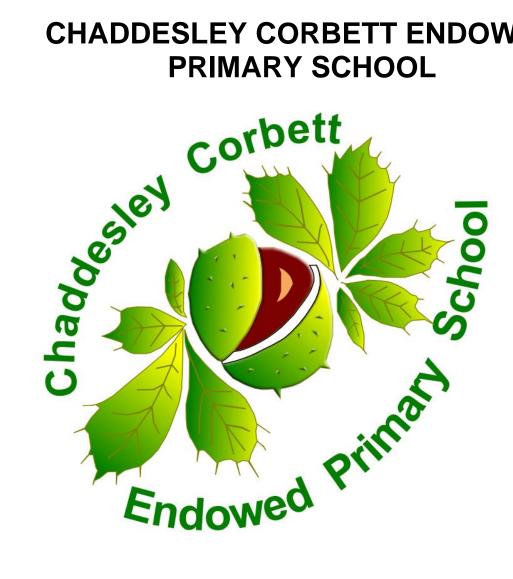
CHADDESLEY CORBETT ENDOWED **PRIMARY SCHOOL**



Asthma and Medicine Policy

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|----------------------------|---------------|--|--|
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Background

This policy has been written with advice from the Department for Education & Skills, Asthma UK, the local education authority, local healthcare professionals

Rationale Children with Medical Needs

- Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have shortterm medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.
- 2. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.
- 3. Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

MEDICINES - ADMINISTRATION

Prescribed Medicines- These can be administered by school staff

Medicines should only be taken to school or settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. It is recommended that we should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

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

Long term medication must be accompanied by a letter from your GP or Consultant requesting this.

Medicines will only be administered following a written request from parents or guardians which clearly states the name and class of the pupil, together with the dose and the time(s) of day at which it should be taken and any special conditions for the storage of the medicine (eg. to be kept in a refrigerator).

Medicines are only accepted by staff if they are brought by the parent or guardian, rather than sent with the pupil.

Medicines will be kept in the medical room rather than by class teachers. (See note below on Ritalin.)

An exception to this rule should be made, however, for medicines provided for emergency treatment such as reliever inhalers for asthmatic pupils, epipens for anaphylaxis or glucose tablets for diabetics, which should be kept close to the pupil(s) concerned for immediate use.

Medicines will only be accepted in relatively small quantities (2 or at most 3 days' supply) and note should be taken of any requirements for special storage conditions.

Once taken the supervising member of staff will record: date, time, dose and name of medication.

Non Prescription Medication- These cannot be administered by school staff

Pain killers (including "junior" forms such as Calpol) can mask symptoms in the event of injury and it is possible to inadvertently administer too large a dose if a pupil had already taken some without the knowledge of the school (eg. before leaving home).

Staff will **never** give a non-prescribed medicine to a child unless there are exceptional circumstances and only with the agreement of the Head teacher.

Parents of children in EYFS and KS1 are responsible for the administration of non-prescription medicines to their children. If a child requires medicine during the school day i.e. lunchtime, they should either return home for this or the parent / carer should come into school to administer the medicine.

For pupils in Year 3 to Year 6, suitable arrangements can be made for the child to **self-administer their medication under supervision**. A Parental Consent Form must be completed before this can happen.

If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.

Controlled drugs, including Ritalin

Drugs based on methylphenidate hydrochloride (which include Ritalin, Concerta XL, Equasym XL) atomoxetine (Strattera), dexamfetamiine (Dexedrine) and related amphetamine drugs used for the management of Attention Deficit Hyperactivity Disorder (ADHD) are Class B Controlled Drugs under the Misuse of Drugs Act, 1971 and the Misuse of Drugs Regulations, 1985. It is therefore a legal requirement that:

- The drugs are kept in a locked container inside a locked cupboard (or similar)
- A register of receipt and issue must be kept, with double entry records.

