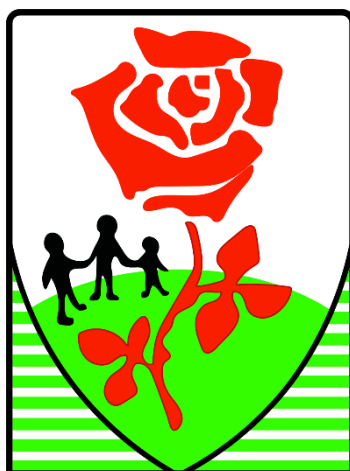


Rosehill School

Managing Medical Needs & Medicines Policy



DOCUMENT ORIGINS: Based on template by David Thompson, Schools H&S Team v1.1 April 2018

Organisation	Rosehill School	Version date	24.4.2025
Owner (s)	Headteacher / Lead DSL	Approved by (If applicable)	Input from Nottingham City Health and Safety / Paediatrician
Approval date	Approved at Full Governing Body Meeting 7/5/2025	Next review date	April 2026

DOCUMENT VERSION HISTORY

Revision date	Author of changes	Summary of changes
9.1.2023	CS	Annual review - Update to allergies information
8.10.2023	CS	Added information regarding use of emergency salbutamol inhaler in school
18.01.2024	CS/ CT	As agreed by Chair of Governors, – purchase of https://kittmedical.com/ –

		policy updated to include this process now implemented
24.01.2024	CS/ CT	No current emergency inhalers
1.03.2025	CS/ CT	Annual review – Update to offsite visits section in relation to record keeping
25.4.2025	CS/ CT	Annual review – no changes

Preface

PLEASE READ THIS DOCUMENT IN CONJUNCTION WITH THE NATIONAL GUIDANCE.

It is a requirement for all schools to have a medicine policy, which is communicated to and available for all parent/carer.

This policy is intended to provide guidance and support to school staff at **Rosehill School**.

At the present time, the NHS commissioned nursing service do not support in schools during standard operating hours. At Rosehill School, trained school staff currently provide medication for pupils whilst on the school premises, including the administration of emergency medication. They also administer all medication when pupils are on offsite visits, out of school activities or on residential visits.

This policy is based on guidance from Nottingham City Council Health and Safety Guidance, The Department for Education – ‘Supporting Pupils at School with Medical Conditions’ 2015 and the DoE ‘Support for Pupils with Medication Needs’ website <https://www.education-ni.gov.uk/articles/support-pupils-medication-needs>

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B2 Individual Healthcare Plan Epilepsy (Young Epilepsy)
C1 Model Letter Inviting Parents to Contribute to Health Care Plan Development
C2 Model Letter for School to Issue to Parents/Carers Re: Management of Pupil Medicines
C3 Model Letter and Consent Form for Use of Emergency Adrenaline Auto-Injector
C4 Model Letter and Consent Form for Use of Emergency Salbutamol
D1 Medicine Administration Record (MARS)
D2 Medicine Administration Record Card for Emergency Medication
E Contacting Emergency Services/Reporting Serious Incidents and First Aid
F Dietary Requirement Request Form (Epilepsy / Other)
G Record of Medication taken from Medical Cabinet
H Record of Medication Handover on Site
I Daily Administration of Medication Reporting Slip - General
J Daily Administration of Medication Reporting Slip - Epilepsy
K Senior Leadership Team (SLT) check and Authorisation for Administration of Medication
L Hygiene Poster
M Dealing with Spillages of Bodily Fluid in the School Area

1. Policy Statement

- Rosehill School is an inclusive community that welcomes and supports pupils with medical conditions.
- This school provides all pupils with any medical condition the same opportunities as others at the school (both school based and out-of-school).
- The school will help to ensure pupils can:
 - Be healthy
 - Stay safe
 - Enjoy and achieve
 - Make a positive contribution
 - Achieve economic well-being once they leave school.
- The school understands that not all children/young people with the same medical condition will have the same needs.
- The school understands that certain medical conditions are debilitating and potentially life threatening, adversely affecting a child's quality of life, impacting on their ability to learn particularly if poorly managed or misunderstood.
- The school also understands the importance of medication and care being taken as directed by healthcare professionals and parents/carers.
- The purpose of this document is to set out the policy for Rosehill School staff on managing medication. The school has put in place a robust set of procedures and systems for the management of medical conditions and medication, including the safe storage and administration of medication to support individual pupils.
- Although the giving of medication to pupils is a parent/carer responsibility, school staff may be asked to perform this task but they may not, however, be directed to do so, unless it is required by their job description.
- In school, trained school staff provide medication for pupils whilst on school premises, including the administration of emergency medication.
- All staff are provided with general training in order to understand the medical conditions that affect pupils at this school and the impact medical conditions can have on pupils. All staff also take part in training regarding the management of general emergency situations.
- The school's policy and procedures are updated on an annual basis, or in the event of any local or national recommendations or school amendments.
- The school works in close liaison with parents/carers, health professionals and where required, the health and safety department at Nottingham City Council to ensure that the schools' procedures are regularly reviewed and meet the needs of the school/individual pupils.
- This policy has due regard to statutory legislation and guidance including, but not limited to, the following:
 - Children and Families Act 2014
 - DfE 'Supporting pupils at school with medical conditions' 2015, updated 2017.
- Where a pupil's medical or care needs are covered under the Equality Act 2010, staff will be informed of any reasonable adjustments necessary to the curriculum and its delivery, the school environment and equipment.

2. Consultation

- The school has consulted on the development of this policy with a wide-range of key stakeholders within both the school and health settings. These key stakeholders include:
 - Head Teacher
 - Teachers
 - Members of staff trained in first aid
 - Other school staff
 - Local healthcare professionals
 - School Governors
 - Nottingham City Council Health and Safety
 - Safety Representatives (Trade Union or staff)

- The views of pupils with various medical conditions were actively sought and considered central to the consultation process.
- All key stakeholders were consulted in two phases:
 - Initial consultation during development of the policy
 - Comments on a draft policy before publication

- This school recognises the importance of providing feedback to those involved in the development process and is committed to acknowledging input and providing follow-up to suggestions put forward.

3. Policy Content and Communication

3.1. What this Policy Contains

This policy sets out the school guidelines connected to medical conditions and medicines in school. Further information is included in this policy as appendices to provide guidance to staff who are administering specific medication to pupils who have asthma, allergies and epilepsy.

The Consent Form [\(Appendix A- Parental Agreement for Setting to Administer Medicine\)](#) must be filled in by the parent/carer before school staff can give any medication. A record must be made of the administration on the pupil's [Medication Administration Record \(Appendix D1/Appendix 2 MARS\)](#).

The Health Care Plan (HCP¹) for pupils with medical needs need only be completed for pupils who have serious medical conditions e.g. epilepsy, severe allergies and severe asthma, and who may need emergency medication in school. [The Health Care Plan supplied \(Appendix B1/Appendix B2\)](#) is a guide to the type of information required and may be expanded as required by the pupil's condition and nature of the treatment and will be written in conjunction with community nurse/doctor or specialist nurses.

The community nurse/specialist nurse/doctor is available for advice, support and training.

3.2. Communication of this Policy

- Parents/carers are informed and regularly reminded about the medical conditions policy:
 - By including the policy on the school website.
 - At the start of the school year when communication is sent out about Individual Health Care Plans.
 - In the school newsletter at intervals in the school year.
 - When their child is enrolled as a new pupil.
 - Ongoing communication via the school's website/letters.
- School staff are informed and regularly reminded about the medical conditions policy:
 - Through regular refresher training.
 - Copies of policy handed out before Individual Health Care Plans are distributed to parents/carers.
 - Via the staff briefings and meetings/Health and Safety Policy.
 - Through school-wide communication about results of the monitoring and evaluation of the policy.
 - All supply and temporary staff are informed of the policy and their responsibilities.

¹ Health Care Plans will be referred to within this policy as HCP.

4. Responsibilities

- This school works in partnership with all interested and relevant parties including the school's governing body, all school staff, parents/carers, employers, community healthcare professionals and pupils to ensure the policy is planned, implemented and maintained successfully.
- The following roles and responsibilities are used for the medical conditions policy at this school. These roles are understood and communicated regularly.

4.1 Governing Body

- Ensure the Managing Medical Needs and Medication Policy is effectively monitored and evaluated and regularly updated. Sign off the policy.
- Investigating and resolving any complaints brought to the attention of the Governing Body.
- Appropriate risk assessments are in place for onsite activities and offsite community visits.

4.2 Head Teacher (In the Head Teacher's Absence, the Deputy Headteacher)

- Ensure the school is inclusive and welcoming and that the Managing Medical Needs and Medication Policy is in line with local and national guidance and policy frameworks.
- Consult on the creation/review of the policy ([Section 2](#)).
- Liaise between interested parties including pupils, school staff, teaching assistants, nurses, parents/carers, governors, health service, the local authority and SEND transport service, and local emergency care services etc (as required).
- Ensure the policy is put into action, and maintained, including completion of a whole school risk assessment and review of systems and procedures. The risk assessment will be reviewed and updated at least annual, or as required.
- Ensure all staff (including supply teachers and new staff) are aware of and understand the Managing Medical Needs and Medicines Policy.
- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' HCP.
- Ensure pupil confidentiality.
- Assess the training and development needs of staff, and ensure necessary training is provided ([Section 6](#)). A confidential training register will be kept, of all training and stored securely.
- Delegate key staff members to be trained safe medication storage, who will oversee the centralised medication storage system and procedures in school and maintain the school medical conditions data matrix.
- Monitor and review the policy on an annual basis considering any recommendations and recent local and national guidance and legislation.
- Listen to the views of parents/carers in any aspect of the supporting of the medical needs of the child.

4.3 All School Staff

- Be aware of and understand the school's Managing Medical Needs and Medicines Policy.
- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Know which pupils in their care have a medical condition and be familiar with the content of the pupil's HCP.
- Maintain effective communication with parents/carers including informing them if their child has been unwell at school.

- Ensure requests and consent made by parents/carers for school staff to administer medication are reviewed with the relevant trained staff member/Head Teacher/Senior Leadership Team and risk assessed following the school's internal procedures [\(Appendix K\)](#).
- Do not undertake any administration of medicine or undertake medical procedures for which they are not trained.
- Report any concerns they may have with the pupil's medical condition, or medication to school's senior leadership team. Following this, liaise with parents/carers, the pupil's healthcare professionals, and relevant staff in school, as required.
- Use opportunities such as PSHE/RSE and other areas of the curriculum to raise pupil awareness about medical conditions.

4.4 Healthcare Professionals

- Help provide regular training for school staff in managing the most common medical conditions at school.
- Provide information about where the school can access relevant and specialist training.
- Make referrals to specialist health support, as required.
- Provide the school with ongoing up to date clinic letters/ information which outline medical conditions and requirements, required for health care plan arrangements.

4.5 Parents/Carers

- Tell the school if their child has a medical condition and any medication requirements during school hours. This includes any medication their child requires while taking part in visits and other out of school activities.
- If the school staff agree to administer medication, even on a short term or occasional basis, the parent/carer is required to complete a Consent Form [\(Appendix A\)](#). Verbal instructions should not be accepted.
- When administering medication in school, parents/carers will be asked to complete a daily reporting slip [\(Appendix I\)](#), or for administration of epilepsy medication [\(Appendix J\)](#) for daily written updates during the course of prescribed/non-prescribed medication and also emergency medication. This will also be completed in school. This enables home/respite etc and school to ensure the correct dosage has not been exceeded.
- If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the parent/carer.
- For administration of emergency medication, a HCP [\(Appendix B1/Appendix B2\)](#) must be completed by the parent/carer in conjunction with the community nurse and relevant school staff. This is essential so there are no grey areas in which vital information involving the child's medication are unknown to the staff who are managing the pupil on a daily basis. Minor changes to the HCP can only be made if signed and dated by both parties and in agreement with the child's health professional. If, however, changes are major, a new HCP must be completed.
- Parents/carers should ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
- Parents/carers will be to keep the school regularly updated regarding their child's medical needs/medication [\(Appendix C2\)](#).
- HCP should be reviewed annually by school and the link nurse/doctor working in partnership.
- It is parents' responsibility to notify school of any changes in their child's medical condition, and any changes required to the HCP as soon as they become aware e.g. treatment, symptoms, contact details. School will continue to follow the HCP until written updates have been seen.

