



Grove School

**Policy for  
Supporting Children with  
Medical Conditions  
Including First Aid**

Mission statement:

**“Enjoy, learn, achieve”**

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## Grove School

### Policy for Supporting Children With Medical Conditions

September 2017

Review autumn 2018

Named person for responsibility for supporting pupils with medical conditions :

Ms Justine Baker

This policy should be read in conjunction with Supporting Pupils at School with Medical Conditions, statutory guidance for governing bodies of maintained schools and proprietors of academies in England, December 2015.

#### **Key principles**

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

#### **Aim of the policy**

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in Grove School so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

#### **The role of the Governing Body**

The Governing Body of Grove School must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at Grove School as any other child. School, the local authority, health professionals and other support services should work together to ensure that children at Grove School with medical conditions receive a full

education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority.

Consideration may also be given to how children will be reintegrated back into school after periods of absence.

In making their arrangements, the governing body should take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others.

The Governing Body should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.

The Governing Body should ensure that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care.

They should ensure that staff are properly trained to provide the support that pupils need.

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

The Governing Body must ensure that the arrangements they put in place are sufficient to meet their statutory responsibilities and should ensure that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

### **The role of the Head teacher**

Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare

plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

### **The role of all school staff.**

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach.

School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### **The role of the School Nurse Service**

School has access to school nursing services.

The School Nurse Service is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training.

School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

### **The role of other healthcare professionals, including GPs and paediatricians**

Healthcare professionals, including GPs and paediatricians should inform the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans.

### **The role of the pupil**

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

### **The role of parents**

Parents should provide Grove School with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment that are in date and ensure they or another nominated adult are contactable at all times.

### **Professional development and training for staff working with pupils with medical needs.**

All school staff receive training from the School Nurse Service on an annual basis. It is the responsibility of all staff to ensure they attend and maintain records of their attendance.

Annual training programme:

1. Allergy and the use of an adrenaline auto-injector ( Epipen/Jext)
2. Asthma and the development of asthma policies
3. Epilepsy and the use of emergency rescue medication
4. Diabetes

Contact details for training are:

Vicky Kempson, Community staff nurse

School Nurse Service

Soho Health Centre

The training ensures that all staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.

Where a child has a complex medical condition school contact the medical needs practitioners and have regular training. This can be as frequent as once a term e.g. for a pupil with Type 1 Diabetes.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in pupils' individual health care plans.

Healthcare professionals, including the school nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

At Grove School we have a number of staff who have undertaken full paediatric training ( 2 day course). This certificated training is provided by Safe Aid Services. School provide Level 1 First Aid CPDL for staff on an annual basis, this is commissioned from Safe Aid Services.

When a new member of staff joins the school they are provided with medical information and have access to medical care plans for pupils with whom they work. This induction is conducted by a senior member of staff.

Supply staff who work in Grove School are briefed by the year group leader or a member of staff who works with the pupil of medical conditions.

When pupils take part in educational visits off site or residential visits external providers are informed, as appropriate of pupil medical needs. Medical care plans and included on off- site risk assessments and when a pupil undertakes a residential visit the parent meets with the visit leader to agree and record medication to be given in loco parentis. Records are maintained of medication given and the amount of medication a parent gives to the lead teacher on the first day of the residential visit.

## **Administration of medication**

### **Named member of staff with overall responsibility for policy implementation:**

Justine Baker , Deputy Head teacher

At Grove School we would ask parents to request that their doctor, wherever possible, prescribe medication, which can be taken outside the school day. However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.

We are able to take responsibility for these occasions in accordance with the guidelines laid down in this policy. i.e. we will only administer PRESCRIBED medication.

### **Children with Special Medical Needs**

Should we be asked to admit a child to school with medical needs we will, in partnership with the parents/carers, School Nurses and our Medical Advisors, discuss individual needs. Where appropriate, an individual care plan will be developed in partnership with the parents/carers, School Nurse and/or Medical Advisors. Any resulting training needs will be met by school and the medical services.

### **On Admission to School**

All parents/carers will be asked to complete an admissions form giving full details of child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements etc.

