



EDUCATION, CHILDREN'S SERVICES AND LEISURE

Managing Medicines and Supporting Pupils
with Medical Needs in Schools

Outline Policy and Guidance

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1. Introduction

What are the main issues ?

Although generally it is reported that child health has never been better, the number of pupils with identified medical needs in mainstream schools and nursery classes has risen over the last few years. There are various reasons for this, including rising survival rates for premature/low birth weight babies, better diagnoses and improved treatments and medical interventions. In most cases children with these needs are able to participate in mainstream education without medication during the school day or with medication requirements that can be easily managed.

Many schools have already made arrangements, including training, to support children who may require emergency medication, e.g. for anaphylactic shock.

Special schools are likely to have had more widespread experience with such cases as there will be a number of children with special educational needs who also have medical needs. They may already have staff trained and procedures put in place.

What does this policy aim to do ?

The aim of this policy and guidelines is to :

- a. build on existing good practice, which ensures that children with medical needs attend school and benefit from that attendance,
- b. set out ways in which schools can effectively and safely meet the needs of these pupils
- c. establish a framework which supports staff who are able to assist these pupils.
- d. complement the Health and Safety policies of schools.

Guidance advises that the employer has the responsibility for devising the policy. However schools, acting on behalf of the employer, should develop policies and procedures that draw on the employer's overall policy but are amended for their particular provision. A policy needs to be clear to all staff, parents and children. It could be included in the prospectus or in other information for parents. All policies should be reviewed and updated on a regular basis.

It is recommended that

- Governing Bodies of LA maintained schools adopt this policy, amending it as necessary for their own particular circumstances,
- Governing Bodies of Voluntary Aided and Foundation Schools are asked to consider adopting this policy and the outline procedures

to ensure that

- 1) the education of pupils with medical needs is protected,
- 2) children with medical needs receive proper care and support, and that
- 3) staff agreeing to administer medication are properly trained and indemnified.

N.B. This policy does not give details of or procedures for particular medical conditions or situations. These would be addressed when undertaking training or setting up a pupil's health care plan, taking advice from relevant Health professionals. However, the DfES guidance document 'Managing Medicines in Schools and Early Years Settings (March 2005)¹ Includes a chapter on common medical conditions, that is, asthma, epilepsy, diabetes and anaphylaxis. In particular schools it is noted that all schools and settings should have an asthma policy that is an integral part of this policy. An outline policy is set out in the appendices to this document that can be adapted by schools.

¹ www.teachernet.gov.uk/wholeschool/healthandsafety/medical/

2. Policy for Managing Medicines and Supporting Pupils with Medical Needs

This policy has been revised and updated in accordance with guidance from the Department for Education and Skills and the Department of Health on 'Managing Medicines in Schools and Early Years Settings' which replaces Circular 14/96 Supporting Pupils with Medical Needs and the Good Practice Guide which accompanied it.

1. **This policy supports equality of opportunity.** All pupils have an entitlement to a full and balanced curriculum and should be able to participate as fully in school life as any medical or special educational need allows. Wherever possible children with medical needs, as well as those with special educational needs, should be attending mainstream provision with appropriate support. Positive responses by schools to a child's medical needs will not only benefit the child directly, but can also positively influence the attitude of their peers and can enable regular attendance.
2. **The purpose of this policy and guidelines is to maintain, strengthen and support partnerships between home and schools** by establishing an atmosphere of mutual trust which ensures that parents or guardians and their children do not feel that they are making unreasonable or uninformed demands on a school. It can also ensure that parents feel confident about informing the school about their child's condition especially when a child is first admitted. Establishing such an understanding between parents or guardians, pupils and the school can reduce the pressure on children (who carry the burden of the illness) and support them, thus increasing their potential for achievement and participation in the community.
3. **Parents or guardians have prime responsibility for their child's health and well being** and will need to establish agreements with school about their child's medical needs. In schools, the headteacher is normally responsible for deciding whether the school can assist a pupil who has such needs and who may need medication. However, such decisions should, as far as practicable and wherever possible, encourage regular attendance and full participation in school life. Loss of schooling because of poorly managed medication can affect the performance and achievement of the pupil and could lead to emotional and behavioural problems.
4. **There is no legal or contractual duty on most school staff to administer medicine or supervise a pupil taking it.** This is a voluntary role although some support staff may have specific duties to provide medical assistance as part of their contract. However, it is acknowledged that all staff use their best endeavours for pupils at all times, particularly in emergencies.

Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties.

5. All schools should have Health and Safety policies that include procedures for the administration of first aid, both in emergency and non urgent circumstances. Some staff may express fears about causing harm to a child but, generally, the consequences of taking no action could be more serious than those of trying to assist in an emergency.
This policy sets out principles and a framework which should enable staff to volunteer to support pupils with medical needs and to administer medication when necessary subject to adequate training and agreement of parents. No pressure should be placed on staff but where they undertake to do this the LA or Governors of Foundation and Voluntary Aided schools, in conjunction with other agencies such as the Health Authority, will ensure that full training is given and confirm that insurance cover is provided. The establishment of a clear policy and guidelines supports those staff who wish to volunteer.