- The parent/carer needs to ensure there is sufficient medication and that the medication is in date. It is also the responsibility of parents/carers to ensure that the medication provided to the school is within expiry dates. The parent/carer must replace the supply of medication at the request of relevant school.
- Medication should always be provided in an original packaging unopened or with date of opening with the pharmacist's original labelling and the following, clearly shown:
 - Name of the child (full name)
 - Name and strength of medication
 - Dose and frequency
 - Any additional requirements e.g. in relation to food, frequency of administration
 - Dispensing date
 - Expiry date whenever possible; Medication should show bottle expiry date. Once opened, the date should be written on the bottle and expiry date written as per pharmacy guidelines
 - Medication information leaflet is enclosed and instructions for use (Side effects should be photocopied and highlighted for staff to monitor the child after taking medication)
- Parents/carers are requested to send any medication into school in a sealed, labelled bag (do not send medication into school in a plastic bag which does not seal/unsealed container).

4.6. Information Regarding Handover of Medication (Including SEND Transport)

- Due to the nature of this school the majority of pupils arrive at school on specialist transport. It is safe practice that parents/carers give medication to the bus escort (this should however also be in agreement with the SEND provider). This is then handed over to the school staff on transport duty at school who records this handover [\(Appendix H\)](#) and passes it to one of the schools trained staff members (medication trained) who stores it securely. Emergency medication is held securely in the medical cupboard unless separately agreed. In which case it should be stored in a locked cupboard in a secure office or carried by a named member of staff in a secure medical bag (trained).
- For pupils arriving with parent/carers/respice providers etc, the same procedure applies- Medication should be handed over to the school staff on transport duty, at school, who records this handover and passes it to one of the schools trained staff members (medication trained) who stores it securely.
- On departure from school, the staff member on transport duty will have signed for the medication from the trained staff member, then returning the container to the parent/carer/ bus escort. The staff member will record medication sent home with the parent/carer/respice provider/ bus escort etc on the recording sheets and retains this in the child's medical file.
- When children are on overnight stays at respice, and medicine is required, it is parents/carers responsibility to ensure that Rosehill School staff are notified to ensure correct handover and storage of medication.
- During the handover of medication with parents/carers/respice/transport/others collecting child (as agreed with parents), where relevant, a daily reporting slip [\(Appendix I/Appendix J\)](#) which parents/carers/respice/school etc complete for daily written updates regarding the administration of emergency medication, may be provided.

4.7. Staff Indemnity

- The Council fully indemnifies its staff against claims for alleged negligence, providing they are acting within the scope of their employment and have been provided with appropriate training.

- For the purposes of indemnity, the administration of medicines falls within this definition and hence staff can be reassured about the protection their employer provides.
- In practice, indemnity means the Council and not the employee will meet the cost of damages should a claim for negligence be successful.
- It is very rare for school staff to be sued for negligence and instead the action will usually be between the parent/carer and the employer.
- Staff should at all times follow the guidance provided by Nottingham Care Trust.

5. Record Keeping

5.1. Administering Medication

- Staff responsible for medication storage and administering of medication will have been trained by a suitable qualified medical professional. A log of all training is kept (securely) by the school and reviewed ongoing, and at least every 12 months to ensure all staff (including new starters) receive the appropriate training.
- Medicines required in school will be recorded on a Medication Administration Record [\(Appendix D1/Appendix D2\)](#) according to the information and directions provided on the Consent Form completed by parent/carer.
- When staff administer medication, they must record the date, time and dose, and this record must be signed on the MAR sheet by the first and second checker (witness).
- Reasons for any non-administration of regular medication must be recorded and parent/carer informed on the same day.
- The Consent Form is kept in a folder in the locked medications cupboard.

5.2. Health Care Plans (HCP) [\(Appendix B1/Appendix B2\)](#)

- An individual HCP clarifies for parent/carer, the child and school staff the circumstances in which additional health support will be required and the actions to be taken by school staff to meet the pupil's needs. This is usually an emergency situation such as severe allergic reaction, which requires administration of an EpiPen for example.
- The HCP will be developed with input from a parent/carer/pupil, specialist nurses, and a member of school staff depending on the nature of the pupil's condition. Specialist guidance may be sought from the child's GP, Consultant or Nurse Specialist with consent from the parent/carer. The original signed copy will be kept in school with copies available for parent/carer /GP as requested and consented by parent/carer.
- Due to the complexity and unstable nature of some pupil's medical conditions, the HCP may be altered in an emergency following consultation with a health care professionals present during the emergency. Parent/carer must be informed and all action recorded on the pupil file.
- The HCP supplied is a guide to the type of information required and may be expanded as required by the pupil's condition and the nature of the treatment to be given.
- The HCP must be kept up to date and should be reviewed on a regular basis to reflect the pupil's needs. It should certainly be reviewed annually.
- A new HCP is required if a pupil moves school or their condition or treatment changes.
- It is always the responsibility of parents/carers to keep school staff and health professionals fully informed of changes in their child's condition. They must agree the HCP and supply necessary medication, ensuring it is in date on a termly basis.

5.3. GDPR

- Under the General Data Protection Regulations (GDPR) medical documents are deemed sensitive information.
- The information in the HCP needs to be disseminated to relevant school staff but balanced with the need to keep confidential information secure.
- HCP must not be displayed in a public place, e.g. Staff room, because of the sensitive information they contain unless parent/carers has given their explicit written consent for school to do so.

6. Training

6.1. Staff Awareness Training

- All staff are made aware of this policy and procedures ([See Section 3](#)).
- Rosehill School will also provide whole school awareness training so that all staff are aware of the Managing Medical Needs and Medicines Policy and understand their role in implementing the policy. Training is refreshed for all staff at least once a year or in the event that the emergency procedure change, or when reviews have taken place.
- All members of staff need to have some appreciation and awareness of the most common serious medical conditions that pupils have in the school, which currently includes:
 - Asthma
 - Epilepsy
 - Allergic reactions (anaphylaxis if severe)- this includes information on Natasha's Law
- Irrespective of whether staff have volunteered to support pupils with healthcare needs and administer medication, all staff have an awareness as they may come into contact with such pupils during the course of a school day.
- A basic understanding of these common conditions will be given to help staff recognise symptoms and seek appropriate support. Training is refreshed at least once a year. In addition, emergency health training is completed at least annually which includes measures to be taken in the event of any health emergency.
- Staff understand their duty of care to pupils in the event of an emergency. In an emergency situation school staff are required to act like any reasonably prudent parent/carers. This may include administering medication.
- Advice and training is available to members of staff concerned with administration of Medicines by the Community Training team.
- The Head Teacher and key members of staff who are appropriately trained, will have responsibility to arrange, organise and monitor health training.
- All staff volunteering to administer emergency medication must first receive appropriate training from suitably qualified health staff.
- Information regarding the above medical conditions are displayed within staffrooms/offices.
- If School become aware of other medical conditions, full training will be given, as required.

6.2. School Emergency Procedures

- As part of general risk management processes the school have arrangements in place for dealing with emergency situations.
- All staff know what action to take in the event of a medical emergency. This includes:

- The procedure for contacting emergency services and what information to give.
 - Who is responsible for carrying out emergency procedures in school, in the event of need; first aiders and senior leaders.
 - Action to take when off site.
- Pupils should (where possible) know what to do in the event of an emergency, such as telling a member of staff if they are feeling unwell, or require medical assistance.
 - Training is provided as part of staff induction and refreshed at least once a year.
 - Action to take in a general medical emergency (Aide-memoire - Taking action in an emergency health care situation) is displayed in Staff rooms and copies have been provided to all staff teams.
 - If a pupil needs to be taken to hospital, parents/carers will be immediately contacted. If a parent/ carer is unable to accompany their child, a member of staff must always accompany a child taken to hospital by ambulance and should stay until a parent/carers arrives. Although during time in school a member of staff will always accompany them and will stay with them until a parent arrives, it is the parents' responsibility to attend school/ hospital if their child requires medical attention, either in school or off site. It is at such times that there may be decisions around a child's health that parents need to consent to and help medical staff to make decisions about the child's plan and care. This can only be done by someone with parental responsibility and not a member of school staff, who can only act in the child's best interest, but do not have ultimate responsibility to consent for medical treatment.
 - Health professionals are responsible for any decisions on medical treatment when parent/carers is not available. Basic medical information about the pupil, identifying data and contact details should be provided by health staff and taken to hospital by school staff.
 - Only in exceptional circumstances should staff take a pupil to hospital in their own car or school transport; it is always safer to call an ambulance.
 - **The school requests that parents/carers provide three contact numbers where possible, so that parents/carers can be easily contacted, in the event of an emergency situation.**

6.3. Administration of Medicines Training

- All members of school staff providing support to a pupil with medical needs will receive suitable training as identified during the development or review of HCP.
- Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required.
- Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed (where possible).
- Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in HCP. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Healthcare professionals, will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication. The school will ask the parent/carers of a child to provide relevant information to school staff about how their child's needs can be met.
- If parental consent has been given to school staff to administer medication on a short-term basis, the Community Health Team may not provide training. In this case, a Risk Assessment will be put in place.
- If parental consent is given to school staff to administer medication on a long-term basis, after approximately 5 days, the Hospital Health Team/Community Health Team may provide training/ offer advice. A Risk Assessment will be in place.

6.4. Specific Medical Conditions

6.4.1. Asthma [\(See further information in guidelines section\)](#)

- All staff will be offered asthma training once a year, and all staff will be provided with key information. Staff working directly with pupils with asthma will be provided with training once a year.
- The training gives a basic understanding of asthma and the possible triggers and develops competence in the administration of medicine including the use of inhalers and spacer devices. The training will support staff to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.
- The training will also cover the possible side effects of medication and what to do if they occur. The type of training necessary will depend on the individual case.
- Normally children should not need to use a nebuliser in school. If a doctor or nurse does advise that a child needs to use a nebuliser in school, the staff involved will be provided with training by a health professional.

6.4.2. Epilepsy [\(See further information in guidelines section\)](#)

- All staff will be offered training once a year, and all staff will be provided with key information. Staff working directly with pupils with Epilepsy will be provided with training once a year.
- Training will conform to Locally and Regionally agreed training standards, for the emergency treatment of seizures.

6.4.3. Allergic Reactions [\(See further information in guidelines section\)](#)

- Training will include the recognition of the signs and symptoms of mild and severe allergic reactions, first aid procedures including the protection of airways and the recovery position, administration of medication including the use of auto-injectors and emergency procedures.

6.5. Head Injuries

- A minor head injury could occur in the school playground or in the school sports hall. Fortunately, the majority of head injuries are mild and do not lead to complications or require hospital admission.
- At Rosehill School any child who has suffered a head injury at school will initially be seen by a First Aider for assessment. After any head injury, even when none of the worrying signs are present, it is important that the child's parents or carers are informed about the head injury and given written information about how to monitor their child using the school Head Injury Form.

7. Understanding Pupils' Medical Needs

7.1. Admissions

- This school may initially learn of a child's specific medical needs through the admissions process.

7.2. Pupil Information Forms

- Parents/carers are asked if their child has any health conditions or health issues on the Pupil Detail Form, completed at the start of each school year.
- Parents/carers of new pupils starting at other times during the year are also asked to complete this form.

7.3. Health Care Plans (HCP)

- HCP ([Appendix B1/Appendix B2](#)) are used to:
 - Help to ensure that the school effectively supports pupils with medical conditions.
 - Details exactly what care a child needs in school, when they need it and who is going to give it.
 - Additional information on the impact any medical condition may have on a child's learning, behaviour or classroom performance.
 - Identify common or important individual triggers that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
 - Ensure the local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency.
- The following information is recorded:
 - Personal Details.
 - Family contact information.
 - Medical services contact information.
 - Details of any medication needed, the dose needed, when it's needed and the procedure for using any equipment.
 - Written permission from the parent/carer and the Head Teacher for any medication to be administered by a member of staff, or self-administered by the child during school hours.
 - Exactly what help the child needs, what they can do themselves and what they need from somebody else (and who does it).
 - General arrangements, considerations for school visits/trips etc.
 - Description of what constitutes an emergency, and the action to take if this occurs.
 - Who is responsible in an emergency (and state if different for off-site activities)
 - Description of the symptoms and possible triggers of any emergency situation which requires urgent attention and what staff will do if any of these occurs. It should also include when the parent/carer should be contacted and when an ambulance should be called.
 - The things that need to be done before, during or after PE.
 - What plans need to be put in place for exams (if appropriate).