### **Administration & Storage of Medication in School**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

No child under 11 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A child under 11 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.

Should a pupil need to receive medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to an administrator in

the main school office. This will need to be agreed with a member of the senior management team.

The medication should be in the container as prescribed by the doctor and as dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label.

The form 'School Medication Consent Record' (see Appendix 1) should be completed by the parent/carer. This will be kept on the pupil file and a copy in the relevant school office.

A record of the administration of each dose will be kept on the 'School Record of Medication' form (see Appendix 2), which will be signed by the member of staff who administered the medication.

Reasons for any non-administration of regular medication should be recorded and the parent/carer informed on that day. A child should never be forced to accept a medication. "Wasted doses" (e.g. tablet dropped on floor) should also be recorded.

Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained and taken into school as soon as possible.

If medication needs to be replenished, this should be done in person by the parent/carer.

Should the child be required or is able to administer their own medication e.g. reliever inhaler for asthma, we will want to ensure they understand their responsibilities in this area. We may want to ask the School Nurse to check the child's technique before accepting full responsibility.

### **Storage & Disposal of Medication**

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. School staff keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access.



Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school.

Grove School staff may administer a controlled drug to the child for whom it has been prescribed. Grove School staff administering medicines should do so in accordance with the prescriber's instructions. School staff keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

In each classroom in nursery - Year 4 there is a clearly marked ' Medical shelf" this is not of an accessible height for children. The shelf should not be removed and nor should display/children's work be on the board. Supply staff who join a class are instructed by Mrs E Patel or the administrator responsible for cover on that day of the location of the medical shelf. The shelf contains a plastic box for each pupil in the class with a medical care plan. The box contains the medication and a copy of the care plan. These boxes have a label with each child's name on and are colour coded:

Blue - asthma

White - creams ( usually for eczema)

Red - Allergies/Diabetes

In upper school the boxes are contained in the year group cupboard in the central area clearly marked with a first aid/ medical sign.

For children with Type 1 Diabetes there is a daily clean of the sink area during the school day, before administration of medication and hand washing.

There are three universal inhalers in school. These are kept in the head teacher's office, the lower and upper school office.

The school has a defibrillator; this is stored in the lower school administrative office.

In all three dining halls there is choking apparatus.



Attach child's  
photo here

**Appendix 1**

**SCHOOL MEDICATION CONSENT FORM**

Child's Name .....

D.O.B. ....

Class .....

Name and strength of Medication .....

How much to give (i.e. dose to be given) .....

When to be given .....

Any other instructions .....

Number of tablets/quantity given to school .....

**NB: MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.**

Telephone no. of parent/carer.....

Name of G.P. ....

G.P.'s telephone Number .....

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

Parent's/Carer's signature ..... Date.....

Print Name:.....

If more than one medication is to be given a separate form should be completed for each.

Appendix 2

**SCHOOL RECORD OF MEDICATION ADMINISTERED**

<b>Name of</b>	<b>Date</b>		
	<b>Quantity received</b>		
	<b>Quantity returned</b>		
	<b>Staff signature</b>		
	<b>Print name</b>		

Attach child's phot  
here

child.....

Class.....

D.O.B..... Class.....

**Name and strength of medication:**

.....

**Dose and frequency of medication**

.....

<b>Date</b>									
<b>Time Given</b>									

<b>Dose Given</b>									
<b>Staff signature</b>									
<b>Print name</b>									

### **Procedures for dealing with a medical emergency.**

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. School staff need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems. A red card is available next to every telephone point providing clear instructions for all staff and visitors should they need to contact emergency services. All staff should ensure they are fully aware and understand these procedures.

A Medical Emergency Report should be completed when:

1. A pupil has a medical emergency whilst at school and has been given prescribed emergency medication , e.g Epipen

Or

2. A pupil has been sent to hospital via an ambulance.

The form will be completed by a senior manager and the member of staff who administered first aid. The completed form should be kept on the pupil file.

In addition to this if a member of staff or child should need to go to hospital following an accident or injury on school site then the Local authority request an SAR 1 form is completed. This form should be checked and signed off by a senior leader.

