



<b>POLICY:</b> Supporting Children with Medical Conditions	<b>SIGNATURE CHAIR OF GOVERNORS:</b>  Gavin C Brown
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*Adopted from Leicestershire County Council  
Health, Safety and Wellbeing Service  
Medication and Management Procedures Document V05/22 Issue 6*

# **Supporting children with Medical Conditions Policy**

## **FOR OXLEY PRIMARY SCHOOL**

**VERSION: FEBRUARY 2026**

## **Introduction**

This document is revised in line with the current Department for Education 'Supporting pupils at school with medical conditions' (December 2015).

The Children and Families Act 2014 (Section 100) places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils with medical conditions.

This policy covers the general administration of medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with on-going support needs. Pupils who have longer term support needs should have an individual health care plan developed, recorded and reviewed at least annually.

Guidelines and information on administration of specific medicines for specific conditions are included in the appendices of the Leicestershire Traded Services website [www.leicestershiretradedservices.org.uk](http://www.leicestershiretradedservices.org.uk)

### **Oxley Primary School will:**

Be responsible for developing and regularly reviewing, its own medication policy and related policies and procedures, copies of which should be available to school staff and parents/carers.

Administer prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer term or continual period for pupils with ongoing support needs.

Be responsible for updating individual health care plans for pupils who have longer term support needs. This health care plan will be developed, recorded, and reviewed at least annually.

Ensure that emergency procedures are in place and shared with all staff.

Ensure that all staff are aware of what practice is not acceptable.

Ensure that a complaints procedure is in place regarding the support provided to a pupil with a medical condition.

Ensure that written records are kept of all medicines administered to pupils

## **Responsibilities**

### **Governing Bodies**

The Board of Governors and staff of Oxley Primary School wish to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.

They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. The minimum qualification being a sufficient first aid qualification and any training identified by the health care professional.

Ensure arrangements are in place to support pupils with medical conditions in school, including making sure that this policy is implemented.

Ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life.

### **Head Teacher**

The Head teacher accepts responsibility for members of the school staff administering or supervising pupils taking prescribed or non-prescribed medication during the school day.

They should ensure that all relevant staff, including external providers, i.e. Before/After School and activity clubs are aware of pupil's conditions.

They should ensure that sufficient professionally trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

Ensure staff administering medicine should be provided with a clear health plan and support as required.

They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

They should ensure there are adequate arrangements, including clear procedures, for safe receipt, storage, administration and disposal of medication and adequate access, to and privacy for, the use of medication.

Controlled drugs – the controlled drug administration register is to be kept for two years from the date of the last entry in the register. If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Head Teacher, and reported to the Police/Local Intelligence Network (LIN). Guidance on this should be sought from healthcare professionals.

### **School Staff**

When medication is administered by staff, it shall be by those members of staff that have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.

Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or carer. [Appendix A/E/I](#)

Members of staff administering medicine will check the child's Administration of Medication Permission and Record form against the medication, to ensure that the dose and timing are correct.

Staff will then administer the medicine as required, and record this on the form. For long-term medication, an Administration of Medication Continuation Sheet will be used as necessary.

If staff have any concerns related to the administration of a medication, staff should not administer the medication but check with the parents/carers and/ or a healthcare professional.

Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

### **School Nursing System and Healthcare Professionals (including GPs, paediatricians, nurse specialist's/ community paediatric nurses)**

Should notify the school nurse and work jointly when a pupil has been identified as having a medical condition that will require support at school.

May provide advice on developing healthcare plans (**Appendix B and L**).

Specialist local health teams may be able to provide support in schools for pupils with particular conditions (e.g., asthma, diabetes, epilepsy)

Should ensure any prescribed medications, including dosages, are appropriately monitored, and reviewed

Should be aware of their responsibilities for notifying the school when a pupil has been identified as having a medical condition which will require support in school can support staff on implementing a pupil's individual healthcare plan and provide advice and liaison, for example, on training can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs

### **Pupils and Parents**

The policy operates on the principle of an individual assessment being undertaken to establish the extent of the pupil's ability to safely and effectively self-administer their medication. This takes into consideration their age, condition and their overall health care plan, where one exists, and procedures should be in place to outline how this must take place.

Parents/carers have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition. This responsibility should be communicated via school/setting parent/carer meetings and/or prospectus/school website information

On the child's admission to the school the parent/carer should be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, emergency contact numbers, details of hospital Consultants, allergies, special dietary requirements, and any other relevant information. This information should be renewed annually

An Individual Healthcare Plan (**Appendix L**) will be used to record the support of an individual pupil for their medical condition. The IHCP is developed with the pupil (where appropriate), parent/carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services (**Appendix C**)

A measuring spoon/syringe/vessel must be provided by the parent/carer, and the dose of medicine is measured using this. Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves.