- Details of where medication and other supplies will be stored and who will have access to them. It should also include what supplies will be needed, how often the supplies should be checked and by whom.
 - Any support needed around the child's educational, emotional and social needs, e.g. how absences will be managed, support for catching up with lessons or any counselling arrangements.
 - Any details of when the child needs to eat meals and snacks, what help they need around meal or snack time.
 - A description of the training that has been given to whom.
- This is not an exhaustive list, and the HCP might also include other aspects of a child's care. Other documents that are relevant to a child/young person's care to the plan will be attached.
 - [The flowchart in section 7.4](#) summarises the process for developing individual HCPs.

7.3.1. Health Care Plan Initiation

- HCPs (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child.
- HCP will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child.
- A letter inviting parents to contribute to HCP development will be used [\(Appendix C1\)](#). They will be used in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and in other cases where medical conditions are long-term and complex. The school, healthcare professional and parent will agree, based on evidence, when a HCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head Teacher will make the decision.
- It is the responsibility of parents/carers to bring copies of clinic letters to meetings, to inform HCPs.
- This will ensure that the school has an accurate record of medical advice from the healthcare services, in order to have the HCP in place and up to date.
- Parents/carers are responsible for providing updates.

7.3.2. Health Care Plan Register (Data Matrix)

- A centralised register of pupils with medical needs which details all pupils with HCP's is stored in the confidential Safeguarding Cabinet and the Designated Safeguarding Leads have responsibility for updating the register at this school.
- Designated Safeguarding Leads and/or Class Teachers follow up with the parents/carers any further details on a pupil's HCP required or if permission for administration of medication is unclear or incomplete.

7.3.3. Storage and Sharing of Health Care Plans

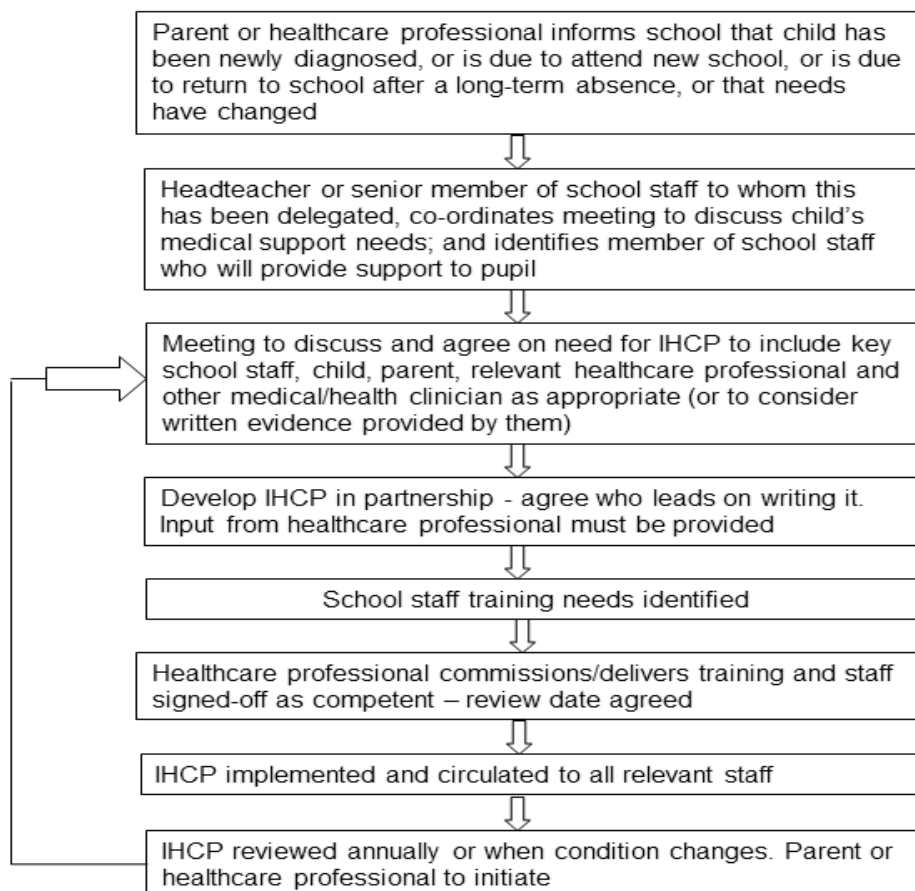
- HCP are kept in a secure central location at school at these locations- confidential Safeguarding Cabinet and Classroom secure offices (Locked Cabinets).
- Parents/carers are provided with a copy of the pupil's current agreed HCP.
- All members of staff (including supply) who work with groups of pupils have access to the HCP of pupils in their care.

- The school will seek permission from the pupil and parents/carers before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.
- Copies of the pupil's HCP will be sent to any emergency care setting with the pupil. On occasions when this is not possible, the form is sent (or the information on it is communicated) to the hospital as soon as possible.
- The school will ensure the timely transfer of HCP to the hospital in the event of an emergency.

7.3.4. Review of Health Care Plans

- Parents/carers at this school are regularly reminded to update their child's HCP if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.
- Staff at this school use opportunities such as teacher-parent interviews and home-school diaries to check that information held by the school on a pupil's condition is accurate and up to date.
- Every pupil with a HCP at this school has their plan discussed and reviewed at least once a year.

7.4. Health Care Plan Flowchart



8. Administration of Medication

8.1. Policy

- Medicines are only administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Parents are encouraged to administer medicines outside of the school day wherever possible. This will depend in part whether the prescription states a particular time rather than simply the frequency of dosage.
- This school will not give medication (prescription or non-prescription) without a parent/ carers written consent.
- If a pupil requires regular prescribed *or non-prescribed* medication at school or has a medical condition which may require medication in an emergency, parents/carers are asked to provide consent giving the pupil or staff permission [\(Appendix A\)](#).
- The school understands the importance of medication being taken as prescribed.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a pupil taking medication.
- Staff will not give prescription medicines or undertake healthcare procedures without appropriate training. Training is given to all staff members who agree to administer medication to pupils. If specific training is needed this will be undertaken by medical professionals. The named member of staff is recorded on the child's HCP.

8.2. Checking of Medicines

- When a new medication arrives in school this should be transcribed onto the medication administration record [\(MARS- Appendix D1\)](#) sheet from the pharmacy label, once transcribed this should be checked and signed by one of the trained staff members overseeing medication as soon as possible. This procedure should also be followed when transcribing from a completed MAR sheet to a new one or when transcribing onto a new line on the same sheet.
- The checking process will include:
 - MAR sheets in daily use must be checked to ensure all medication is given in the way that it is prescribed. These will be kept on a clipboard and locked away at the end of the day.
- Members of staff administering medicines must always check the following items prior to administration:
 - Correct and legible completion of all details transcribed on the MAR sheet and that it is signed by the relevant staff and second checker who has completed their medication administration training. No medication should be administered until the MAR sheet is signed in the completed by section.
 - If there is doubt or the prescription is ambiguous the parents/carers must be contacted for clarification i.e. Use of terms such as "As directed" is not acceptable – staff must ensure that specific dosage instructions are stated.
 - The identity of the child/young person against the name and date of birth or photograph on the MAR sheet.

WHERE PHOTOGRAPHS ARE USED TO AID IDENTIFICATION, THE PHOTOGRAPHS NEED TO BE UPDATED WHEN THE PUPIL'S APPEARANCE CHANGES OR AT LEAST 2 YEARLY. THE PHOTOGRAPH SHOULD BE ATTACHED SECURELY TO THE APPROPRIATE SHEET.

- The name, form and strength of the medicine to be administered.
 - The dose to be given – Guidance for tablets: a tablet that has not been scored cannot be halved.
 - The date and time of dosage, frequency. Start and finish dates where applicable or noted as routine until further notice.
 - The time of last dosage, i.e. that the dose has not already been given.
 - The route of administration.
 - Any special guidance relating to the dose offered, e.g. dilution with water, before or after food etc.
 - Expiry date of the medication AND its discard date once opened.
 - Any drug sensitivities/allergies.
 - Medicines must only be dispensed for one pupil at a time.
 - If using a syringe, it should come from a sealed packet, be used for one child and disposed of after a week (or returned home if requested on the consent form).
 - Do not pour medication into another vessel to be measured out if possible.
 - Any dropped tablet/medication that cannot be used must be recorded on the MAR and sent home for destruction.
 - The medication sheet must be initialled in by the trained staff member administering the medicine and by the second person checking (witness).
 - Any individual who has undergone the appropriate training can administer a child's/ young person's emergency medication.
 - If there is any doubt the issue should be discussed with the parent or a Healthcare professional.
 - The Controlled Drug register must be completed if a controlled drug is administered or if there is a change in the stock balance (either receiving or sending home) or if medication is refused.
- The following should be noted on the sheet:-
 - If any medication is omitted then the appropriate code (located on the MAR sheet) should be placed on the MAR. If a child has a prolonged absence then the reason should be documented on the chart.
 - Any medicine refused, spat out or vomited must be documented and parents should be informed on the day. The medication must be disposed of at either a pharmacy or sent home via transport escort. Medication that has been spat out or refused must be discarded and cannot be re-given or returned to packaging.
 - If a drug is no longer required then it should be crossed out signed and dated on the MAR. The drug should be sent home for disposal though the bus escort or handed directly to the parent/carer and recorded in the HCP.
 - Sign and date all entries on the MAR sheet.

The reason for giving as required (PRN) medication should be recorded and parents/carers informed of medication, dose and time given. Should the dose be prescribed in micrograms, the full word should be written out to avoid mistakes with 'mg' 'mcg'. 1mg = 1000 micrograms.

8.3. The Receipt and Return of Medicines

- The allocated trained staff will be responsible for ensuring that all incoming medication is labelled correctly. All medicines should be in the original packaging in which they were dispensed. All medication should have a prescription label stating:
 - Name of the child (full name)
 - Name and strength of medication
 - Dose and frequency
 - Date opened and discard date
 - Correct packaging and labelling
 - Dispensing date
 - Expiry date
 - Instructions for use
 - Medication information leaflet is enclosed (Side effects should be photocopied and highlighted for staff to monitor the child after taking medication)
- The parents/carers of the pupil coming to school will be responsible for sending in all the medicines required for the school day and those medications in transit. School will not be responsible until the medication is received by them. Medication received will be checked in and out by the relevant trained staff or by the main reception. The medications will be transported via the driver escort staff on SEND transport or parents/carers if dropping/collecting their child.
- There must be a record of all medicines sent to and from school. This will be recorded on the handover sheet [\(Appendix H\)](#) and these will be kept on file in the medicine file.
- A discard date should be applied to the label once the bottle/packet has been opened following pharmacy guidelines. Particular attention must be paid to an individual medication 'once opened' discard by date.
- When the relevant trained staff member is satisfied that all is correct, the medicines should be locked away and the MAR sheet put in place.
- At the end of the school day the trained staff member or reception office will hand medication required for home/respite to a designated person who will be responsible for the return of them to the appropriate school transport staff/parents or carers.
- All medication should be sent home at the end of the school year. **SCHOOL DO NOT** keep medication in school over the summer holidays. **N.B. Please remember, never put medicines into a child's school bags, luggage etc.**
- If medication has expired or is no longer required then it should be returned to the parents/carers for disposal.
- If the medication has been completed and an empty packet/bottle remains then this should be returned to parent/carer.
- Oral syringes that do not show the single use only symbol (♻) can be used for 28 days but must be washed and dried after every use and labelled with an opening date. Rosehill School policy is that syringes can only be used for 1 child for one week then disposed of.

Additional Information Regarding the Return of Medication to Parents/Carers

- Medication should be returned to the child's parent/carer whenever:
 - The course of treatment is complete;
 - Labels become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent/carer);

- Instructions are changed;
- The expiry date has been reached.

