

HEALTHCARE PLANS AND ADMINISTRATION OF MEDICINES IN SCHOOL

WHY DO WE HAVE THIS POLICY?

Notre Dame Catholic College aims to ensure that all pupils have full access to the curriculum regardless of their individual medical needs. This policy outlines the procedures to enable pupils' medical needs, both physical and mental health, to be catered for without disrupting their education, including school trips and physical education. The roles and responsibilities of staff involved in the implementation and monitoring of the policy are also outlined.

Main Aims

- ❖ To facilitate the attendance of pupils with medical needs;
- ❖ to minimise the disruption to the education of pupils with medical needs;
- ❖ to receive, store, administer and dispose of medication in line with school procedures;
- ❖ to ensure systems and procedures are effectively implemented;
- ❖ to use individual health care plans for pupils with complex medical needs;
- ❖ to provide proper training for staff who administer medication;
- ❖ to keep a comprehensive and confidential record of pupils' medical needs;
- ❖ where appropriate, to consult with health and social care professionals, parents and pupils to ensure pupils are effectively supported;
- ❖ to monitor, review, and have emergency interventions in place for those pupils at **high risk**;
- ❖ to ensure that pupils are supported emotionally and socially who have difficulties physically and mentally.

HOW DOES OUR SCHOOL RESPOND?

The school will ensure that the following procedures are in place:

Receiving medication in school

- ❖ All medication to be in the original container.
- ❖ All medication **MUST** be clearly labelled with:
 - the child's name;
 - the name and strength of the medication;
 - the dosage and when the medication should be given;
 - the expiry date;
 - the exception is insulin which must still be in date but will be available to schools inside an insulin pen or pump rather than in its original container.

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- ❖ All medication (including homeopathic) must be accompanied by a written confirmation by a health practitioner (e.g. GP, clinical nurse, specialist, nurse practitioner) or parent including the time/dose to be given in school.
- ❖ If two medications are required, these should be in separate, clearly and appropriately labelled containers.
- ❖ On arrival at school, all medication is to be handed to Ms A Chappell, the designated member of staff, by the parent/carer (unless there is prior agreement with the school and pupil for the pupil to carry medication [e.g. asthma inhalers) and details entered in the medication record.

Storage of Medication in School

- ❖ Medication must be stored in a locked cabinet with the key stored in an accessible but restricted place known to Ms A Chappell and Mrs. K. Sweeney, the designated members of staff.
- ❖ If fridge storage is required, this must be lockable in a designated area of the school.
- ❖ Once removed from the cabinet, medication should be administered immediately and never left unattended.
- ❖ Asthma inhalers, blood glucose testing meters and adrenaline pens should be readily available and not locked away.

Documentation

- ❖ Each pupil receiving medication will have the following documentation:
 - Written request for school to administer medication
 - Written confirmation of administration from a health practitioner or parent
 - Pupil record of medication administered
 - Parent/carer consent for school trips
 - Verbal messages are not acceptable
- ❖ In addition to these, pupils with complex medical needs will have an individual Health Care Plan (HCP).

Administration of medication

Ms Alison Chappell is employed for the purpose of administration of medication and health care.

The following training and procedures should continue to be implemented:

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- ❖ All staff should receive training and advice from the appropriate health practitioner such as the school nurse, **Ms Julie Barr** , or other healthcare providers such as a specialist nurse;
- ❖ the school nurse, or appropriate professional, will provide training and confirmation of proficiency of staff in a medical procedure or in providing medication;
- ❖ training will be updated, when appropriate, to reflect any individual healthcare plan;
- ❖ the designated member of staff, Ms Alison Chappell (the Administration of Medicines delegate), is responsible for notifying the school when their training requires updating and for ensuring this is arranged;
- ❖ staff involved in specific complex procedures e.g. medication via gastrostomy tube, oxygen therapy, will receive a certificate following training accreditation to confirm their ability to perform the procedure;
- ❖ medicine should be administered in an appropriate/confidential room;
- ❖ before medication is administered, the child's identity must be established by checking with another competent adult;
- ❖ Mrs Linda Martin, SENCo, will be notified immediately in the event of the lead administrator of medicines, Ms Alison Chappell, being absent.
- ❖ staff will follow directions for administration provided in writing by the health practitioner;
- ❖ staff will record details of each administration and note any side effects;
- ❖ a child should never be forced to accept medication. In the event that a child refuses to take their medication, the parent/carer must be informed of this refusal on the same day;
- ❖ no child under the age of 16 years should be given medication containing aspirin unless prescribed by a doctor.