## **Medication**

Forms for medication can be found [Appendix A/E/I](#)

No child under 16 should be given prescription or non-prescription medicines without a parent or guardian's written consent, except in exceptional circumstances where the medicine has been prescribed without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents, while respecting his or her right to confidentiality.

Medication must be in its original packaging, labelled with the pupil's name, dose, and frequency of administration, storage requirements and expiry date.

School will only administer medication that is required during the school day. For example, school will not administer medication that is required 3 times daily as this can be managed outside of school hours unless strict timings are specified by a doctor.

Non-prescription medicines such as hay fever treatment will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose, and frequency of administration. Staff may take a note of the quantity provided to them, liquids may be marked with a line.

The school should not hold stock of over-the-counter medications.

Aspirin **MUST NOT** be given to children under 16 years of age unless prescribed.

Parents/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each term.

## **Refusal**

If a child/young person refuses to take medicine, staff will not force them to do so. Other examples include spat out or mishandling of medication.

Staff will record the incident on the administration sheet and contact parents.

Oxley Primary School will take prompt action by informing the parent/carer and healthcare professional as soon as possible, as outlined in their IHCP.

## **Controlled Drugs**

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school – Oxley Primary School will follow additional safety controls for storage, administration, and disposal, under the Misuse of Drugs Regulations 2001, to ensure that all legal requirements and best practice are adhered to.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.

Monitoring arrangements may be necessary. The school should have addressed misuse of drugs' and have procedures in place. This may be covered in the school's health and safety policy. For example, where pupils pass their medication to other pupils.

Storage: the medication should be double locked, i.e., in an appropriate storage container, in a locked room. The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP. Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.

Administration: two members of staff should be present when the drug is to be administered, to double check the dose is correct. One person will administer the dose, and the second person will witness its administration.

A controlled drug can only be admitted on the school premises if it is recorded in the pupil's individual healthcare plan and administered during school hours.

Additional training should be provided to the identified staff

Advice should be sought from healthcare professionals, or the School Nurse, together with consultation with the parent/carers

Record keeping: A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication

Oxley Primary School will seek advice from healthcare professionals regarding unused controlled drugs as they should be destroyed under specific controlled conditions. This should be referred to on the IHCP, and advice taken from healthcare professionals.

### **Storage of medication**

Medication should be kept in a known, safe, and secure location.

Medicines needing refrigeration will be stored in the clear box (clearly labelled) inside the locked fridge in the staffroom. Temperature checks will be carried out daily and recorded.

Controlled drugs or prescribed medicines will be kept in the locked cabinet by the school office.

Access to these medicines is restricted to the key personnel.

Prescribed emergency medication, such as epi-pens or asthma inhalers, should remain with the pupil, or immediately accessible at all times; including P.E and off-site educational visits, before and after school clubs.

Parents/carers are responsible for ensuring that the education setting has an adequate amount of medication for their child

Oxley Primary School will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration.

Inhalers will be kept in individual classrooms in a medical grab bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP.

## Information

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information, in the school office, as well as on their healthcare plan. Children with medical conditions, which may require emergency attention, e.g. epilepsy, diabetes, tracheostomy will have their names and an Individual Healthcare Plan clearly accessible in their classroom, and all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records and this information will be provided to all staff annually.

## Record Keeping

Consent forms must be signed before any medication is given. The educational setting is responsible for storing copies of signed consent forms. [See Appendix A/E/I](#)

The pupil's name, age, and class, Contact details of the parent/carer and GP

Individual care plans must be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/carers, the educational setting and other professional input as appropriate ([See Appendix L](#)).

Records must be kept for each child detailing each medication administered.

## Emergency Medication

In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate

Oxley Primary School has chosen to hold an emergency inhaler for use by pupils who have been diagnosed with asthma and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler - **This is located in the school office's red medical grab bag.** Guidelines to administer the emergency inhaler should be stored with the emergency inhaler ([Appendix F](#)) and the inhaler should be regularly checked by a member of staff to ensure it is in date and safe to use ([Appendix H](#)).

Oxley Primary School has chosen to hold an emergency auto-injector for use by pupils who have been diagnosed with allergies and/or prescribed an adrenaline auto injector - **This is located in the school office's red medical grab bag.** Guidelines to administer the emergency AAI should be stored with the emergency AAI ([Appendix J](#)) and the AAI should be regularly checked by a member of staff to ensure it is in date and safe to use ([Appendix K](#)).