**Medical Emergency Report**

School:

Pupil's name:

Date of birth:

**DETAILS OF INCIDENT**

Date:

Time:

What happened: -----  
-----  
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-----  
-----  
-----  
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Details of treatment given: -----  
-----  
-----  
-----  
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Additional information and comments:-----  
-----  
-----

Ambulance sent for: YES/NO

Name of person completing the form: -----

Date form completed:-----

### **Unacceptable practices**

The following are considered to be unacceptable practice at:

- prevention of children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assuming that every child with the same condition requires the same treatment;
- ignoring the views of the child or their parents; or ignoring medical evidence or opinion (although this may be challenged);
- sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments, these absences are authorised;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent

should have to give up working because the school is failing to support their child's medical needs; or

- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

### **Complaints**

In the unlikely event that a parent wishes to make a complaint they must be provided with the schools complaints procedures. This is available on the school website [www.grove.bham.sch.uk/parents/school\\_policies/](http://www.grove.bham.sch.uk/parents/school_policies/) complaints and parent partnership policy.

### **Dealing with drug related incidents**

At Grove School we do not condone the misuse of drugs, including alcohol.

We are committed to tackling drug misuse among young people and that any instances of possession, use or supply of illegal drugs on school premises will be regarded with the most seriousness. This policy applies to everyone in school, including staff, parents and visitors and in out of school activities e.g. residential visits.

Drugs are those that are legal, such as alcohol, tobacco and solvents, over the counter and prescribed drugs and illegal drugs, such as cannabis, ecstasy, heroin and crack/cocaine. The possession and/or the use of drugs in school or during the school day is not acceptable.

Drugs are not permitted to be brought, sold or otherwise obtained on school premises or during the school day, including when pupils are on educational visits.

Exceptions may be made for pupils who need to take prescribed medicines. See policy for administering medication.

## **Drugs education at Grove**

At Grove drugs education is planned as part of the Science curriculum and PSHE curriculum.

The curriculum develops knowledge, understanding, attitudes and personal and social skills to enable pupils to make healthy, informed choices by increasing knowledge, exploring their own and other people's attitudes.

## **Use of substances and misuse on school premises**

- Grove School is a no smoking site at all times, in line with Birmingham City Council policy and national guidelines
- Alcohol and tobacco are not allowed on school premises
- Pupils are not allowed to be in possession of, or use of, tobacco, alcohol, matches, lighters, products that can be sniffed or any illegal drug at any time.

## **Use of substances and misuse on school premises**

- If you suspect misuse of substances or supply on the school premises, you must inform a member of the Senior Leadership Team (SLT)
- The Head/Deputy will inform parents at the earliest opportunity. School and parents can work together to support pupils
- If a pupil admits to using or supplying substances off the premises, the adult should inform a member of the SLT. The Head/Deputy will inform the parent of the child concerned. It is most important that the child is seen individually away from peers and a calm atmosphere maintained
- There is no legal obligation to inform the Police. Although school cannot knowingly allow its premises to be used for the production and supply of any drug
- The Head will inform the governing body of any drug related incident
- The Head will follow the County Council Policy on Drug and Alcohol Misuse regarding welfare of staff
- The Head will inform the LEA and seek advice from the LA when dealing with drug related incidents
- Any alcohol or unauthorised drug found will be confiscated and, in the presence of a witness, put in the school safe
- School may contact the Health Education Service to inform them and seek advice
- We will consult and advise parents of additional support a family may want such as, Drug Concern 01481 729000 and Public Health England, West Midlands.

## **First Aid**

All members of staff have a responsibility to administer and record basic first aid.

If a child has a minor accident in the classroom first aid is administered, the year group first aid book completed and the parent informed verbally at the end of the school day.

If a child has a minor accident in the hall or playgrounds/outside learning areas the member of staff working with the child administers first aid and completes the first aid book for that playground or hall. The member of staff should inform the class teacher/teaching assistant/HTLA/unqualified teacher who is then responsible for informing the parent verbally.

