that is with the young person rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic young people are reduced where an individual health care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the young person's parents, the school and the treating doctor.
Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it
- what to do in an emergency
- prescribed medicine
- food management
- precautionary measures

Once staff have agreed to administer medicine to an allergic young person in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices.

Day to day policy measures are needed for food management, awareness of the young person's needs in relation to the menu, individual meal requirements and snacks in school. It is important to ensure that the catering supervisor is fully aware of the young person's particular requirements. A 'kitchen code of practice' could be put in place.

Parents often ask for the Headteacher/Head of School to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic young people should be taken.

Young people who are at risk of severe allergic reactions are not ill in the usual sense. They are normal young people in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. It is important that these young people are not stigmatised or made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

Any Other Health Condition
For pupils with chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the pupil, their parent, the headteacher, the SENCO and any relevant medical professionals. When deciding what information should be recorded on an IHP, the following will be considered:

- The medical condition and its triggers, signs, symptoms and treatments
- The pupil's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements
- The specific support needed for the pupil's educational, social and emotional needs
- The level of support needed and whether the pupil will be able to take responsibility for their own health needs
- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
- Which staff members need to be aware of the pupil's condition
- Arrangements for receiving parental consent to administer medication
- Separate arrangements which may be required for out-of-school trips and external activities
- Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised

- What to do in an emergency, including whom to contact and contingency arrangements
- What is defined as an emergency, including the signs and symptoms that staff members should look out for.

The governing board will ensure that IHPs are reviewed at least annually. IHPs will be routinely monitored throughout the year by a designated staff member.

Emergency Treatment of Seizures
The Council's Guidance document on the Emergency Treatment of Seizures (G51) should be referred to and where necessary procedures must incorporate the principles detailed in the guidance. All staff administering medication for the Emergency Treatment of Seizures must have received training in accordance with the guidance document.

5. HEALTH AND SAFETY ISSUES

Staff should avoid direct contact with medicines. Where this is unavoidable staff should contact the dispensing pharmacist for advice. Infection control principles must be followed by staff administering medication and staff must be familiar with effective hand washing principles.

Medicines for a staff members own use
An employee may need to bring medicine into school for their own use. All staff have a responsibility to ensure that these medicines are kept securely and that young people will not have access to them, e.g. locked desk drawer or staff room.
Adequate safeguards must be taken by employees, who are responsible for their own personal supplies, to ensure that such medicines are not issued to any other employee, individual or young person.

Specific Risk Situations

Alcohol or Other Substances
If in any doubt about whether it is appropriate or safe to give a medicine (e.g. if the young person is under the influence of alcohol or other substance), advice should be sought from the health professionals.

Pregnancy
If staff become aware that a young person is pregnant, staff must **check immediately** with the health professionals, that any medication is not contraindicated during pregnancy and if any action is required. It is generally advised that non-prescribed medication should not be taken during pregnancy without advice from a health professional.

6. EQUAL OPPORTUNITIES STATEMENT

The school shares the Local Authorities, Department of Education and national commitment to ensuring equality in the delivery of this policy to all young people, regardless of their gender, ethnicity, sexuality and ability.

Parental request for school to administer medication – Appendix 1

The Headteacher agrees that school staff can administer medication to your son/daughter if this form is completed and signed.

DETAILS OF STUDENT:

Surname: _____ Forename(s): _____

Address: _____

Male/Female Date of Birth_____ Class/Form: _____

MEDICATION

Name/type of Medication (as described on the container):
_____

For how long will your son/daughter take this medication: _____

Date dispensed: _____ **Expiry Date: _____**

Full Directions for use:

Dosage and method: _____

Timing: _____

Possible side effect: _____

_____

Precautions: _____

I understand that I must deliver the medication to the designated person and accept that this is a service which the school is not obliged to undertake, nor will the member of staff dispensing the medication be responsible for any outcomes resulting from the dispensing of the medication.

Date: _____ Signature: _____

Relationship to student: _____

Administration of Medication Record – Appendix 2

Please note: All medicines administered must be signed by the person administering the medicine and countersigned by a witness who saw the medicine being administered.

Name of pupil: _____ Date of birth: _____

Name and strength of medication: _____

How much to be given (dose): _____

When to be given: _____

Any other instructions: _____

Date medication received in school: _____ Expiry date: _____

Amount received: _____

Signature of member of staff completing these details: _____

Date	Time	Amount left before admin	Dose Given	Amount left after admin	Comments	Signed	Witnessed
/ /							
/ /							
/ /							
/ /							
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/ /							
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Medication Stock Control Chart – Appendix 3

Name of pupil	Name of medication	Date and Quantity received	Signature	Date and quantity disposed at pharmacy	Signature