Written parental consent for emergency medication use will be obtained using the Consent form ([Appendix I](#)), and a copy of this is kept with the emergency medication to establish which pupils have this in place and will form part of the child's IHCP ([See Appendix L](#)).

If there is an emergency situation whereby consent has not been received, either for a pupil with diagnosed asthma, or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded.

Pupils with a known allergy, for example, to wasp stings, food allergies and medications, should have an Individual Health Care Plan (IHCP), with an emergency action plan, completed by their healthcare professional ([See Appendix L](#)).

If a pupil is going into anaphylactic shock, the emergency services will be called immediately and if advised to do so by the emergency services, the emergency auto-injector will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded.

If there is an emergency situation where a pupil has no previous history or knowledge of having an allergy, but symptoms suggest anaphylactic shock is occurring, the emergency services will be called.

If advised to do so by the emergency services, another pupil's auto injector will be used even where consent has not been received and full details of the advice given, and dosage administered will be recorded. Oxley Primary School should inform the emergency services that an emergency adrenaline auto-injector is in the school.

### **ASTHMA GUIDELINES:**

Inhalers are kept in medical grab bags located by each classroom door.

Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose.

All inhalers are marked with the child's name.

All children with an inhaler must take them on educational visits, however short in duration.

**Education:** The school has a responsibility to advise staff on practical asthma management and this has been covered under first aid training. 999 is dialled and first aider fetched for an acute asthma attack. Pupils who appear over reliant on inhalers may have poorly controlled asthma and need to consult their doctor.

**Parental Communication:** A school asthma register will be maintained and updated regularly. Parents must provide school with details of dosage, equipment such as relievers, preventers and spacers. It is the parent's responsibility to inform the school of details of treatment and changes as they occur.

**Inhalers: There are a range including:** Salbutamol, Ventolin, Salamol, Terbutaline, Intal / Cromogen, Becotide , Pulmicort , Flixotide

**Access:** Inhalers are stored in a red medical grab bag located by the classroom door. Inhalers will only be allowed in school once parents have completed the administration of medicines form ([Appendix A and E](#)). Parents will be asked to provide a labelled spare inhaler in case the regular one is lost / broken etc. Parents must advise the school of inhaler expiry dates. Inhalers are only to be used by / for the pupil for who they are prescribed.

**Nebulisers:** Some children need to use an electric device called a nebuliser. In such cases, they will only be allowed following liaison with parents and the school's health adviser.

**Physical Education:** Full participation remains the goal for pupils with asthmatic conditions. The inhaler should be readily accessible during the P.E. lesson. When swimming, pupils should take their inhaler with them.

**Art:** Some art materials may cause difficulty for asthmatic pupils. Teachers should be aware of this.

**Emergency Inhaler** Following a change in regulations, schools are now able to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler ([Appendix E](#)). **This is located in the school office's red medical grab bag.**

**Trained Staff** – It is acknowledged that employees are not health professionals. Therefore, they must receive appropriate information, instruction and, where need identified, training and support to enable them to become competent in the administration of medication. Any employee who has to assist or administer any medication in the course of their duties will receive appropriate information, instruction, and where the need is identified attend training in the completion of such tasks.

## **Healthcare plans**

Healthcare Plans are used to record essential information about a pupil's medical condition(s) and how these are managed while the pupil is at school. This includes details of medical needs, signs and symptoms, medication and any other treatment or support required. Additional supporting documentation may be attached where appropriate.

Parents/carers are required to provide details of any medical conditions or health needs on the school's admission form when a pupil is enrolled. This requirement applies to pupils enrolled at any point during the academic year. All information provided is recorded and stored securely in line with data protection requirements.

Parents/carers must inform the school of any new medical conditions or changes to existing conditions as soon as possible. Updates must be provided in writing to the school office so that records can be amended and relevant staff informed.

Not all pupils with a medical condition will require an Individual Healthcare Plan (IHP). The need for an IHP will be determined following discussion between the school, parents/carers, and an appropriate healthcare professional. In some cases, an IHP may be considered unnecessary or disproportionate. Where required, the school may request medical evidence or confirmation of diagnosis to support the development of an appropriate plan.

Where an IHP is required, it will be developed collaboratively by the school, parents/carers, and relevant healthcare professionals, such as the school nurse, specialist, or paediatrician, who can provide advice on the pupil's specific needs. The pupil will be involved in the process wherever this is appropriate.