This should be documented on the administration record held in the Pupil file. The parent/carer should be advised to return unwanted medicines to their pharmacist.

In exceptional circumstances e.g. when pupils have left school, it can be taken to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

It is the parent/carer responsibility to replace medication which has been used or expired, at the request of the school staff.

Parents/carers will be to keep the school regularly updated regarding their child's medical needs/medication [\(Appendix C2\)](#).

8.4. Consent

- The person with parental responsibility should complete a consent form.

8.5. Types of Medication

8.5.1. Controlled Drugs

Protocol:

- Any Controlled Drug which in a healthcare setting has specific storage and administration requirements. In schools they must be stored in a locked place within a locked room to which only named staff has access and a record of administration must be kept. At Rosehill School this is in a locked non-portable medical cabinet.
- It is necessary to make a record when new supplies of the controlled drug are received into school. Unused controlled medication must be sent home via an adult and a record kept. These records must allow full reconciliation of supplies received, administered and returned home. Records must be kept in a recognised controlled drug book as well as the schools normal recording methods.
- Only trained members of staff must dispense controlled drugs and/or make entries to the controlled drugs register.
- Any new medication received for pupils should be confirmed whether or not it is classed as a controlled drug; what classification it is and the requirements. The community nursing team, link nurse and/or the dispensing pharmacy can advise on this.
- The controlled drug record book should be kept in a locked cupboard to prevent tampering with the entries made. All entries should be made in black pen, be legible and be second checked and signed. Any errors should be crossed out with a single line, add a '*' and state 'written in error' followed by date and signature. Use a new line to make a corrected entry.
- The index page must be kept up to date.
- Different batch codes of controlled drugs can be accepted. Record the batch numbers received in the controlled drug record book and confirm each time the drug is dispensed.
- Given the nature of the requirements for the medication, if the trained member of staff dispensing the drug is not the person administering, correct storage and records are still required at the point of administration. A designated individual should take responsibility for the storage, administration and record keeping. They should have clear verbal and written

instructions on what to do and sign for receipt of the medication in an individual locked box. This MUST remain with the designated individual until administered whether on or off site.

- Epilepsy medication: If the seal is broken on the emergency medication is not to be used and parents are to provide another one.

Reporting Concerns Regarding Controlled Drugs:

- Concerns can be reported to the NHS England North Midlands Controlled Drugs Team.
- The Controlled Drugs Accountable Officer for NHS England North Midlands is Samantha Travis (Samantha.travis@nhs.net).

8.5.2. Non-Prescription Medicines

- Over the counter medicines, non-prescription medication, e.g. hay fever treatments, will not normally be administered by the school. The school will consider this on a case by case basis, considering the medicine, the child and any detrimental effect that not allowing the medicine could have (e.g. reduced attendance).
- Non-prescription medication will only be considered to be administered following a discussion with the parents/carers and where the school has written consent. If approved, these will be treated in the same way as prescribed medication.
- Parent/carers must clearly label the container with the child's name, dose and time of administration and complete a Consent Form ([Appendix A](#)).
- Parent/carer should be discouraged from sending cough and cold remedies into school. Other remedies, including herbal preparations, should **not** be accepted for administration in school.
- Parents/carers will be asked to provide in writing, during the course of the medication, daily updates in written form of what has been administered in the last 24 hours and the times they were given ([Appendix I](#)).
- In exceptional circumstances, medication that may relieve pain or temperature such as paracetamol and ibuprofen will only be considered to be administered following a discussion with the parent to understand the nature of the requirement. The school may first request for a health professional to provide additional information or consent, for example where a child has complex medication needs. Parents/carers will be asked to provide written consent and will also be asked to provide in writing how many doses have been given in the last 24 hours and the times they were given ([Appendix I](#)).
- A named bottle must be made available in school in order to administer the medication. Parents/carers and school will work together to ensure that all medication is in date.

8.5.3. Anti-Biotics

- Parent/carer should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours, wherever possible.
- Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime. It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.
- Parent/carer must complete the Consent Form and confirm that the child is not known to be allergic to the antibiotic. The antibiotic should be brought into school in the morning and sent home again after school each day.
- Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent/carer.

- All antibiotics must be clearly labelled with the pupil's name, the name of the medication, the dose and the date of dispensing.
- Medicines should always be provided in the original container as dispensed by a pharmacist.
- In school the antibiotics should be stored in a secure cupboard or where necessary in a refrigerator. Many of the liquid antibiotics need to be stored in a refrigerator – if so this will be stated on the label. Some antibiotics must be taken at a specific time in relation to food. Again, this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a cup of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or medicines syringe provided by the parent/carer.
- The appropriate records must be made [\(see section 5 Record Keeping\)](#). If the pupil does not receive a dose, for whatever reason, the parent/carer must be informed that day.
- Medication packaging will be returned to the parent/carer following end of prescription course.

8.6. Emergency Inhalers and Adrenaline Auto-injector- AAI (e.g. EpiPens®)

- The school aims to make provision for emergency inhalers* to be made available for pupils.
- The school aims to make provision for emergency adrenaline auto-injectors** (AAI) to be made available for pupils.
- **At Rosehill School, we have now implemented a procedure for keeping AAIs and emergency inhalers March 2024**

8.6.1. Emergency Inhalers Protocol

- Salbutamol inhalers in schools From 1st October 2014, legislation on Prescription Only Medicines (POMs) changed to allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.
- This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

Protocol:

- The school's protocol for their use, includes infection control and cleaning to avoid cross infection.
- The emergency salbutamol inhaler should only be used by children, for whom written parental consent [\(Appendix C4\)](#) for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication and where this is recorded in the child's Health Care Plan.
- The inhaler can also be used if the pupil's prescribed inhaler is not available (for example, because it is broken, empty or out-of-date).
- The school has a parental consent form and notification to parents' letter, of emergency salbutamol use.
- The Department of Health has issued advice on the use of Emergency Inhalers in schools. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
- Salbutamol is still classified as a prescription only medicine; legislation changes only affects the way the medicine can be obtained and not the class of medicine. A written order signed and dated by the Head Teacher at the school must be provided to the community pharmacy to enable a supply to be made to the school. This will be provided on headed paper. In line with legislation requirements the order must state;
 - The name of the school for which the medicinal product is required.

- The purpose for which that product is required, and,
 - The total quantity required.
- The school will keep a copy of this information in the medical needs file.
 - To avoid possible risk of cross-infection, the spacer device should not be reused. It can be given to the child to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.
 - Schools can be advised to contact a local community pharmacy for advice on inhaler technique and selection of the most appropriate spacer device.

8.6.2. Emergency Adrenaline Auto-Injectors (AAI) Protocol

- From 1st October 2017, legislation on Prescription Only Medicines (POMs) changed to allow schools to buy adrenaline auto-injector (AAI) devices, without a prescription, for use in emergencies.
- This change applies to all primary and secondary schools in the UK.
- Schools are not required to hold AAI's – this is a discretionary power enabling schools to do this if they wish.

Protocol:

- Any AAI(s) held by the school are considered a spare or back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the MHRA is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.
- The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent ([Appendix C3](#)) for use of the spare AAI has been provided. The spare AAI can also be used if the pupil's prescribed AAI is not available, not working (for example, because it is broken, empty or out-of-date), or cannot be administered correctly without delay.
- The Department of Health has issued advice on the use of AAI's in schools. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Used AAI's can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.
- AAI's are still classified as POMs; legislation changes only affects the way the medicine can be obtained and not the class of medicine. A written order signed and dated by the Head Teacher at the school must be provided to the community pharmacy to enable a supply to be made to the school. This will be provided on headed paper. In line with legislation requirements the order must state;
 - The name of the school for which the medicinal product is required.
 - The purpose for which that product is required, and,
 - The total quantity required.
- The school will keep a copy of this information in the medical needs file.
- Schools can be advised to contact a local community pharmacy for advice on AAI's.

8.7. Emergency Medication

- Separate guidelines are in place for emergency medication (see relevant sections in appendices).
- Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies.
- New or temporary staff must be made aware by the class teacher and support staff of any pupil with specific medical needs.
- In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency. This type of medication must be readily accessible in a known location, because in an emergency, time is of the essence.

The emergency medication which might be used at the school includes:

- Buccal Midazolam;
- Rectal Diazepam;
- Adrenaline (Epipen/Anapen);
- Inhalers for asthma.

Training will be given by the training team/specialist nurses to all school staff who have volunteered to administer emergency medication [\(See section 6- training\)](#). Staff would not administer emergency medication if they have not completed this training. HCP may also need to be written by specialist nurses.

8.8. Refusing Medication

- If a pupil refuses to take medicine, staff will not force them to do so, but will note this in the MAR sheet and follow agreed procedures set out in the pupils HCP.
- Parents/carers should be informed of the refusal on the same day.
- If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed [\(See Appendix E for further details\)](#).

8.9. The Management of Errors/Omissions in Administration of Medication

- As soon as an error has been identified for example:
 - Giving the **wrong** medicine to the child/young person;
 - An **incorrect dose** being given;
 - Out of date medication being given.
- The following procedure should be followed:-
 1. Inform a member of the Senior Leadership Team;
 2. Contact 111 for advice;
 3. Inform the parents/carers if possible – if not possible at the time this must be done as soon as they are contactable;
 4. Record any advice and actions taken following advice from 111 or health care professional on an incident form from Senior Leadership;
 5. Complete an incident report **before the end of the school day**.

9. Storage and Guidance of Use of Equipment

9.1. Protocol/ Security

- At Rosehill School, all medication is stored in a locked medical cupboard in a cool place. Items requiring refrigeration are kept in a clearly labelled closed container in a medication refrigerator. This location is kept locked at times, and cannot be accessed by pupils.
- The fridge temperature will be monitored and recorded daily. Any deviation from 2°C – 8°C should be investigated and resolved. If deviation occurs, advice should be sought from a pharmacy around any medicines stored outside of this range.
- All emergency medication e.g. inhalers, Epipens, dextrose tablets and anti-convulsants are readily accessible but stored in this safe location, known to the relevant pupils and relevant staff. For those pupils requiring immediate access, these are kept on trained staff, in a secure medical bag. These secure medical bags are to be held in medical cabinets. During offsite visits, these are kept secure by a trained member of staff (signed in/out of school).
- Medication will always be kept in the original dispensed containers. Staff should not transfer medicines from original containers.
- The keys will be held by an allocated, trained member of staff, whilst on site and locked in a secure locked place at the end of the day.
- Medicines brought in for and prescribed to one pupil must NOT be administered to another pupil.
- Controlled drugs are stored within a locked box in a locked cupboard.
- All medication expiry/discard dates must be checked weekly and further supplies requested in advance using a standard letter and/or generic text reminder.
- All medication is sent home with pupils at the end of the school year- medication is not stored on site in the summer holidays.

9.2. Use of Spoons and Syringes

- When using a syringe to administer medication it must be from sealed packaging and should only be used for 1 child for one week then disposed of. If the parent wishes this to be sent home, they should request this on the consent form.
- All syringes and spoons must be washed in warm soapy water with household detergent only and thoroughly rinsed after washing.

9.3. Disposal of any Sharp Items (Sharps)

- Some procedures involve using sharp items (sharps) such as lancets for blood glucose monitoring. The safe disposal of sharps is essential if sharps accidents and the consequent risk of infection with blood borne viruses is to be avoided. Sharps injuries are preventable with careful handling and disposal. Sharps bins are located in designated areas, in a safe position at waist height. Sharps bins must never be kept on the floor.
- Dispose of used sharps immediately at the point of use. Always take a suitable sized sharps container to the point of use to enable prompt disposal and ensure the temporary closure mechanism is in place when the sharps bin is not in use.

9.4. Cleaning

9.4.1. Equipment

The following equipment may/or may not be used when a child is being given a medication:

- Extension set
- Enteral and oral syringes
- Graduated medicine pots
- Tablet crusher
- Pestle and mortar
- Jugs

9.4.2. Instruction for Cleaning

- Do not use sterilizing solutions or disinfectants (e.g., Milton, Dettol) for cleaning.
- Do not use a bottle brush for cleaning.
- Prior to cleaning:
 - Extension sets / feeding extension sets - open clamp first.
 - Syringes - separate barrel and plunger.
 - Tablet crushers – unscrew and separate.