Self-Administration of Medication

- ❖ Parents/carers must complete a written request form for a child to self-administer medication (examples would include insulin and or asthma medication, but this is not a conclusive list). This would only be allowed if a child has been trained and is competent to administer their own medication;
- ❖ if appropriate, the administrator of medicines/school nurse will take steps to monitor or have a level of supervision for pupils who self-administer.

Record Keeping

- ❖ A system of record keeping will include:
 - a. List of authorised staff.
 - b. Record of all training undertaken by designated staff.
 - c. Record of all training undertaken by children allowed to self-administer medication and competent to do so.
 - d. Individual Health Care Plans.

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- e. Records of parental/carer consent and health practitioner instructions, including those for self-administration consent, should be reviewed and confirmed annually, in addition to on-going updating.
 - f. Record of administration of medication including amount administered is to be kept.
 - g. An accurate record of controlled drugs that have been prescribed and amount used should be carefully monitored.
 - h. Record of medication disposed of to the parent/carer or through a pharmacy.
 - i. Pen portraits for first aid staff.
- ❖ A parent/carer request form should be completed each time there is a request for medication to be administered or there are changes to medication/administration instructions.
 - ❖ The request form must include:
 - child's name, class, date of birth;
 - name of medication, timing and dosage of administration and expiry date (CONFIRMED IN WRITING BY A HEALTH PRACTITIONER);
 - emergency contact names and telephone numbers;
 - name and details of doctor and/or health practitioner;
 - method of administration.
 - ❖ Reasons for not administering regular medication must be recorded and parents/carers informed immediately/within the timescale agreed by the health practitioner.
 - ❖ The school must keep records of administration of medication in a bound book. This bound book must be kept in the storage cabinet **on the appropriate forms**.

Emergency Medication

- ❖ Emergency medication is subject to the same request and recording systems as non-emergency medication, with additionally signed CONSENT and written Individual Care Plan.
- ❖ This type of medication will be READILY AVAILABLE.
- ❖ Consent and Care Plan must be checked and reviewed as needed throughout the year.
- ❖ It is the parents'/carers' responsibility to notify school of any change in medication or administration.

Emergency procedures

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- ❖ Pupils are to be made aware of what to do in an emergency by informing a teacher immediately.
- ❖ A member of staff will accompany a pupil to hospital and remain there until the parent or carer arrives.

Healthcare Plans

Healthcare Plans will identify:

- who will be involved in the initiation, monitoring and review (these reviews will take place at least annually);
- when the next review date will be held;
- where the medication is stored;
- who should collect it in an emergency;
- who should stay with the child;
- who will 'phone' for an ambulance/medical support;
- contact arrangements for parents/carers;
- supervision of other pupils;
- support for pupils witnessing the event;
- recording systems;
- arrangements for any dietary or environmental requirements;
- arrangements for educational, social or emotional needs and considerations when moving around the school;
- provision that will be made available to staff on all medical conditions affecting pupils in the school and are fully understood so that staff can recognise and respond quickly when a problem occurs.

Healthcare plans will also be accessible to parents and the appropriate school staff including, when appropriate, supply teachers.

If the medical condition fluctuates or is **at high risk of emergency** then intervention, parents, lead Clinician, SENCo and lead administrator of medicines team will agree the appropriate level of monitoring and review of the care plan.

Arrangements for pupils who only attend part-time

- ❖ Pupils who attend part of the time should be suitably provided for with an appropriate programme of study taking into account the child's medical condition.

Transitional Arrangements for New Pupils

- ❖ During transition from Year 6 to Year 7, and 'In Year Transfer' pupils, the school will liaise between previous schools and healthcare professionals, if appropriate, so that Healthcare Plans are in place when pupils arrive in school.

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New Diagnosis of Health Conditions

- ❖ In the event of a new diagnosis, every effort will be made to ensure that a Healthcare Plan is arranged within 2 weeks.

School visits, holidays and other activities outside the normal timetable

- ❖ The lead member of staff for any additional visits will ensure that they refer to pupil Healthcare Plans and prepare risk assessments prior to the event to consult with parents, Administrator of Medicines, Ms Alison Chappell and the SENCo, Mrs L Martin, if appropriate.
- ❖ On school trips, asthma inhalers, blood glucose testing meters and adrenaline pens should be readily available and not locked away.