Healthcare Plans are reviewed at least annually and sooner if there is a change in the pupil's medical condition or circumstances. Any amendments must be communicated to the school office without delay. Relevant information from the plan will be shared with staff and other appropriate individuals on a need-to-know basis to ensure the pupil's safety and wellbeing (see Appendix L).

**Healthcare Plans are used to:**

- Ensure that relevant staff, including supply teachers, are aware of and understand a pupil's medical needs.
- Support pupils in managing their medical condition, including taking medication as prescribed and, where appropriate, carrying emergency medication at all times.
- Identify individual triggers that may cause symptoms or lead to medical emergencies.
- Minimise the impact of known triggers within the school environment where reasonably practicable.
- Provide emergency services with accurate and up-to-date information about a pupil's medical needs in the event of an emergency.
- Remind parents/carers of their responsibility to ensure that any medication provided to the school, including spare medication, is clearly labelled and within its expiry date.

**Control of Substance Hazardous to Health (COSHH) Assessments** Local medication policy guidelines have been established, implemented and monitored with county policy which means there is no requirement to complete COSHH Assessments for medication products, as these arrangements will ensure its safe storage, handling, administration and disposal.

### **Incident Reporting**

Procedures are in place for the reporting of adverse reactions or errors in administration of medication. Staff report:-

- a. The facts of the incident,
- b. Persons involved,
- c. Reason for the incident,
- d. Details of any ill health or injuries sustained and if this is the case an accident/incident report form is completed and forwarded to the Health, Safety and Wellbeing Service,
- e. Witness Statement.
- f. Details of persons informed (Parents/Carers, Pharmacist, GP, NHS Direct, Governing bodies CQC/OFSTED),
- g. Corrective and Remedial action taken.
- h. Outcome of investigation by senior manager.

### **Staff Medication**

Any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored appropriately. School staff have access to a locker if required to facilitate safe storage so that it is kept out of the reach of the pupils. Any staff medicine is the responsibility of the individual concerned and not the school.

### **Policy into Practice**

There is a need for proper documentation at all stages when considering the issue of support for pupils with medical needs in school.

## **Return of Medication and or disposal, including Sharps Bins and Medication Errors**

Sharp items must be disposed of safely using a sharps bin. These are available on prescription for pupils who require regular medication of this type, e.g., Insulin. These should be returned to the pupil / parent as per 'sharps guidelines' (<https://www.hse.gov.uk/pubns/hsis7.pdf>). Oxley Primary School has a needle stick policy in place.

Schools can purchase a sharps bin for generic use, e.g., for the disposal of sharps that have been used in an emergency. It is then the school's responsibility to arrange for its safe disposal (Hazardous Waste Regulations 2005).

Parents/carers are responsible for collecting remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term. Parents will be sent a letter requesting collection (**Appendix D**). After two attempts the medication should be taken to a local pharmacist, for safe disposal. It is advised to keep a record of medication that is taken, and a signature is obtained from the receiving pharmacist.

## **Transport, School Trips, Visits and Sporting Events**

Medication required during a trip should be carried by the child if this is normal practice. If not, then a trained member of staff or the parent/carer should be present, either of whom can carry and administer the medication as necessary.

Medication provided by the parent must be accompanied with written directions for its use. All responsible persons should have access to this information prior to the visit to enable sound judgements should a medical emergency arise. Team leaders should be comfortable with the administration of parental instructions when agreeing to accept young people as participants on a visit.

For pupils with known medical conditions, staff will contact the parent/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Group Leader.

Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e., in an emergency) they must receive training and support and fully understand what procedures and protocols to follow.

Appropriate trained escorts if they consider them necessary to be available for the journey. This may include drivers having basic first aid training as part of their role.

This should be agreed and documented with the school, the parent, and the transport/driver.

## **AED device / Defibrillator**

Defibrillators can be used in the case of a sudden cardiac arrest. Cardiac arrest occurs when the heart stops beating and can happen to people of any age and without warning. If this does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart

when they are in cardiac arrest. Oxley Primary School has an onsite defibrillator that can be used for pupils, staff and or visitors. Staff members appointed as first-aiders should already be trained in the use of CPR and may wish to promote these techniques more widely in the school, amongst both teachers and pupils alike. The defibrillator will be serviced after use, which will include the battery and consumables.