9.4.3. Cleaning

- Procedure:
 - Clean with hot water and detergent (washing-up liquid), rinse.
 - Dry excess water with a paper towel.
 - Allow to air dry.
- All cleaned equipment should be stored in a clean lidded container.
- The container should be washed daily as above.
- A dishwasher can be used to clean all the above equipment except extension sets and tablet crusher. Ensure that the equipment remains inverted throughout the cycle.

9.5. Safe Disposal

- A trained member of staff is responsible for checking the dates of medication and arranging for the disposal of any that have expired.
- Parents/carers are asked to collect out of date medication.
- If parents/carers do not pick up out of date medication, or at the end of the school year, medication is taken to a local pharmacy for safe disposal.
- Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from the child's GP or paediatrician on prescription. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis. Collection and disposal of sharps boxes is arranged with the local authority's environmental services.

10. Accessing the School and the Curriculum

10.1. Physical Environment

- This school is committed to providing a physical environment that is accessible as is reasonably practicable to pupils with medical conditions.
- This school's commitment to an accessible physical environment includes offsite visits. The school recognises that this sometimes means changing activities or locations.
- Health and Safety inspections of the school have due regard for the needs of pupils with medical conditions.

10.2. Education and Learning

- This school ensures that pupils with medical conditions can participate fully in all aspects of the curriculum and ensures that appropriate adjustments and extra support are provided.

10.3. Exercise and Physical Activity

- This school believes that all pupils, irrespective of any medical need have an entitlement to a meaningful and fulfilling experience of PE and sport.
- The school offers a wide range of extracurricular activities and sporting opportunities to all pupils.

10.4. Social Interactions

- The needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured social activities, including during breaks and offsite visits.
- The needs of pupils with medical conditions are adequately considered to ensure they have full access to extended school activities.
- Staff use opportunities such as personal, social and health education (PSHE) lessons to raise awareness of medical conditions amongst pupils and to help create a positive social environment.

11. Off-Site Visits and Sporting Events

11.1. Principles

- Planning arrangements for visits and activities are sufficiently flexible to support the inclusion of pupils with medical conditions.
- Staff are made aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.
- The school will make arrangements for the inclusion of pupils in such activities with any reasonable adjustments as required- unless evidence from a clinician, such as a GP or Specialist, states that this is not appropriate.

11.2. Planning/ Accessing Visits

11.2.1. Planning – Risk Assessments

- As part of any planning that supports residential or day visits the risk assessment will ensure, where reasonably practicable, pupils with medical conditions are included. Factors to be considered include:
 - How all pupils will be able to access the activities proposed.
 - How routine and emergency medication will be stored and administered.
 - Whether additional or specific staff support is needed and if this will be required overnight.
 - What arrangements will be needed to manage an emergency.
 - Consider if any additional staff training is required to effectively manage medicines.
 - Consider whether insurance policies cover staff and pupils with pre-existing medical needs.
- **It is essential to inform all staff supervising visits, sporting activities after school clubs or extra-curricular activities of individuals' medical needs, or of the need for medication for specific pupil and what to do should a medical emergency occur. The accessibility of medication, particularly for use in an emergency, will need to be considered.**
- The school completes a STAGED planning process, alongside risk assessments that are uploaded onto EVOLVE for offsite visits and extra-curricular activities (online system, used by NCC, for planning, approval and management of educational visits and extra-curricular activities). STAGED = Staffing, Transport, Activity, Group, Environment and Distance. This process enables the visit leader and accompanying staff to consider all issues, and how to manage them.
- As part of any offsite visit planning, arrangements should be made to take sufficient supplies of any necessary medicines and consumables, ensuring they are appropriately and safely labelled, transported, stored (refrigerated if necessary), controlled, administered and disposed of. Records must be kept of their use, with witnesses signing also.
- Summary sheets held by all staff, containing details of each individual's needs and any other relevant information provided by parents/carers, is one way of achieving this. The School must consider how individuals' confidentiality can be protected, and ensure that personal information is securely disposed of when it is no longer needed.
- Medication provided by the parent or taken from the individuals stock held in school must be accompanied with written directions for its use. All trained staff should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team Leaders and Visit Leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.
- Any medicines classified as a controlled drug must be carried in a pupil specific, locked box.

Other Points to Consider During the Planning Stage:

- If a child is subject to a Care Order, foster parents will need to ensure that Social Services consents to any proposed trip.
- If a sharps box is needed on an off-site or residential visit, a named member of staff is responsible for its safe storage and return to a local pharmacy or to school or the pupil's parent. The Visit leader is responsible for supervision of this.
- Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the

pupil and their parents/carers before any medical information is shared with an employer or other education provider.

11.2.2. Consent

- Parents/carers must sign a consent form which should include:
 - Name, address, date of birth and telephone number of participant.
 - The parents contact information.
 - An alternative contact with address and telephone numbers.
 - Any allergies/ phobias/ night time tendencies the pupil may have.
 - Any medication the pupil is taking (dosage and administration).
 - Any recent illnesses or contagious or infectious diseases in the preceding weeks.
 - Name, address and telephone number of the pupils GP.
 - Any special medical / dietary requirements.
 - Any other information that the parent/carer thinks should be known.
 - A statement of consent for the trained staff giving permission for your child to receive medical treatment in an emergency.
 - A dated signature agreeing to the visit, medical consent and to confirm that they have received the information and are willing for their child to participate.
 - An electronic MAR sheet is sent home to parents to complete for residential stays.

11.2.3. Accessing Offsite Visits

- Medication required during a school trip should be carried in a locked box by a designated trained member of staff, who is competent to carry and administer the medication as necessary.
- A record must be made of any emergency medication taken offsite (signed out of the cabinet and added to the offsite visits class record form provided at reception).
- Parent/carer must complete a Consent Form if their child requires any medication whilst on a school trip or visit.
- **The member of staff administering the medication while offsite should be present when the medication is dispensed.**

11.2.4. Accessing Residential Activities

- Parents/carers will be sent an OV4 (Consent) form to be completed and returned to school before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health and should include; written details of medical conditions and of any medication required (including instructions on dosage/times), and for their permission for staff to administer medication, or for their child to administer their own if this is appropriate.
- This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.
- For residential visits and extended day visits, OV4 visit forms, or summary forms containing the relevant information in the OV4 are taken by the Visit Leader or nominated staff member on visits and for all out-of-school hours activities where medication is required. It is essential to take a copy of the pupil's Health Care Plan.

- All parents/carers of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required, within the OV4 form.
- Medication and MAR sheets to be requested a day before/ weekend before residential goes ahead in order to be checked thoroughly by organisers.
- All medication to be in a locked box. Controlled drugs must be carried in a pupil specific, locked box.
- Ask parents /carers to send in all equipment needed to administer the medication i.e. syringes, spoons, pots. All syringes to be new and in the original sealed packaging.
- All over the counter medication to be new and sealed. Once opened this must be labelled with the open and discard date according to pharmacy guidelines.
- On return from residential scan all medication records and safely destroy the paper version.
- Correctly record all controlled drug medications to the controlled drug register and include reconciliation for medication returned to storage after dispensing required dose.
- Use zip lock bags for storing medications offsite.

11.2.5. Overseas Visits

- Medicines which may be legally held in one country may be illegal in another. The rules of any country to be visited will be checked in advance.
- Medicines will be properly labelled, and prescription medicines will be accompanied by a copy of the prescription.
- Carry an appropriate supply of medicine in hand luggage (in case of delays or if luggage is lost)
- It may be necessary to show an accompanying doctor's note at the point of travel for certain volumes or types of medicines/feeds and where medication includes delivery by syringe. Consult the carrier and medical practitioner in advance.
- A one-page medical authorisation to carry AAI on-board airplanes document is available [here](#).
- A personal licence may be required to take certain controlled medicines abroad.
- In some countries, it is possible to purchase medicines over the counter which would require a prescription in the UK. These should not be used unless prescribed by a qualified medical practitioner.

11.2.6. Minor Ailments Occurring During a Residential Trip

- Depending upon the duration of the residential, it is likely that some participants may require medication for the prevention or treatment of minor ailments, for example:
 - Sunburn
 - heat rash
 - insect bites
 - period pains, headaches
 - athlete's foot
 - indigestion
 - sore throats, colds and coughs
 - cuts and grazes
- Parents/carers are provided with a list of common non-prescription medicines and they are asked to indicate if there are any which they do not want administered to their child. At the same time parents/carers are asked about allergies to adhesive plasters. This process is carried out when sending consent forms for residential activities to parents/carers.

- If a condition arises which requires medication which had not been anticipated, parental permission should be obtained, and a doctor's prescription may be necessary.

12. Policy Review

- This school's Managing Medical Needs and Medicines Policy is reviewed, evaluated and updated every year in line with the school's policy review timeline.
- Any new governmental or guidance from the Schools H&S Team is used in this review.
- In evaluating the policy, this school seeks feedback on the effectiveness and acceptability of the policy with a wide-range of key stakeholders within the school and health settings.
- The views of pupils with various medical conditions are actively sought and considered central to the evaluation process.
- In the event that significant changes are made, the consultation process is repeated.

13. Guidance Information

13.1. Guidelines for the Administration of Epipen/Anapen by School Staff

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to certain foods or other substances, but may happen after a few hours.

- An Epipen/Anapen can only be administered by school staff who have volunteered and have been designated as appropriate by the Head Teacher and who has been trained by the nurse/doctor. Training of designated staff will be provided by the doctor/nurse and a record of training undertaken will be kept by the SBM/Head Teacher. Training will be updated at least once a year.
- An Epipen/Anapen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen/Anapen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one device used correctly in accordance with the Health Care Plan.
- Where an Epipen/Anapen may be required there should be an Health Care Plan and Consent Form, in place for each pupil. These should be readily available. They will be completed before the training session in conjunction with parent/carer, school staff and doctor/nurse.
- The Epipen/Anapen should be readily accessible for use in an emergency and where pupils are of an appropriate age the Epipen/Anapen can be carried on their person. It should be stored at room temperature, protected from heat and light and be kept in the original named box
- It is parent/carer's responsibility to ensure that the Epipen/Anapen is in date. Expiry dates and discolouration of contents should be checked termly and parent/carer have responsibility to replace it as necessary.
- The use of the Epipen/Anapen must be recorded on the pupil's Health Care Plan, with time, date and full signature of the person who administered the Epipen/Anapen.
- Immediately after the Epipen/Anapen is administered, a 999 ambulance call must be made and then parent/carer notified. If two adults are present, the 999 call should be made at the same time of administering the Epipen/Anapen. The used Epipen/Anapen must be given to the ambulance personnel.
- It is the parent/carer responsibility to renew the Epipen/Anapen before the child returns to school. See Appendix for model letter to parents.
- The Epipen/Anapen must be taken if the pupil leaves the school site. The pupil must be accompanied by an adult, who has been trained to administer the Epipen/Anapen.

Other sources of information:

The Anaphylaxis Campaign website contains *Guidance for Schools*, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol. The Anaphylaxis Campaign helpline is 01252 542029. The anaphylaxis Campaign has also published the 'Allergy in schools' website which has specific advice for pre-schools, schools, school caterers, parents, students and nurses.

The Anaphylaxis Campaign

1 Alexandra Road

Farnborough, Hampshire

GU14 6BU

Helpline: 01252 542029 Website: www.anaphylaxis.org.uk

13.2. Guidelines for Managing Asthma

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler.

Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. School staff who have volunteered to assist pupils with inhalers, will be offered training from the Community Training Team.