Roles and Responsibilities

Relevant staff, support staff and appropriate medical clinician will be made aware of their key roles and responsibilities to ensure that healthcare plans are managed effectively.

Notre Dame Catholic College strives to ensure the best quality of care is provided to all pupils and will follow the procedures and practices as listed in the statutory guidance of April 2014.

Roles and Responsibilities of key staff

The people responsible for implementing this policy are the Headteacher and School Governors.

The following individuals will have roles in ensuring the policy is implemented effectively:

- The school nurse, **Ms Julie Barr**, will liaise with lead clinicians on appropriate support and training to staff when appropriate;
- Mrs Linda Martin, SENCo will co-ordinate the implementation, monitoring and review of Healthcare plans in the school. Ms Alison Chappell will also support in this role.
- GPs and paediatricians should notify the school when a child has been identified with a medical condition.
- Pupils should be fully involved in discussions about their medical needs and make a contribution to their Healthcare Plan.
- Parents must provide the school with sufficient and up to date information about their child's condition and be involved in their child's development of the

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Healthcare Plan and review and carry out actions they have agreed to implement, such as providing equipment and medicines.

- The school will access the Local Authority should further support advice and guidance be required.
- Teachers will be informed how a child's medical condition impacts on their subject.
- Teachers will make **reasonable adjustments** for the inclusion of pupils so that they are able to take part in activities fully and safely.
- Parents will be informed if a child becomes unwell at school by a member of the pastoral team.

Guidelines for best practice

- Pupils will be allowed to access their inhalers and medication and be able to administer them when and where necessary.
- Do not assume every pupil with the same condition requires the same treatment.
- Take into account the views of the pupil and parents.
- Always take into account medical evidence and opinion (although this may be challenged).
- Ensure a pupil who becomes ill is not sent unaccompanied or with someone unsuitable.
- Do not penalise pupils for poor attendance due to their medical condition.
- Do not require parents to attend school to administer medication or provide medical support.
- Never prevent pupils from participating or create barriers for pupils in any aspect of school life.
- Pupils will always be allowed to drink, eat, and take toilet breaks, or other breaks, whenever they need to in order to manage their medical condition.

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Use of emergency salbutamol inhalers in school

Why do we have this policy?

Notre Dame Catholic College aims to ensure that all pupils have full access to the curriculum regardless of their individual needs. This policy outlines the procedures for the emergency administration of salbutamol inhalers in school to enable the needs of pupils who have asthma to be met. Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. However, a recent survey by Asthma UK found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler has run out.

Supply of Salbutamol inhalers:

It is the responsibility of the headteacher to request emergency inhalers and spacers. This should be on headed paper and it should state:

- The name of the school
- The purpose for which it is required
- The total quantity required

Supply will be obtained from an appropriate pharmacy.

Storage and care

Each emergency salbutamol inhaler and accompanying spacers will be stored in an emergency asthma kit. Emergency kits will be stored in the following locations:

- PE staff room
- Science prep room
- Administration office

The kits should be readily accessible to staff and the inhaler and spacer should not be locked away. They need to be stored out the reach and sight of children. They should be stored at the correct temperature, protected from direct sunlight and extremes of temperature. They need to be separate from other children's inhalers. The emergency inhaler needs to be clearly labelled to avoid confusion. A spare kit will be available in the First Aid room.

Each kit will include:

- A salbutamol metered dose inhaler
- At least two single-use plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer/plastic chamber

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- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhalers and spacers
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans
- A record of administration

Management of Asthma in the classroom

If a child has an attack during lessons then teaching staff should help the child to administer their own prescribed inhaler. In most cases, this will be sufficient to relieve the attack and the child can carry on with normal activities.

However, in some cases further treatment may be needed. In this case, a qualified first aider should be sent for. This can either be by phone, or by sending a responsible pupil to get help. It may also be necessary for the teacher to send for a member of staff to support the class while the child is being cared for.

It is important to support the child until the first aider arrives and this will include administering further ventolin as per guidelines given.

If a child does not have their inhaler, staff should ascertain whether the child has a spare inhaler in school. These will be kept in the office. A register of asthmatics will be kept on the 'I' drive in the SEN folder and this register will indicate whether the child has a spare inhaler in school.

Use of the emergency inhaler when a child does not have their own inhaler

A register of all children who have been diagnosed with asthma or prescribed a reliever inhaler will be kept by the school, and a copy will be included in the emergency asthma kit.