Schools should also be aware that where a cardiac arrest occurs as a result of an accident or act of physical violence arising out of or in connection with work, this may constitute a reportable incident under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Reporting requirements will differ according to whether the individual suffering the cardiac arrest is an employee (e.g., a teacher or member of support staff) or a non-employee (e.g., a pupil, parent or visitor).

### **Maintaining the defibrillator**

Modern defibrillators undertake regular self-tests and, if a problem is detected, will indicate this by means of a warning sign or light on the machine. Schools should ensure that they have a procedure in place for defibrillators to be checked for such a warning on a regular (and no less frequently than weekly) basis, possibly by a designated person, and have a method for recording when a check has taken place. Replacing consumables Pads, safety razors, protective gloves and pocket masks need to be replaced after every incident. Some manufacturers may also advise that the battery is replaced after an incident, whether or not the charge level on the battery indicator is showing as low; schools should check the device user manual for details. Even when an incident has not taken place, batteries and pads have finite service lives, and should be replaced after the period of time specified by the manufacturer. This will usually be upon reaching the expiry date indicated on each consumable, or in the case of batteries, when the battery indicator shows that the battery is low – whichever is the sooner.

### **Complaints Procedure**

Oxley Primary School will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure

Making a formal complaint to the Department for Education should only occur if it comes within scope of section 496/497 of the Education Act 1996 and after other attempts at resolution have been exhausted. Monitoring and review Policy and local procedures are reviewed by governors annually to ensure they are up to date, reflect current best practice and are working effectively.

## Appendix A: Medicine Consent Form

### Oxley Primary School Medicine Consent Form



Child's full name

Child's class

Child's date of birth

My child has the following condition

He/she is considered fit for school but requires the following medicine to be given during school hours:

Name of medicine

Dose required including time of day

Quantity Received (where applicable)

With effect from (start date)

Until (end date)

Does the medication need to be stored in the fridge?

The medicine should be taken by (*mouth, nose, in the ear, other: please provide details as appropriate*)

By signing this form, I confirm the following statements:

- That I will update the school with any change in medication routine use or dosage
- That I undertake to maintain an in -date supply of the medication
- That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication
- That I understand the school will keep a record of the quantity of medicine given and will keep me informed that this has happened.
- That I understand staff will be acting in the best interests of my child whilst administering medication.

Signed parent/ carer:

Name (please print)

Contact Details:

Date:

Staff member signature:

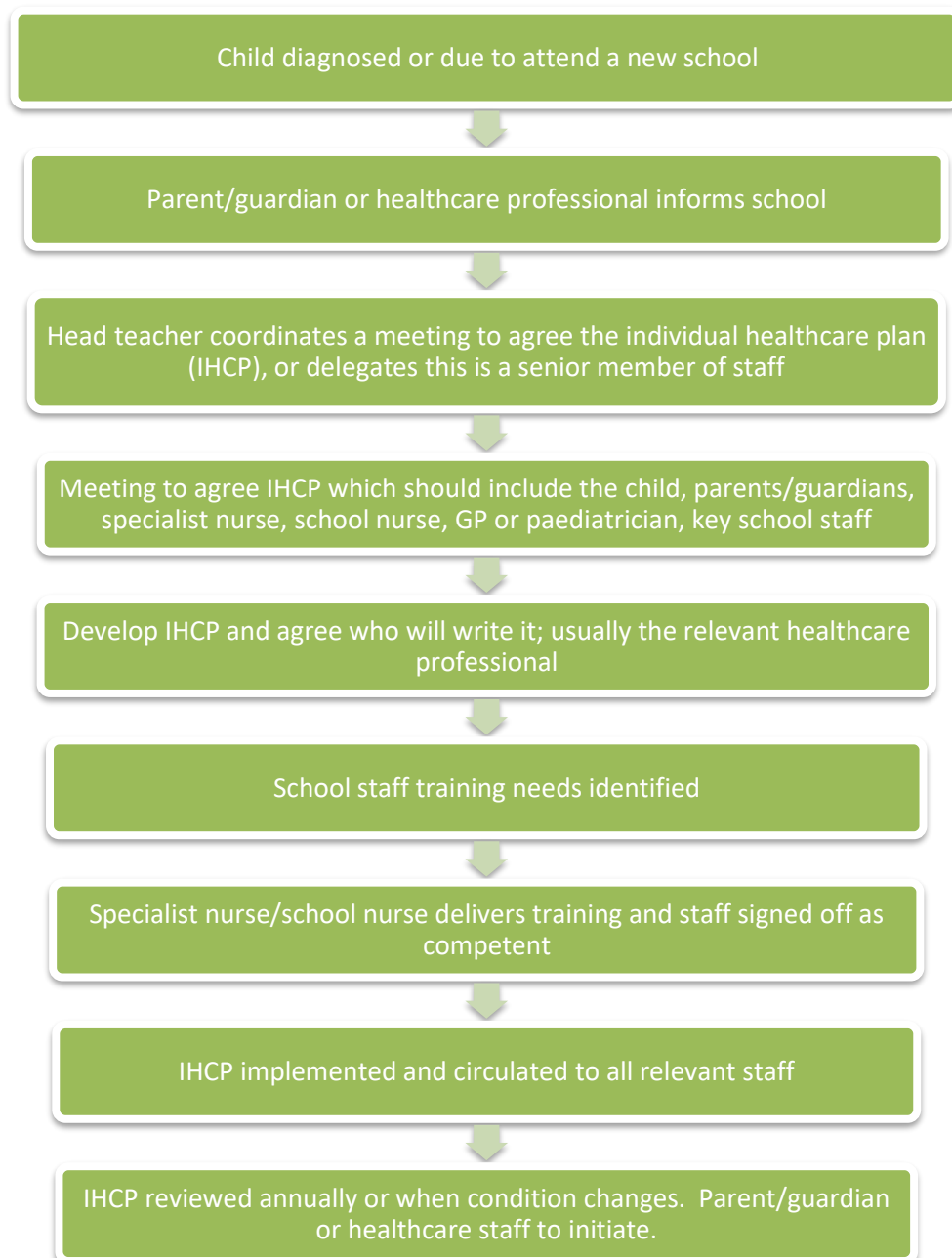
Name (please print)