- All staff administering asthma medication should have completed either face to face training by the training team or online training. www.supportingchildrenshealth.org/asthma-module/
- If school staff are assisting pupils with their inhalers, a Consent Form from parent/carer should be in place. Individual Health Care Plans need only be in place if pupils have severe asthma which may result in a medical emergency.
- An asthma register must be kept detailing the names of all pupils with asthma, or those who have been prescribed a reliever inhaler.
- Inhalers MUST be readily available when children need them. Where appropriate pupils may be encouraged to carry their own inhalers. Individual circumstances need to be considered, e.g. in small schools; inhalers may be kept in the school office.
- From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies. This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). A record of the 'when, where, who and why' of the emergency inhaler use must be kept, and parents informed of this in writing. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
- All inhalers should be labelled where possible with the following information:
 - Pharmacist's original label
 - Pupil's name and date of birth
 - Name and strength of medication
 - Dose
 - Dispensing date
 - Expiry date
- Some pupils, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
- School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
- Parent/carer is responsible for renewing out of date and empty inhalers.
- Parent/carer should be informed if a pupil is using the inhaler excessively.
- Physical activity will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
- If pupils are going on offsite visits, inhalers MUST still be accessible.
- It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent/carer.
- Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

Other sources of information:

Asthma UK has downloadable school policy guidelines that provide information on asthma, asthma in PE and sports, and what to do when a child with asthma joins the class. It provides comprehensive information on how to develop a school asthma policy and asthma register, with an example. Also available are school asthma cards and information and posters for young people to encourage them to be active with their asthma. To order copies of these call the helpline on 0300 222 5800, they will also answer any questions about asthma (Monday to Friday 9.00am to 5.00pm) or use the online form to email your query to the experts.

National Asthma Campaign

0300 222 5800

www.asthma.org.uk

Education for Health

Tel: 01926 493313

www.educationforhealth.org

13.3. Guidelines for the Administration of Rectal Diazepam

Rectal Diazepam is a treatment for convulsions, and it is administered via the rectum.

The prescription and consent form should reflect the specific requirements of each case and advice should be sought from specialist nurses/Consultant/GP. The record form found in Appendix A should be used for pupils requiring this.

- Rectal Diazepam can only be administered by a member of the school staff who has volunteered and has been designated as appropriate by the Head Teacher and who has been assessed as competent by the training team. The training team will provide training of designated staff and the Head Teacher will keep a record of the training undertaken. Training will be updated at least once a year.
- Rectal Diazepam can only be administered in accordance with an up-to-date written prescription sheet from a Medical Practitioner and the signed Consent Form found in the Appendix. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records.
- The prescription sheet should be renewed yearly. This will need to be checked and updated on the Health Care Plan.
- The Consent Form and prescription sheet must be available each time the Rectal Diazepam is administered; if practical it should be kept with the Rectal Diazepam.
- Only designated staff who have received training from the training team can administer Rectal Diazepam. A list of appropriately trained staff will be kept by the Head Teacher/SBM.
- The Consent Form and the prescription sheet must always be checked before the Rectal Diazepam is administered.
- It is recommended that the administration be witnessed by a second person.
- The pupil should not be left alone until fully conscious.
- Consideration should be given to the pupil's privacy and dignity.
- The amount of Rectal Diazepam that is administered must be recorded on the pupil's Rectal Diazepam Record Sheet. The record must be signed with a full signature of the person who has administered the Rectal Diazepam, and dated.
- Each dose of Rectal Diazepam must be labelled with the individual pupil's name and stored in a locked cupboard. The keys should be readily available to all designated staff.
- Trained staff must check expiry dates of Rectal Diazepam at the beginning of each month. The parent/carer should replace medication when requested by school or health staff.
- All trained staff who are designated to administer Rectal Diazepam should have access to a list of pupils who may require emergency Rectal Diazepam. The list should be updated at least yearly, and amended at other times as necessary.

Other sources of information:

Epilepsy Action (British Epilepsy Association) has specific information for education professional on its website. This looks at classroom first aid, emergency care, medication and school activities.

Epilepsy Action
New Anstey House
Gateway Drive
Yeadon
Leeds LS19 7XY

Website: www.epilepsy.org.uk
Tel: 0113 210 8800

Freephone Helpline: 0808 800 5050

Open: Mon – Thurs: 9.00 am – 4.30 pm

Fridays: 9.00 am – 4.00 pm

The National Society for Epilepsy (NSE) has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities, medication, the Disability Discrimination Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline Tel: 01494 601 400 (Monday to Friday 10.00am to 4.00pm)

13.4. Guidelines for the Administration of Buccal Midazolam

Buccal Midazolam is a treatment for convulsions, and it is administered orally.

Buccal Midazolam can only be administered by member of the school staff who has volunteered and has been designated as appropriate by the Head Teacher and who has been assessed as competent by the Community Training Team. Training of designated staff will be provided and a record of the training undertaken will be kept by the Head Teacher/SBM. Training will be updated at least once a year.

Buccal Midazolam can only be administered in accordance with an up-to-date written prescription sheet from a Medical Practitioner and the signed Consent Form with details of use on the school care plan. It is the responsibility of the parent/carer if the dose changes, to also obtain a new prescription sheet from the GP. The old prescription sheet should then be filed in the pupil's records. If this is a child/young person's first dose of Buccal Midazolam then an ambulance must be called. A dose of Buccal Midazolam cannot be given if the child/young person has had a dose in the previous 24 hours otherwise indicated on their emergency care plan (6 hourly use may be appropriate but only if provided in writing from the doctor).

- The care plan should be renewed yearly. The trained staff will check with the parent/carer that the dose remains the same.
- The Consent Form and prescription sheet must be available each time the Buccal Midazolam is administered; if practical it should be kept with the Buccal Midazolam.
- Buccal Midazolam can only be administered by designated staff who have received training from training team. A list of appropriately trained staff will be kept.
- The Consent Form and the prescription sheet must always be checked before the Buccal Midazolam is administered.
- It is recommended that the administration is witnessed by a second person.
- The pupil should not be left alone until fully conscious.
- The amount of Buccal Midazolam that is administered must be recorded on the pupil's Buccal Midazolam Record Sheet. The Record must be signed with a full signature of the person who has administered the Buccal Midazolam and dated.
- Each dose of Buccal Midazolam must be labelled with the individual pupil's name and stored in a locked cupboard. The keys should be readily available to all designated staff.
- The trained staff must check expiry dates of Buccal Midazolam at the beginning of each month. It should be replaced by the parent/carer at the request of school or health staff.
- All school staff who are designated to administer Buccal Midazolam should have access to a list, provided of pupils who may require emergency Buccal Midazolam. The list should be updated at least yearly, and amended at other times as necessary. The list can be provided by the trained staff in the health room and is stored by the Senior Leadership Team and Office Staff.

Other sources of information:

Epilepsy Action

New Anstey House

Gateway Drive

Yeadon

Leeds LS19 7XY

Website: www.epilepsy.org.uk

Tel: 0113 210 8800

Helpline: 0808 800 5050 Open: Mon – Thurs 9.00 am – 4.30 pm/ Fri 9.00 am – 4.00 pm

13.5. Eczema

The National Eczema Society has produced an activity pack, available on their website, to encourage discussion about eczema in the classroom. The pack follows a lesson plan format and ties in with the National Curriculum, and is tailored according to age group.

The National Eczema Society

11 Murray Street

London

NW1 9RE

Telephone: 020 7281 3553

Email: info@eczema.org

Website: <http://eczema.org/contact-us>

Parent Helpline: 0800 089 1122 (Monday to Friday 8am to 8pm)

Email: helpline@eczema.org

13.6. Sickle cell and Thalassaemia

- A leaflet has been produced which is aimed at those with specific responsibility for supporting young people with medical conditions at schools, including teachers given this lead responsibility, headteachers and others responsible for pastoral care, nurses and school governors. It addresses two inherited conditions, sickle cell disorders and beta-thalassaemia major. It was produced following a four-year research project on young people with sickle cell disorders in schools funded by the Economic and Social research Council.
- The Sickle Cell Society has downloadable leaflets for education staff covering school work, sports, school journeys and medical emergencies. It has a guide on incorporating teaching about sickle cell into the national curriculum. Their website has a specific section for young people living with SCD. The society has access to a panel of medical advisors for further advice. Tel: 020 8961 7795 or use the on-line contact form.
- The UK Thalassaemia Society has a downloadable leaflet for schools covering awareness of thalassaemia as a medical condition and advice for teachers of PE, Science and PHSE/Citizenship. It has a leaflet on careers advice and several educational videos that can be ordered free of charge. (Tel: 0208 882 0011).

13.7. Addendum following the introduction of Natasha’s Law - Allergens and Anaphylaxis

A. Overview

In October 2021, Natasha’s Law was introduced. In order to effectively implement the necessary control measures at the school, Rosehill:

- Created an action plan for implementing the new procedures, and trained staff in the measures.
- Provided parents and carers with information about this new legislation relating to the declaration of allergen information on pre-packed for direct sale (PPDS) food (letters/ information leaflet/ website links <https://www.therosehillschool.com/news/detail/natashas-law/> <https://www.therosehillschool.com/healthy-eating-and-guidance/>)
- Reminded all parents and carers of the importance of keeping the school informed of any known allergens so that Health Care Plans can be updated, as required
- Worked with Nottingham City Catering to ensure all kitchen staff are aware of their responsibility to provide correct allergen information for school dinners.
- Asked parents and carers to be aware of the 14 allergens recognised as the most common ingredients or processing aids causing food allergies and intolerances, when sending in packed lunches for their child, as some of our pupils may have intolerances to the allergens
- Requested that parents/carers/staff and other members of the school community label any food for school events, potentially containing allergens
- Implemented reviews of all food/drink aspects of the curriculum including snack times, sensory plans, the school café and food technology. This included ensuring that food labelling was displayed if food/drink was being sold.
- Ensured staff referred to the school’s data matrix of health needs, for pupil allergen information
- Ensured review dates were plans for monitoring and evaluating the new measures.

The school does not guarantee a completely allergen-free environment; however, this policy and addendum will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

B. Guidance and Legislation

- Children and Families Act 2014
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha’s Law)
- Department of Health (2017) ‘Guidance on the use of adrenaline auto-injectors in schools’
- DfE (2015) ‘Supporting pupils at school with medical conditions’
- DfE (2021) ‘Allergy guidance for schools’

C. Definitions

- **Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.
- **Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.
- **Allergic reaction** – is the body’s reaction to an allergen and can be identified by symptoms such as:
 - Hives

- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness
- **Anaphylaxis** – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:
 - Difficulty breathing
 - Feeling faint
 - Reduced level of consciousness
 - Lips turning blue
 - Collapsing
 - Becoming unresponsive

D. Roles and responsibilities

Governors:

- Ensuring that arrangements are in place to support pupils with allergies.
- Ensuring that policies, plans and procedures are implemented to minimise the risks of pupils suffering allergic reactions or anaphylaxis at school.
- Ensuring that staff are properly trained.
- Monitoring the effectiveness of this policy and reviewing it on an annual basis.

Headteacher:

- The development, implementation and monitoring of this addendum.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned in accordance with the Educational Visits Policy, taking into account any potential risks the activities involved pose to pupils with known allergies.
- Ensuring that all relevant risk assessments have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding anaphylaxis.
- Ensuring that catering staff are aware of the school's policies regarding allergens, food and drink.

Teaching staff:

- Being aware of the health needs of all children in their care.
- Ensuring that all relevant risk assessments are followed.
- Ensuring that Health Care Plans are in place and followed by all staff. Working with parents to update and review as required.
- Ensuring that they follow guidance on anaphylaxis when preparing food, servicing food and completing activities e.g. snack time, sensory activities, food technology.

- Ensuring they do not bring food into school, to share with others, where allergen information is not labelled.

Parents:

- Notifying the school of their child's allergens, what medication to administer and specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with up-to-date emergency contact information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing the school with any necessary medication.
- Working alongside the school to develop a Health Care Plan.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.

E. Food allergies

Information regarding all pupils' food allergies will be collated on a data matrix, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.

Kitchen staff will have a full list of allergens and will avoid using them within the menu where possible.

Where meals include allergens or traces of allergens, kitchen staff will use clear and fully visible labels, to denote the allergens of which consumers should be aware.

The school will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.

Where a pupil who attends the school has a nut allergy, the school will follow the processes outlined in the Nut-free Policy, including:

- Requesting that the school catering service eliminates nuts, and food items with nuts as ingredients, from meals as far as possible
- Ensuring that food items containing nuts will not be served at, or be brought onto, school premises.
- Maintaining an allergy log and ensuring staff know where it can be located.