If a child has a head bump they must be checked by a staff member, if necessary the parent/carer contacted and a first aid form completed, copied for the pupil file and a copy provided for the parent/carer. This will also be recorded on CPOMS.

If a pupil vomits and/or has diarrhoea the parent/carer should be contacted to take the child home. Advice from the school nurse service is the child should not return to school until 48 hours after the last symptom.

School will consult with the school nurse for advice regarding illnesses and will follow the advice given, sharing with parents/carers as appropriate.

## **Asthma in school**

### 1. Principles of the policy

At Grove school we recognise that asthma is a widespread, serious but controllable condition. The school welcomes all pupils with asthma.

We ensure all pupils with asthma can participate in all aspects of school life

We recognise that pupils with asthma need immediate access to reliever inhalers at all times

We maintain records of pupils with asthma through care plans

We ensure the whole school environment is suitable for pupils with asthma

We ensure that all adults who come into contact with pupils with asthma know what to do if a child has an asthma attack. Staff undertake annual training with the school nurse service.

We understand that a pupil who suffers from asthma may experience bullying and we have procedures in place to prevent this

We work in partnership with parents/ carers and medical professionals to ensure the policy is understood and implemented

## 2. Background

This policy has been written using guidelines and advice from the Department for Education and Skills, Asthma UK and the school nurse for Grove School

All staff and volunteers are made aware of the policy and all staff who work with pupils are trained by a medical professional once a year.

## 3. Asthma medicines - guidance

- a. Immediate access to reliever medicines is essential. Staff are requested to think carefully about where inhalers are stored. Pupils are encouraged to carry their reliever inhaler with them as soon as staff and parents feel they are mature enough to do so
- b. Parents/carers are requested to provide school with a spare labelled reliever inhaler. The class teacher will store this separately in case the pupil's own inhaler runs out, or is lost or forgotten. School request this, in writing, each year in September
- c. All inhalers must be labelled with the child's name and class
- d. Staff are not required to administer asthma medicines to pupils (except in an emergency).
- e. All school staff will let pupils use their inhalers when they need to

## 4. Record Keeping

At the beginning of the school year, when a child joins the school or when an asthma care plan is reviewed, parents/carers are asked if their child has any medical conditions, including asthma

School maintain a medical care plan which is reviewed annually, in writing, with parents. See Appendix A. A copy of the generic asthma care plan and the covering letter sent to parents is copied to the pupil record and recorded on CPOMs.

The generic care plan has been agreed with the school nurse and /or the parent.

Where the generic asthma care plan does not meet the specific medical needs of a pupil, parents will be invited to meet with the school nurse to write a personalised asthma care plan.

An administrator maintains the school medical area on the shared area for pupils with asthma.

Should a child need to visit hospital following an asthma attack the relevant forms will be completed. See Appendix B.

Pupils asthma needs are recorded on risk assessments e.g after school clubs, educational visits.

#### 5. Exercise and activity

Taking part in sports, exercise and physical education are essential aspects of school life. All staff should know which children in their class have asthma.

Pupils are encouraged to take part in all activities. Staff are reminded to be mindful of pupils whose asthma may be triggered by exercise and these pupils may need to take their reliever inhaler before exercise and to thoroughly warm up in PE lessons.

Inhalers should be taken into all PE activities

Inhalers should be taken to all out of school activities and off site visits/activities

#### 6. The school environment

The school does not keep furry animals or animals with feathers. There is a non smoking policy. Chemicals which may trigger asthma are not used. If a pupil does inhale fumes which trigger their asthma they are encouraged to leave the room, be escorted by a member of staff to the school office and be monitored by a first aider.

#### 7. When a pupil is falling behind in lessons

From time to time a pupil with asthma may have low attendance and/or be falling behind. This will be recognised and monitored through pupil progress meetings held each term.

Initially a teacher will arrange to meet with parents to discuss this and may, through the pastoral system, contact the school nurse service.

#### 8. Asthma care plans.

The generic care plan for asthma is written in consultation with the school nurse. The school nurse reviews the generic care plan on an annual basis. The generic care plan is sent out annually to all parents of children with asthma. A copy of the generic care plan and letter are retained on the pupil files. Where a parent feels that the generic care plan does not meet the needs of their child, parents are requested in writing to telephone the school office. School will then make an appointment for parents to meet the school nurse and to write a personalised care plan which meets the needs of their child.