Date:

## Appendix B: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensure that the pupil's needs will be met in the educational setting. Plans should be agreed by the head teacher and parents/guardians, be formally recorded and reviewed at regular intervals.

The procedure for development of an IHCP is given below:



## Appendix C: Advice on Medical Conditions

The Community Paediatrician or nurse, on request, will give advice to schools regarding medical conditions. Parents or guardians of children with medical conditions seeking general information should be advised to seek advice from their GP, school health professionals (providing name and contact details) or from specialist bodies, a selection of which are listed below.

<b>Asthma</b>	
General information	Asthma UK: <a href="http://www.asthma.org.uk">www.asthma.org.uk</a> Asthma helpline: 0300 222 5800
For teachers	Guidance on Emergency asthma inhalers for use in schools: <a href="http://www.gov.uk">www.gov.uk</a>
<b>Epilepsy</b>	
General information	Epilepsy action: <a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a> Helpline: 0808 800 5050
For teachers	Guidance in Appendix 3: 'Epilepsy Health Forms for IHCPs'.
<b>Infectious diseases</b>	Public Health England: <a href="http://www.gov.uk">www.gov.uk</a> ; Tel: 0344 225 4524 option 1
<b>Haemophilia</b>	The Haemophilia Society: <a href="http://www.haemophilia.org.uk">www.haemophilia.org.uk</a> ; Tel: 0207 939 0780
<b>Anaphylaxis</b>	
General information	Anaphylaxis Campaign: <a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a> ; Tel: 01252 542 029
For teachers	See Appendix 4: 'Emergency Action Plan' forms for Epipen/Jext Pens. NB the need to report the administration of this medication to: Bridge Park Plaza, Fax: 0116 258 6694 and email to <a href="mailto:childrensallergy@uhl-tr.nhs.uk">childrensallergy@uhl-tr.nhs.uk</a>
<b>Thalassaemia</b>	UK Thalassaemia Society: <a href="http://www.ukts.org">www.ukts.org</a> ; Tel: 020 8882 0011
<b>Sickle Cell Disease</b>	The Sickle Cell Society: <a href="http://www.sicklecellsociety.org">www.sicklecellsociety.org</a> ; Tel: 020 8961 7795
<b>Cystic Fibrosis</b>	Cystic Fibrosis Trust: <a href="http://www.cftrust.org.uk">www.cftrust.org.uk</a> ; Tel: 020 846 47211
<b>Diabetes</b>	
General information	Diabetes UK: <a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a> ; Tel: 0345 123 2399
For teachers	See Appendix 5 on website. Note the opportunity to attend 'Diabetes in School' training days, regularly advertised on <a href="http://www.leicestershiretradedservices.org.uk">www.leicestershiretradedservices.org.uk</a> and funded by Diabetes UK Paediatric Diabetes Specialist Nurse: 0116 258 6786 Consultant Paediatrician: 0116 258 7737 Diabetes Care line services: 0345 123 2399
<b>Other useful contact numbers</b>	
Insurance Section LCC	David Marshal-Rowan, Tel: 0116 305 7658 (for additional insurance) James Colford, Tel: 0116 305 6516 (for insurance concerns)
Corporate Health, Safety & Wellbeing, LCC, County Hall,	Tel: 0116 305 5515 Email: <a href="mailto:healthandsafety@leics.gov.uk">healthandsafety@leics.gov.uk</a>
Sarah Fenwick. School Nurse Clinical Lead.	Leicestershire Partnership Trust, Family Children and Young Peoples Services, Top corridor, Hinckley and District Hospital, Mount street, Hinckley, Leics, LE10 1DS