To ensure that catering staff can appropriately identify pupils with dietary needs, pupils will have a different colour plate that denote their food allergy; a key explaining the colours will be displayed on the wall in the serving area so that it is visible to all kitchen staff.

All food tables will be disinfected before and after being used.

Anti-bacterial wipes and cleaning fluid will be used.

Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.

Any sponges or cloths that are used for cleaning will be colour-coded according to the areas that they are used to clean, e.g. a red sponge for an area which has been used for raw meat, to prevent cross-contamination.

There will be a set of kitchen utensils that are only for use with the food and drink of the pupils at risk.

There will also be a set of kitchen utensils with a designated colour. These utensils will be used only for food items that contain bread and wheat related products.

Food items containing bread and wheat will be stored separately.

The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.

Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.

F. Food allergen labelling

From 1 October 2021, the school will adhere to new allergen labelling rules for pre-packed food goods, in line with the Food Information (Amendment) (England) Regulations 2019, also known as Natasha's Law.

The school will ensure that all food is labelled accurately, that food is never labelled as being 'free from' an ingredient unless staff are certain that there are no traces of that ingredient in the product, and that all labelling is checked before being offered for consumption.

The relevant staff, e.g. kitchen staff, will be trained prior to storing, handling, preparing, cooking and/or serving food to ensure they are aware of their legal obligations. Training will be reviewed on an **annual** basis, or as soon as there are any revisions to related guidance or legislation.

Food labelling

Food goods classed as 'pre-packed for direct sale' (PPDS) will clearly display the following information on the packaging:

- The name of the food
- The full ingredients list, with ingredients that are allergens emphasised, e.g. in bold, italics, or a different colour

The school will ensure that allergen traceability information is readily available from the kitchen staff.

Declared allergens

The following allergens will be declared and listed on all PPDS foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts

- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

Kitchen staff will be vigilant when ensuring that all PPDS foods have the correct labelling in a clearly legible format, and that this is either printed on the packaging itself or on an attached label. Food goods with incorrect or incomplete labelling will be removed from the product line, disposed of safely and no longer offered for consumption.

Any abnormalities in labelling will be reported to the kitchen manager immediately, who will then contact the relevant supplier where necessary.

G. Staff training

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

In accordance with the Managing Medical Needs and Medicines Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The school will arrange specialist training on a termly basis/as required, where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

The relevant staff, e.g. NCC kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.
- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.

- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

For guidelines on the Administrations of Epipen/Anapen by School Staff see page 34



Appendix A: Consent Form - Parental Agreement for School to Administer Medicine – Rosehill School

- Rosehill School will not give your child medicine unless you complete and sign this form.
- If administering over the counter remedies parents must check that they are compatible with any prescribed medication that the child/young person is taking.
- Medicines must be in the original container as dispensed by the pharmacy.

Dear Head Teacher, I request and authorise that my child, be given the following medication:			
Name of pupil:		Date of Birth:	
Class:		Medical condition/illness:	
Address:			
Tel No:			
Medication Details			
The medication has been prescribed for my child by the GP whom may be contacted for verification:			
Name of GP:			
GP telephone:			
Name/type of medicine (<i>as described on the container</i>)			
Expiry date			
Dosage and method			
When required (times)			
Special precautions/other instructions			
Are there any side effects that the school needs to know about?			
Procedures to take in an emergency			
Date to start medication:			
Date to end medication:			
Parental/Carer Consent			
I can confirm that the above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Rosehill School to administer medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage/frequency of the medication or if the medicine is stopped.			
Signed (parent/carers):			
Date:			



Appendix B1: Health Care Plan (General) – Rosehill School

1. Child / Young Person's Information

1.1 Personal Details

Child's Name:		
Date of Birth:		
Year Group:		
School:		
Address:		
Postcode:		

Medical condition(s): Give a brief description of the medical condition(s) including the description of signs, symptoms, triggers, behaviours.	
Allergies:	
Date:	
Document to be updated:	

1.2 Family Contact Information

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	

Name:	
Relationship:	
Home phone number:	
Mobile phone number:	
Work phone number:	
Email	



1.3 Family Contact Information

	Name	Contact details
Specialist nurse (if applicable):		
Key worker		
Consultant paediatrician (if applicable):		
GP:		
Link person in education:		
Class teacher:		
Health visitor/school nurse:		
SEN co-ordinator:		
Other relevant teaching staff:		
Other relevant non-teaching staff:		
Head Teacher:		
Person implementing plan:		
Any provider of alternate provision:		

This child / young person has the following medical conditions...
...requiring the following medical treatments...

Medical condition	Drug	Dose	When	How is it administered?



--	--	--	--	--

Does treatment of the medical condition affect behaviour or concentration?	
Are there any side effects of the medication?	
Is there any ongoing treatment that is not be administered in school? What are the side effects? (if any)	

2. Routine Monitoring (if applicable)

Some medical conditions will require monitoring to help manage the child / young person's condition. See also section 10 for training monitoring training requirements.

What monitoring is required?	
When does it need to be done?	
Who does the monitoring?	
Does it require any equipment?	
How is it done?	
Is there a target?	

3. Emergency Situations

An emergency situation occurs whenever a child / young person needs urgent treatment to deal with their condition.

What is considered an emergency situation?	
What are the symptoms?	
What are the triggers?	
What action must be taken?	
Are there any follow up actions (e.g. tests or rest) that are required?	



4. Impact on Child's Learning

How does the child's medical condition affect learning? i.e. memory, processing speed, co-ordination etc.	
Does the child require any further assessment of their learning?	

5. Care at Meal Times

Has a dietary requirement request form been completed (if required)?	
What other care is needed?	
When should this care be provided?	
How is it given?	
If it is medication, how much is needed?	
Any other important information?	

6. Physical Activity

Are there any physical restrictions caused by the medical condition(s)?	
Is any extra care needed for physical activity?	
Actions before exercise	
Actions during exercise	
Actions after exercise	

7. Trips and Activities Away from School

What care needs to take place?	
When does it need to take place?	
Who will look after medicine and equipment?	
Who outside of the school needs to be informed?	



Who will take overall responsibility for the child / young person on the trip?	
--	--

8. School Environment

Does the school environment affect the child's medical condition? (if so provide details)	
What changes can the school make to deal with these issues?	
Location of school medical room	

9. Educational, Social and Emotional Needs

Is the child / young person likely to need time off because of their condition?	
What is the progress for catching up on missed work caused by any absences?	
Does the child require extra time for keeping up with work?	
Does the child require any additional support in lessons? (include detail)	
Is there a situation where the child / young person will need to leave the classroom?	
Does the child require rest periods?	
Does the child require any emotional support?	
Does the child have a buddy? e.g. help carrying bags to and from lessons?	

10. Staff training

What training is required?	
Who needs to be trained?	
Provide details of courses attended? (with dates)	

**11. Additional Information**

--

12. Sign off

	Name	Signature	Date
Young person			
Parents / carer			
Healthcare professional			
School contact			
School nurse			



Appendix B2: Health Care Plan (Epilepsy) – Rosehill School

Name of Child:

Date of Birth:

NHS Number:

Hospital Number:

Consultant:

Clinical Nurse Specialist Paediatric Epilepsies:

This care plan is only applicable for use at: Rosehill School

Date Care Plan Completed:

Date Care Plan to be Reviewed (max 1-year interval or earlier if changes are applicable):

1. CONTACT INFORMATION

Family Contact 1

Name: Relationship:

Phone Numbers:

Home:

Family Contact 2

Name: Relationship:

Phone Numbers:

Family Contact 3

Name: Relationship:

Phone Numbers:

Hospital Contact

Consultant:

Clinical Nurse Specialist Paediatric Epilepsies:

**2. EPILEPSY/SEIZURE TYPE INFORMATION:**

(Insert relevant information from clinic letters re: diagnosis).

Current Daytime Seizure episodes:

Trigger:

Description of seizure:

CURRENT SEIZURES: Insert relevant seizure statements:-

Triggers (if any):

Description of seizure:

Usual duration:

Recovery:

Action

PREVIOUS SEIZURES:

Insert relevant seizure statements regarding seizures that may have previously been experienced.

Triggers (if any):

Description of seizure:

Usual duration:

Recovery:

Action:

WHEN TO CALL AN AMBULANCE – SEIZURE EMERGENCY**3. EPILEPSY/SEIZURE MANAGEMENT:****MEDICATION:**

Xxxx takes Buccolam 10mg (medication) at home as directed by Paediatric staff.

EMERGENCY MEDICATION:

Buccal Midazolam as Buccolam 10 mg in prefilled yellow/blue/purple/orange syringes for a convulsive seizure lasting longer than five minutes/other instructions on when to give.

This is to be administered on no more than 1 occasions in a 24-hour period. Buccolam 10mg. NB only administer if eligible for a dose (not had within last 24 hours – documented written evidence provided by family when last administered) otherwise phone 999



STORAGE/RESPONSIBILITY:

Buccolam Is kept double-locked within the school setting. There is a nominated core group who are responsible for checking that the Buccolam is the correct dose and is in date. It is also be labelled correctly with the child’s name and dose. This core group holds responsibility for ensuring that new supplies are gained in appropriate time and that the medication is locked in the agreed area upon receipt.

4. LEARNING

The following learning advice applies – XXXX can:

5. SPORTS: The following sports advice applies:

6. EMOTIONAL: The following emotional advice applies for staff:

7. RISK ASSESSMENTS: See attached Behaviour Plan

8. General Arrangements

The following personnel need to be aware of the child/young person’s condition and the support required: all teaching staff including teaching assistants, voluntary staff e.g. parent/other helpers, administration and lunchtime staff.

Documentation

Documentation of witnessed seizures/use of emergency medication/use of magnet should be undertaken on a daily basis and shared between parents and hospital staff. A seizure record sheet will be kept.

Training

Training needs to be organised on an annual basis for staff for Epilepsy Awareness/Emergency Medication/VNS Training. Parents and/or the child can attend the training if they wish to do so.

9.CONSENT

I, (parent/guardian:)PRINT give permission to the school nurse or other qualified healthcare professional or trained personnel of (playgroup/nursery/school/college) to perform and carry out the epilepsy emergency care tasks as outlined in this(child/young person)’s Epilepsy Emergency Care Plan.

I also consent to the release of the information contained in this Epilepsy Healthcare Plan to all staff members and other adults who have responsibility for my child/young person and who may need to know this information to maintain their health and safety. I also give permission to education/ health and other staff groups to contact my child/young person’s GP/hospital or community healthcare provider.

Signed (parent/guardian):.....

Date:...../...../...20.....



All healthcare plans to be reviewed annually or earlier if evidence is presented that the child/young person's needs have changed.

ENDORSEMENT BY ONE TREATING DOCTOR/EPILEPSY SPECIALIST NURSE: (only ONE endorsement is required).

DOCTOR/SPECIALIST NURSE

Name:		
Signature:		Date:
Telephone:	Mobile:	

EPILEPSY PLAN CO-ORDINATOR

Doctor/Specialist Name:	Nurse		
Signature:		Date:	
Telephone:	Mobile:		

PERSONS INVOLVED IN PREPARATION OF THIS PLAN:

PERSON WITH EPILEPSY <input type="checkbox"/> YES <input type="checkbox"/> NO	COPIES OF THIS PLAN ARE LOCATED AT:
CONTACT NAME:	DOCTORS NAME: ADDRESS: PHONE: EMAIL:
RELATIONSHIP:	
PHONE:	
MOBILE:	
EMAIL	
CONTACT NAME:	SCHOOL STAFF CONTACT: ADDRESS: PHONE: MOBILE:
POSITION:	
ORGANISATION:	
PHONE:	

SIGNATURE **DATE OF PLAN:**

(This plan is valid for the school year)

Copies received by:

NAME:	DATE:



Appendix C1: Model Letter Inviting Parents to Contribute to Health Care Plan Development – Rosehill School

Dear Parent/Carer,

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual Health Care Plan (HCP) to be prepared, setting out what support each pupil needs and how this will be provided. HCPs are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although HCPs are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

Parents/carers are responsible for providing updated clinic letters to school in order to ensure HCP are kept up to date.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely



Appendix C2: Model Letter for School to Issue to Parents/Carers re: Management of Pupil Medicines

Dear Parent/Carer

Name of Child - Medication in School

It is suggested that you check your child's medication on a termly basis to ensure it is in date, there are no changes to the dose and it is still needed by your child. It should be replaced or removed as necessary, especially at the beginning of each new academic year.