See Appendix 1

#### 9. Working with parents/carers

Parents/carers have the responsibility to:

- Tell school if their child has asthma
- Ensure there is an up to date care plan( generic or personalised) for their child
- Inform school about the medicines their child needs during school time and out of hours activities
- Inform school of any changes to medication
- Inform school of any changes to their child's asthma e.g if they are not sleeping due to asthma
- Ensure inhalers are provided for use in school, labelled ,replaced and in date
- Keep their child at home if they are not well with asthma
- Ensure their child has asthma reviews with their doctor every 12 months

#### 10. Medication check

Half termly, a member of each year group will check that the asthma medication for pupils in that year group is in date and there is sufficient medication inside the inhaler. Parents will be contacted to provide another inhaler if necessary.

#### 11. Procedure in the event of an asthma attack in school.

All staff should have knowledge of and follow the following procedures:

- Remove the child from the source of the problem, if possible,
- Ensure the child's reliever medicine is taken promptly and a second dose taken if necessary,
- Stay calm, reassure the child and listen carefully to what the child is saying,
- Comfort the child perhaps by hand holding, not by hugging as this restricts breathing,
- Help the child by encouraging slow, deep breaths,
- Encourage others to carry on as normal,
- Encourage the pupil to sit upright and lean forward slightly, hands on knees sometimes helps, do not allow the child to lie down
- Loosen clothing, offer a drink of water, ventilate the room
- Do not leave the child unsupervised
- Encourage the child to gentle activity when recovered

We will follow emergency arrangements if:

- The reliever has no effect after 5-10 minutes

- The child is distressed, unable to walk or very pale
- The child is unable to speak
- The child is getting exhausted
- The condition is deteriorating
- We have any doubts about the child's condition.

#### CONTACT EMERGENCY SERVICES - 999

DO NOT leave a child having an asthma attack unattended at any point.

Administrators will contact parents to inform them of a child's condition.

#### 12. Training for staff.

- The policy for working with pupils with asthma will be reviewed each year and staff will receive full training on this policy
- The school nurse will train all staff every year on asthma. All staff have a responsibility to attend this safeguarding training
- School policy and procedures form part of staff induction at Grove.

#### 13. Spare, emergency inhalers.

An emergency inhaler and spacer is stored in the school office in both upper and lower school. These inhalers should only be used in an emergency.

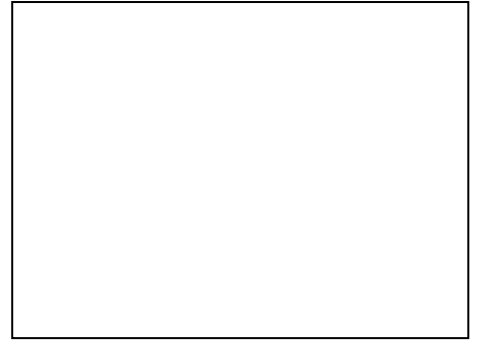
During the annual review of asthma care plans, a letter is sent out to all parents of children with asthma informing them that school have an emergency spare inhaler. Parents are requested to sign, date and return the letter if they **do not** wish their child to use the inhaler in the event of an emergency.





Grove School

Asthma Care Plan



Name of Child:

---

Date of birth:

---

—

Present class:

---

Medical condition:

---

---

Care plan date:

Review date:

Family member to contact:

---

Relationship:

---

Telephone number:

---

Doctor:

---

GP address:

---

---

GP telephone number:

---

**Symptoms of asthma:**

- coughing, wheezing, shortness of breath, tightness in chest

**Triggers:**

- colds & flu
- tobacco smoke
- exercise
- allergies
- viral infections
- unknown

**Care in school:**

My child has an inhaler in school.