sarah.fenwick@leicspart.nhs.uk	
Diana Children's Community Service	Bridge Park Plaza, Thurmaston, LE4 8PQ <b>Telephone:</b> 0116 2955080
Public Health	<a href="mailto:PublicHealth@leics.gov.uk">PublicHealth@leics.gov.uk</a>

## Appendix D

Helping us to manage your child's medications Letter to parents (Example)



### OXLEY PRIMARY SCHOOL

Thorpe Road, Shepshed, Loughborough, Leics, LE12 9LU

Telephone: 01509 502483

Website: [www.oxleyprimary.org](http://www.oxleyprimary.org)

Email: [office@oxleyprimary.org](mailto:office@oxleyprimary.org)

Headteacher: Mr D Caldwell

Deputy Headteacher: Mrs L Woolcock

**Be Kind.**

**Be Brilliant.**

**Have an "I can" attitude.**

Dated:

Dear Parent / Carer / Guardian,

We are still in possession of your child's medication; which has now either; exceeded its expiry date or are no longer required. Could we therefore request that you collect the medication, within the next week.

If the medication is classed as a 'Controlled Drug'; you will be required to return any unwanted quantities to the pharmacist that originally dispensed it.

Please note that you will be requested to 'sign' for the medications, upon collection from the school.

We thank you for your co-operation, in this matter,

With kind regards,

**Appendix E: Emergency Inhaler Consent Form**



**OXLEY PRIMARY SCHOOL**

Thorpe Road, Shepshed, Loughborough, Leics, LE12 9LU

Telephone: 01509 502483

Website: [www.oxleyprimary.org](http://www.oxleyprimary.org)

Email: [office@oxleyprimary.org](mailto:office@oxleyprimary.org)

Headteacher: Mr D Caldwell

Deputy Headteacher: Mrs L Woolcock

**Be Kind.**

**Be Brilliant.**

**Have an "I can" attitude.**

**CONSENT FORM: Use of Emergency Salbutamol Inhaler**

Dear Parents and Carers,

We have recently purchased an emergency inhaler to be used with children suffering from Asthma. The emergency inhaler can be used if the pupil's prescribed inhaler is not available, for example, because it is broken, out of date, left at home or empty). It does not replace the inhaler they should have in school.

As your child is listed as having an inhaler in school please complete and return the form below.

Thank you.

---

**For children showing symptoms of asthma / having asthma attack**

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they have in school with them 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.....

Please note: This consent will remain in place from the date of this letter, for the remainder of your child's time at Oxley Primary School. If you subsequently decide you no longer wish to give consent for emergency administration, please contact the school.

If you require any further information, please do not hesitate to get in contact with us.

## Appendix F

### Using the emergency 'spare' Salbutamol inhaler

The emergency salbutamol inhaler should only be used by children, for whom written parental consent 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.

#### Recording use of the emergency salbutamol inhaler and informing parents/carers

In line with *Supporting Pupils*, use of an inhaler should be recorded. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom)
- How much medication was given, and by whom.
- The pupil's parents should be contacted at the earliest opportunity with a copy of the parent notification letter completed and sent home.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should 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.

#### Cleaning the inhaler:

The inhaler can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to air dry in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood, for example if the inhaler has been used without a spacer), it should not be re-used but disposed of – see DfH guidance for disposal instructions.

Pupils with this consent are highlighted overleaf.