In practice this means that:

- The tablets must be kept in a locked container (such as a lockable cash box) inside a locked cupboard. Keeping them in a filing cabinet in a locked office is not adequate.
- The register must be a bound book not loose-leaf. Entries must be made in ink and must not be altered or destroyed.
- Each time new stock is received, it must be entered and signed for by two people.
- Each time a tablet is given, it must be recorded and signed for by two people.
- The dose given, the date and time, the name of the pupil receiving the dose and the number of tablets remaining must be recorded.

| Date | Time | Name of drug | Quantity (No. of tablets) | Received from | Administered to | Received / administered by | Witnessed by | Balance remaining |
|----------|-------|--------------|------------------------------|---------------|--------------------|-------------------------------|-----------------|----------------------|
| 01.11.09 | 08.55 | Ritalin | 10 | Mrs S Green | - | Sue Brown | Jane White | 10 |
| 01.11.09 | 09.05 | Ritalin | 1 | - | John Green | Sue Brown | Jane White | 9 |
| 01.11.09 | 13.30 | Ritalin | 1 | - | John Green | Jane White | Sue Brown | 8 |

Suitable headings for the register could be:

It is important that the staff issuing the tablets to pupils actually see them take the tablets, partly because they have a high street value if resold illegally but also because they are of great benefit to children who do have ADHD.

ASTHMA

This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma from the school nurse who has had asthma training. Training is updated once a year.

The school:

- recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out-of-hours school activities
- recognises that pupils with asthma need immediate access to reliever inhalers at all times
- keeps a record of all pupils with asthma and the medicines they take
- ensures that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- • ensures that all pupils understand asthma
- ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack
- • understands that pupils with asthma may experience bullying and has procedures in place to prevent this
- will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/carers, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

Asthma medicines

• Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom in a box at the front of the classroom.

• Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.

• School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to help children do this. All school staff will let pupils take their own medicines when they need to.

Record keeping

- At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.
- All parents/carers of children with asthma are consequently sent an Asthma UK School Asthma Card* to give to their child's doctor or asthma nurse to complete. Parents/carers are asked to return them to the school.

From this information the school keeps its asthma register, which is available to all school staff. *School Asthma Cards** are then sent to parents/carers of children with asthma on an annual basis to update. Parents/carers are also asked to update or exchange the card for a new one if their child's medicines, or how much they take, changes during the year.

Exercise and activity – PE and games

• Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.

• Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

• Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

- There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.
- PE teachers, classroom teachers and out-of- hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.
- This information is also provided on the Asthma UK *Out There & Active* poster*, which is displayed in several locations around the school. The poster helps to encourage pupils with asthma to be active and get more involved in PE and exercise and has tips to help them do this.

School environment

• The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school

does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

Making the school asthma-friendly

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma attacks

• All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

• In the event of an asthma attack the school follows the procedure outlined by Asthma UK in its *School Asthma Pack*.

As part of this policy, we are asking all parents and carers of children with asthma to help us by completing a school asthma card for their child/children.

The completed card will store helpful details about a child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand a child's individual condition.

The School Asthma Card*, From Asthma UK website will be sent to all parents/carers with a letter so parents/carers can ask their child's doctor or asthma nurse to fill it in.

The school asthma card letter can be found in Appendix 1

APPENDIX 1

Dear Parent/Carer,

Re: The School Asthma Card

Thank you for informing us of your child's asthma on his/her registration form. As part of accepted good practice and with advice from the Department for Education & Skills, Asthma UK and the school's governing bodies, our school has recently established a new School Asthma Policy for use by all staff.

As part of this new policy, we are asking all parents and carers of children with asthma to help us by completing a school asthma card for their child/children. Please take this card to your child's doctor/asthma nurse to fill in and return it to the school by 23rd February 2015.

The completed card will store helpful details about your child's current medicines, triggers, individual symptoms and emergency contact numbers. The card will help school staff to better understand your child's individual condition.

Please make sure the card is regularly checked and updated by your child's doctor or asthma nurse and the school is kept informed about changes to your child's medicines, including how much they take and when.

I look forward to receiving your child's completed school asthma card. Thank you for your help.

Yours sincerely

Head teacher