If there are changes to your child's condition and/or medication, please ensure the school staff are notified in writing.

Yours sincerely

XXXX



Appendix C3: Model Letter and Consent Form for Use of Emergency Adrenaline Auto-Injector at Rosehill School

LETTER AND CONSENT FORM: USE OF EMERGENCY ADRENALINE AUTO-INJECTORS AT ROSEHILL SCHOOL

Dear parent/carer,

We are writing to inform you that we take all medical conditions very seriously at Rosehill School, and we want to remind you that we have included in our Managing Medical Needs and Medicines Policy information regarding adrenaline auto-injectors.

At Rosehill School, in line with Department for Education advice, we to keep an emergency auto-injectors in school in the event of requiring one. Our procedures include:

- Schools may administer their “spare” adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.
- The school’s spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.
- AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.
- If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI.
- In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

The school requires consent for the use of this emergency AAI from parents/carers and the medical professional overseeing the child’s health.

If you would like your child to have access to this, if required, please complete the consent form below. We will also contact your child’s medical professional.

Following consent, in the event that your child does use an emergency AAI, the school would contact you with confirmation. Please see sample letter below providing an outline of the information that would be shared.

This information will be reviewed on an annual basis. Parents/carers are reminded to contact the school to confirm any changes to their child’s medical condition. If you require any further information, or would like to ask any questions, please contact the school main office.

Kind regards



Rosehill School Consent Form for the use of Emergency ADRENALINE AUTO-INJECTORS

Child's name _____

DOB _____

Class _____

In the event of my child requiring an adrenaline auto-injectors for the emergency treatment of anaphylaxis, I consent for my child to receive adrenaline from an emergency auto-injector held by the school for such emergencies.

Please sign below your choice	
Yes – I consent for my child to have access to an emergency AAI	No – I do not want my child to have access to an emergency AAI
Signed:	Signed:
Date:	Date:

EXAMPLE LETTER TO INFORM PARENTS OF EMERGENCY AAI USE

Child's name _____

DOB _____

Class _____

Date _____

Dear.....,

This letter is to formally notify you that.....has had an allergic reaction today at o'clock. This happened when.....(description of what pupil was doing at the time and where he/she was). A member of staff helped them to use the School's emergency Adrenaline Auto-Injector.

(Provide information regarding why the emergency AAI was used).

Yours sincerely



Appendix C4: Model Letter and Consent Form for Use of Emergency Salbutamol at Rosehill School

LETTER AND CONSENT FORM: USE OF EMERGENCY SALBUTAMOL AT ROSEHILL SCHOOL

Dear parent/carer,

We are writing to inform you that we take all medical conditions very seriously at Rosehill School, and we want to remind you that we have included in our Managing Medical Needs and Medicines Policy information regarding inhalers.

The Department of Health has changed the rules on **Emergency** Salbutamol (blue / reliever) asthma inhalers in schools.

Rosehill School will have Salbutamol inhalers for use in an emergency by pupils who have either been:

- diagnosed with asthma and prescribed an inhaler
- **or prescribed a reliever inhaler**
- **AND** for whom **written parental consent** for use of the emergency inhaler has been given

The inhaler can be used if the pupil's prescribed inhaler is not available, for example, because it is broken or empty. It is not a replacement for the child's prescribed inhaler for everyday use.

Note that a child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). Once parental permission is obtained, the salbutamol inhaler will still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Our procedures include:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medication needs.
- Keeping a copy of the asthma register with the emergency inhaler.
- Having written parental consent for use of the emergency inhaler included as part of a child's medication 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 pupils with medication needs.
- Keeping a record of use of the emergency inhaler and informing parents or carers that their child has used the emergency inhaler.



If you wish your child to be given access to an inhaler in an emergency situation in the event that their regular inhaler is not available please complete and return the attached form.

Following consent, in the event that your child does use an emergency inhaler, the school would contact you with confirmation. Please see sample letter below providing an outline of the information that would be shared.

This information will be reviewed on an annual basis. Parents/carers are reminded to contact the school to confirm any changes to their child’s medical condition. If you require any further information, or would like to ask any questions, please contact the school main office.

Kind regards

Rosehill School Consent Form for the use of Emergency Salbutamol Inhaler

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].
2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name (PRINT).....

Child’s name:.....

Class:.....

Parent’s contact details

Address:



Telephone:.....

Mobile:.....

E-mail:.....

EXAMPLE LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name _____

DOB _____

Class _____

Date _____

Dear.....,

This letter is to formally notify you that.....has had problems with his / her breathing today at o'clock. This happened when.....(description of what student was doing at the time and where he/she was). A member of staff helped them to use the School's emergency inhaler. Number of puffs given.....

(Provide information regarding why the emergency inhaler was used).

Yours sincerely



Appendix D1: Medication Administration Record (MARS) - Rosehill School

Name of child		DoB:	
Date medicine provided by parent/carer			
Quantity received			
Name and strength of medicine			
Expiry date			
Dose and frequency of medicine			
Quantity returned (once completed)			

Date	Child's name	Time given	Name of medicine	Dose given	Any reactions	Signature of staff administering	Name of staff administering	Signature of witness	Name of witness



Appendix D2: Medicine Administration Record Card for Emergency Medication – Rosehill School

Name of pupil:	Date of Birth:
Name of medication:	

Date:	
Name of medication Dose and time	
Second dose and time (if given)	
Length and/or number of seizures	
Observations	
Outcome	
Parent/carer informed	
Emergency Services contacted:	
Medication administered by:	
Witnessed by:	



Appendix E: Contacting Emergency Services/Reporting Serious Incidents and First Aid – Rosehill School

- Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.
 - Preferably use the school phone, but a mobile may be required if the person is not close to the school phone.
 - This will be at the discretion of the staff involved.
 - Speak clearly and slowly and be ready to repeat information if asked.
1. your telephone number (**School Number 0115 9155815**)
 2. your name
 3. your location as follows (**Rosehill School, St Matthias Way, Nottingham**)
 4. state what the postcode is – **NG3 2FE**
 5. provide the exact location of the patient within the school setting
 6. provide the name of the child and a brief description of their symptoms
 7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
 8. put a completed copy of this form by the phone

Serious Incidents

Reporting a Medical Emergency Using In-house System (External notification would be made to the Notts City Health & Safety Executive via the Headteacher in the event of a serious critical health incident).

First Aid

All first aid will be completed by a trained first aider, unless in the event of an emergency situation. Where first aid is given, a record will be kept using the schools recording system.



Appendix F: Dietary Requirement Request Form – Rosehill School

If your child has any dietary requirements due to medically diagnosed food allergies, or religious beliefs, please complete the form and return it to the office at your school.

Parent/Carers contact information
Name:
Address:
Postcode:
Contact telephone number:
Name of Child who has the dietary requirements/food allergy:
Class of Child:
Is this request for dietary requirements the result of Medical diagnosis <input type="checkbox"/> Religious Beliefs <input type="checkbox"/>
Details of Dietary Requirements, Allergy.
Diagnosed by
Date form completed
Is a Health Care Plan in place?

Please attach a letter from your G.P. or Dietician detailing the conditions along with any diet/ information sheet received.



Appendix G: Record of Medication in/out of Medical Cabinet – Rosehill School

(A DSL will collect the completed sheet and save in the pupils' main file in the school office) **Child's name** _____ **Class** _____

Date	Time in	Name of Medication	Person Responsible for Checking Medication going into the Medical Cabinet & Witness (Print Name)	Sign Names	Time out	Person Responsible for Checking Medication going out of the Medical Cabinet & Witness (Print Name)	Sign Names



Appendix H: Record of Medication Handover on Site – Rosehill School

Name of Pupil:

Date	Time	Name of Medication (to be completed by CT/KL)	Person Responsible for Handing Over the Medication Bag (Print Name)	Sign Name	Person Responsible for Receiving the Medication Bag (Print Name)	Sign Name



Appendix I: Daily Administration of Medication (General) – Rosehill School

Reporting Slip - General

Confirmation of administration / non-administration of emergency medication at home/school
Daily Communication

Name of Child/Young Person				Class	
Date	Has any emergency medication been given at home Y/N	Name of medication given	Dosage and time administered	Signature of parent/carer	
Signature of staff checking form					Date
This medication is to be used only once in a 24hr period by non-health professionals					



Appendix J: Daily Administration of Medication (Epilepsy) – Rosehill School

Reporting Slip - Epilepsy				
Confirmation of administration / non-administration of emergency epilepsy medication at home/school				
Daily Communication				
Name of Child/Young Person				Class
Date	Has any emergency epilepsy medication been given at home Y/N	Name of medication given	Dosage and time administered	Signature of parent/carer
Signature of staff checking form				Date
This medication is to be used only once in a 24hr period by non-health professionals				



Appendix K: Senior Leadership Team (SLT) Check and Authorisation for Administration of Medication – Rosehill School

Childs name	
DoB	
Name of SLT completing check	
HCP in Place (If not, please start process following guidance in this document)	
Consent Form in place	
Medication to be administrated (Give details)	
Evidence - Medical confirmation from Paediatrician / Doctor / Specialist Nurse	
Date of Letter	
Evidence – Medication dosage change	
Date of Letter	
Date	
Signature	



Appendix L: Hand Hygiene Poster – Rosehill School

The poster is a vertical rectangle with a blue background. It is divided into five horizontal sections, each representing a step in hand hygiene. Each section contains a white square icon on the left and large white text on the right. The steps are: 1. Wet (hands under a stream of water), 2. Soap (hands with a drop of soap), 3. Wash (hands with soap suds), 4. Rinse (hands under a stream of water), 5. Dry (hands being rubbed together). The NHS logo is in the top right corner. At the bottom, there is a white box with the slogan and a question. A small copyright notice is on the right edge.

Wet

Soap

Wash

Rinse

Dry

NHS

Stop germs spreading.
The power is in your hands.

Have you washed your germs away? Wash your hands.

© Crown copyright 2007. 278819 1p 100k F807 (ESP)

For further details on Hand Hygiene go to:

[http://www.nottinghamshireHealth Care.nhs.uk/contact-us/freedom-of-information/policies-and-procedures/section-18-infection-control/](http://www.nottinghamshireHealthCare.nhs.uk/contact-us/freedom-of-information/policies-and-procedures/section-18-infection-control/)

Appendix M: Dealing with Spillages of Bodily Fluid in the School Area – Rosehill School

This Code of Practice is concerned with the range of potential hazards that exist from handling bodily fluids. Infections from such transfer is rare, but we aim to exclude risk as far as is humanly possible. Our most likely spillages will be urine, faeces, blood and vomit.

Spillages

When dealing with any body fluid spillage, gloves and apron must be worn. Floor areas or surfaces which have been contaminated with b/f should be promptly cleaned with absorbent disposable paper towelling which is then *disposed into a yellow plastic bag*. This can be placed in the nearest ward sluice room for collection and disposal. The area should then be cleaned with Water, followed by cleaning with the disinfectant wipes or antiviral spray, and allowed to air-dry. If the red mop has been used in the clean-up, *it should be placed in a red bag*, and put in a sluice room for collection and sanitising.

Wash your hands thoroughly after any exposure.

First-Aid

Accidents where blood is present, e.g. cuts - wash under running water with soap or an antiseptic suitable for skin. Encourage bleeding. Clean surfaces, where contaminated with blood - deal with as for spillages.

Wash your hands thoroughly after any exposure.

All accidents involving any injury must be reported by the individual concerned to the manager as well as to the first aider. Accidents must be logged, and the log sheet passed to the office.

There is a mop kept in the cupboard in classroom 1 for such spills. It must be used only once, and then placed in a red bag and left for collection in a sluice room. It will be sanitised to enable it to be used again.

Gloves, aprons, bowls etc. Are kept on the shelf in the children's toilet.

Antiviral spray and disinfectant wipes are kept in each class activity room in a locked cupboard, department staffroom and personal care rooms.