Colour of inhaler: \_\_\_\_\_

Does your child need help to use their inhaler? \_\_\_\_\_

Does your child tell you when they need to use their inhaler? Yes  No

**Care for child**

- Take the reliever inhaler immediately 1 puff --> 10 puffs until symptoms improve
- Sit child down & loosen any tight clothing. Do not lie child down.
- If symptoms do not improve, the child is experiencing extreme shortness of breath, unable to speak or you are in doubt call 999, school to then contact parents.

**Use of the school inhaler**

**In the event of an emergency, I do not want my child to use the school inhaler.**

Name of child: \_\_\_\_\_ Class: \_\_\_\_\_

Signed by \_\_\_\_\_  
O(parent)

Signed by \_\_\_\_\_ (YGL)

## **Appendix 2**

### **Grove School Medication Policy**

#### **Policy Statement**

We would ask parents to request that their doctor, wherever possible, prescribe medication, which can be taken outside the school day.

However, we as a school recognise that there are times when it may be necessary for a pupil to take medication during the school day.

We are prepared to take responsibility for these occasions in accordance with the guidelines laid down in this Policy. i.e. we will only administer PRESCRIBED medication.

#### **Children with Special Medical Needs**

Should we be asked to admit a child to school with medical needs we will, in partnership with the parents/carers, School Nurses and our Medical Advisors, discuss individual needs.

Where appropriate, an individual care plan will be developed in partnership with the parents/carers, School Nurse and/or Medical Advisors.

Any resulting training needs will be met.

#### **1. On Admission to School**

1.1 All parents/carers will be asked to complete an admissions form giving full details of child's medical conditions, regular medication, emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements etc.

#### **2. Administration & Storage of Medication in School**

2.1 Should a pupil need to receive medication during the school day, parents/carers will be asked to come into school and personally hand over the medication to a member of the administration team in the main school office.

2.2 The medication should be in the container as prescribed by the doctor and as dispensed by the pharmacist with the child's name, dosage and instructions for administration printed clearly on the label.

2.3 The form 'School Medication Consent Record' (see appendix 1) should be completed by the parent/carer. This will be kept on the pupil file and a copy in the relevant school office.

2.4 A record of the administration of each dose will be kept on the 'School Record of Medication' form (see appendix 2), which will be signed by the member of staff who administered the medication.

2.5 Reasons for any non-administration of regular medication should be recorded and the parent/carer informed on that day. A child should never be forced to accept a medication. "Wasted doses" (e.g. tablet dropped on floor) should also be recorded.

2.6 Should the medication need to be changed or discontinued before the completion of the course or if the dosage changes, school should be notified in writing immediately. A fresh supply of correctly labelled medication should be obtained and taken into school as soon as possible.

2.7 If medication needs to be replenished, this should be done in person by the parent/carer.

2.8 Should the child be required or is able to administer their own medication e.g. reliever inhaler for asthma, we will want to ensure they understand their responsibilities in this area. We may want to ask the School Nurse to check the child's technique before accepting full responsibility.

### **3 Storage & Disposal of Medication**

3.1 All medication with the exception of Emergency Medication will be kept in a locked cupboard in the relevant school office.

3.2 A regular check will be made of the medication cabinet at least termly, and parents will be asked to collect any medication which is out of date or not clearly labelled. If parents/ carers do not collect this medication it will be taken to the local pharmacy for disposal.

Attach child's  
photo here

**Appendix 1**

**SCHOOL MEDICATION CONSENT FORM**

Child's Name .....

D.O.B. ....

Class .....

Name and strength of Medication .....

How much to give (i.e. dose to be given) .....

When to be given .....

Any other instructions .....

Number of tablets/quantity given to school .....

**NB: MEDICATION MUST BE IN THE ORIGINAL CONTAINER, AS DISPENSED BY THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.**

Telephone no. of parent/carer.....

Name of G.P. ....

G.P's telephone Number .....

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

Parent's/Carer's signature ..... Date.....

Print Name:.....

If more than one medication is to be given a separate form should be completed for each.





<b>Staff signature</b>									
<b>Print name</b>									



## Unacceptable practice

The following practice is not acceptable:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## Defibrillators

Sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Grove School Schools has a defibrillator as part of our first-aid equipment. All staff have been trained in the use of this device by SafeAid Services.