# **HOW TO RECOGNISE AN ASTHMA ATTACK**

## **The signs of an asthma attack are**

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

## **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

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

## **WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way



**Appendix I**



**OXLEY PRIMARY SCHOOL**

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Headteacher: Mr D Caldwell

Deputy Headteacher: Mrs L Woolcock

**Be Kind.**

**Be Brilliant.**

**Have an "I can" attitude.**

**CONSENT FORM: Use of Emergency Adrenaline Auto Injectors**

Dear Parents and Carers,

We have recently purchased an emergency Adrenaline Auto Injector to be used with children with severe allergies. The emergency Adrenaline Auto Injector can be used if the pupil's prescribed Adrenaline Auto Injector is not available, for example, because it is broken, out of date, left at home or empty). It does not replace the Emergency Adrenaline Auto Injector they should have in school. As your child is listed as having their own Adrenaline Auto Injector in school please complete and return the form below.

Thank you.

---

**For children with severe allergies and prescribed an Adrenaline Auto Injector**

1. I can confirm that my child has been prescribed an Adrenaline Auto Injector.
2. My child has a working, in-date Adrenaline Auto Injector, clearly labelled with their name, which they have in school with them every day.
3. In the event of my child displaying symptoms of anaphylactic shock, and if their Adrenaline Auto Injector is not available or is unusable, I consent for my child to be treated with the emergency Adrenaline Auto Injector held by the school for such emergencies.

Signed: .....

Date: .....

Name (print).....

Child's name.....

Please note: This consent will remain in place from the date of this letter, for the remainder of your child's time at Oxley Primary School. If you subsequently decide you no longer wish to give consent for emergency administration, please contact the school.

If you require any further information, please do not hesitate to get in contact with us.

## Appendix J

### Using the emergency 'spare' Adrenaline Auto- injector

– All information taken from DfH 'Guidance on the Use of adrenaline auto-injectors in school'

#### Pupils already identified as at risk of anaphylaxis:

AAIs are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives. Therefore, unless directed otherwise by a healthcare professional, the spare AAI should only be used on pupils known to be at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

Pupils with this consent include:

#### Pupils with no prior history of allergic reaction:

In the event of a possible severe allergic reaction in a pupil who does not meet the criteria above, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria, as below:

- **For children age under 6 years:** a dose of 150 microgram (0.15milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or **Jext 150 microgram** device)
- **For children age 6-12 years:** a dose of 300 microgram (0.3milligram) of adrenaline is used (e.g. using an Epipen Junior (0.3mg), Emerade 300 or **Jext 300 microgram** device)

Recording use of the AAI and informing parents/carers

In line with *Supporting Pupils*, use of any AAI device should be recorded. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom)
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity.

The signs of an allergic reaction are:

**Mild-moderate allergic reaction:**

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

**ACTION:**




- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):**

- AIRWAY:** Persistent cough  
Hoarse voice  
Difficulty swallowing, swollen tongue
- BREATHING:** Difficult or noisy breathing  
Wheeze or persistent cough
- CONSCIOUSNESS:** Persistent dizziness  
Becoming pale or floppy  
Suddenly sleepy, collapse, unconscious

**IF ANY ONE (or more) of these signs are present:**

1. Lie child flat with legs raised:  
(if breathing is difficult, allow child to sit)   
2. Use Adrenaline autoinjector\* **without delay**
3. Dial 999 to request ambulance and say ANAPHYLAXIS

**\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\***

**After giving Adrenaline:**

1. Stay with child until ambulance arrives, do **NOT** stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.



Appendix L

Health Care Plan for Pupil with Medical Needs

Oxley Primary School



Insert picture of child

<b>Name of Pupil</b>		<b>Address:</b>
<b>Date of Birth</b>		
<b>Class</b>		

<b>Condition(s):</b>	<b>Date of Plan</b>	
	<b>Review Date</b>	

<b>Family Contact 1</b>	<b>Family Contact 2</b>
Name: Phone No: Work: Relationship:	Name: Phone No: Work: Relationship:

Family Contact 3	Family Contact 4
Name: Phone No: Work: Relationship:	Name: Phone No: Work: Relationship:

GP Contact details	Specialist?
Name: Address: Phone No:	Name: Address: Phone No:

**Describe condition and give details of pupil's individual symptoms:**

**Conditions:**

**Daily Care requirements**

**Describe what constitutes an emergency and the action to take if this occurs**

--

**Who is responsible in an emergency: (State if different on off-site activities?)**

<b>Names</b>	<b>Designation</b>
	Class Teachers
	Head Teacher
	SENCo

**Fire practice - Provisions made?**

**Signature Class Teacher:** \_\_\_\_\_ **Print** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature Head Teacher:** \_\_\_\_\_ **Print** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature Parent/Carer:** \_\_\_\_\_ **Print** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature SENCO:** \_\_\_\_\_ **Print** \_\_\_\_\_

**Date:** \_\_\_\_\_