Only those children for whom we have written parental consent to use the emergency inhaler can be given it and this should be included as part of a child's individual health care plan. A list of these pupils will be found in the emergency kit and this should be checked **before giving any salbutamol. Consent will be updated annually to take account of changes to a child's condition. Children with valid consent will be highlighted in yellow.**

If a child is prescribed a different alternative reliever medication to salbutamol (e.g. terbutaline) then the salbutamol inhaler should still be used by these children if their own inhaler is not accessible. However, written

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consent must still have been obtained from the parent/carer before doing this.

Before use, the inhaler needs to be primed by spraying two puffs. This needs to be done regularly as over time it can become blocked when not used regularly.

After use, the plastic spacer should not be reused so as to avoid cross-infection. However, it can be given to the child to take home for future personal use. The inhaler itself can be reused if it is cleaned after use. To do this, remove the inhaler canister then wash the plastic inhaler housing and cap in warm running water. After this, leave to dry in a clean, safe place. Once dry, return the canister to the housing and replace the cap and then return to the designated storage space.

If there is a risk of contamination by blood e.g. if the inhaler is used without a spacer, then it should not be reused but disposed of.

Once a pupil has received this medication, a record of use should be kept as per the administration of medicines policy. A letter should be given to the child to inform the parent or carer that their child has used the emergency inhaler in school.

Salbutamol is relatively safe when inhaled but common side effects include feeling shaky, trembling or pupils may say they feel their heart is beating faster. Side effects tend to be mild and temporary. They are not likely to cause serious harm.

The inhaler should only be administered **to children who have asthma or who have been prescribed a reliever inhaler and for whom written parental consent has been given**. Before giving the inhaler, it is important to check that the child is on the register and has written consent.

Disposal

All spent inhalers should be returned to the pharmacy to be recycled as per the policy on the administration of medicines.

Training

All staff responsible for using the emergency inhaler must have training from Karen Baker or an appropriate person prior to undertaking this task. They should be trained in recognising asthma attacks and distinguishing them from other similar symptoms, responding appropriately to a request for help from another member of staff, recognising when emergency action is necessary, administering salbutamol through a spacer and making appropriate records of asthma attacks.

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Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a whistle heard on breathing out) on exercise
- Shortness of breath on exercise
- Intermittent cough

These symptoms will usually respond if the child uses their own inhaler and rests.

Signs of an asthmatic attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child has any of these symptoms then the guidance on responding to an asthmatic attack should be followed. An ambulance must be called immediately and the asthma attack procedure started without delay if:

- The child appears exhausted
- They have a blue/white tinge around the lips
- They are going blue
- They have collapsed

Responding to an asthmatic attack

The following steps should be taken if a child has an asthmatic attack:

- Keep calm and reassure the child
- The child should be encouraged to sit up and slightly forward
- The child's own inhaler should be used or, if not available, the emergency inhaler (the staff member should stay with the child while the inhaler and spacer are brought to them)
- The staff member should then help the child to take two puffs of salbutamol via the spacer
- If the child does not immediately improve then continue to give two puffs every two minutes up to a maximum of 10 or until the symptoms improve. The inhaler should be shaken between puffs

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- It is important to stay calm and reassure the child and the member of staff should stay with the child until they feel better. The child can return to activities when they have recovered
- If the child does not feel better or you are worried at any time before reaching the 10 puffs then call 999 for an ambulance
- If an ambulance does not arrive in 10 minutes give a further 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives

Recording the use of emergency salbutamol

Any use of the emergency inhaler should be recorded. This should include details of:

- Name of child and form
- When the attack occurred
- Where the attack occurred
- How much inhaler was given
- Who gave the inhaler

The child's parents must be informed in writing so the information can be passed to the child's GP.

Staff responsible

The person responsible for overseeing this protocol and monitoring its implementation, as well as maintaining the asthma register will be the person responsible for the administration of medicines. This is currently Ms Alison Chappell. The individual responsible for the supply, storage and disposal of the inhaler and spacer will also be Ms Alison Chappell. This will include:

- Checking each month that the inhalers and spacers are working correctly and there are sufficient doses left in the inhaler
- Replacing inhalers when the expiry dates approach
- Replacing spacers after use
- Cleaning, drying and returning the plastic inhaler housing holding the canister following use

All first aiders who have volunteered to undertake this role will be trained by **Ms Julie Barr** in the use of the pack.

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