Where employers' policies are that schools should manage medicines, there should be robust systems in place to ensure that medicines are managed safely. There must be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

6. **The LA will provide full insurance cover** for staff of maintained schools, voluntary aided schools and foundation schools acting within the scope of their employment and supporting pupils with medical needs where appropriate training has been provided and agreed procedures set in place **and** where the schools have bought back into the Council's central insurance arrangements. Governing Bodies of schools who have not bought back will need to make sure that their insurance arrangements provide similar cover. Staff acting under guidelines in the course of their duties should be covered.
7. **Pupils should be allowed and encouraged to administer their own medication** so that they are taught to take responsibility for their needs. This is subject to the agreement of the parents and headteacher and if appropriate to the age, understanding, ability and aptitude of the child.
8. **This policy is based on the assumption that the need to administer emergency medication in mainstream schools is likely to occur infrequently.** Sometimes emergency support for a child may not require the administration of medicines as such, e.g. a child with diabetes who has a hypoglycaemia attack may need only some form of sugar - but this can have a positive and dramatic effect. On going support for such children may involve the need to monitor blood sugar levels; or to ensure that the child has frequent snacks and an awareness of the effects of sport and exercise.
9. **This policy and guidelines will be kept under review.**

3. Guidelines for the Procedure and Administration for Managing Medicines and Supporting Pupils with Medical Needs

What is meant by medical needs ?

Most pupils will at some time have a medical condition that may affect their participation in an educational setting . For many this will be short term. e.g. finishing a course of medication. To allow pupils to attend while completing a medication course will minimise the time that they need to be absent.

Other pupils have medical conditions that, if not properly managed, will limit their access to education. Such pupils should be regarded as having **medical needs**.

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on their experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered.

Schools need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

The local Consultant in Communicable Disease Control can advise on the circumstances in which pupils with infectious diseases should not be in school and the action to be taken following the outbreak of an infectious disease.

What are the rights and entitlements of pupils with medical needs ?

Admissions :

Pupils with medical needs have the same rights of admission to school as other pupils and cannot generally be excluded from school for medical reasons. The message that can be given to pupils about the severity of their medical problems, i.e. that they present major management challenges, will affect their own confidence and progress drastically.

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA). Under Part 4 of the DDA, responsible bodies must not discriminate against disabled pupils in relation to their access to education and associated services.

Schools should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in their practices and procedures and in their policies. Schools are also

under a duty to plan strategically to increase access, over time. This should include planning in anticipation of the admission of a disabled pupil with medical needs so that they can access the school premises, the curriculum and the provision of written materials in alternative formats to ensure accessibility and creating specific job descriptions for support staff to administer medication.

Support and Supervision :

Most pupils with medical needs are able to attend their school regularly and, with some support, can take part in most normal activities. However, the school may need to take extra care in supervising some activities to make sure that these pupils and others are not put at risk. This may apply particularly to isolated areas of a school, e.g. school playground and field or offsite, e.g. trips, swimming. There may also be rare occasions when emergency support or medication is required.

Confidentiality :

The medical information relating to a pupil will be treated as confidential and will only be disclosed to those who need to know to be able to support the pupil and with the agreement of the parents and/or pupil. This is to maintain the trust and confidence of the pupil.

Safety :

It is important that responsibility for pupils' safety is clearly defined and that each person involved with pupils with medical needs is aware of what is expected of them. Close co-operation between schools, parents or guardians, health professionals and other agencies can help to provide a suitably supportive environment for these pupils.

Roles and Responsibilities

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It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between schools, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

What is the role of the Local Authority and Employers

To offer advice and support to schools.

To provide a broad framework to :

- a. encourage the inclusion of children with medical needs in the full life of an educational setting
- b. help staff who support these children to feel confident and reassured about the tasks that they agree to undertake.

To monitor the implementation of the policy.

To take the lead in consulting with relevant agencies which can provide information, advice, training and support.

To have appropriate Insurance to provide cover for injury to staff or action against staff acting within the scope of their employment.

Local Authorities and other employers, schools (including community nursery schools) should consider the issue of managing administration of medicines and supporting

children with more complex health needs as part of their accessibility planning duties. It will greatly assist the smooth integration of children into the life of the school.

For community, community special and voluntary controlled schools and community nursery schools, the Local Authority, as the employer, is responsible for all health and safety matters. For local authority day nurseries, out of school clubs (including open access schemes), holiday clubs and play schemes the registered person, which may be the authority itself, is responsible for all health and safety matters.

Employers should make sure that their insurance arrangements provide full cover in respect of actions which could be taken by staff in the course of their employment. It is the employer's responsibility to make sure that proper procedures are in place; and that staff are aware of the procedures and fully trained. Keeping accurate records is helpful in such cases. Employers should support staff to use their best endeavours at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

In most instances, the Local Authority, or a school will directly employ staff. However, some care or health staff may be employed by a local health trust or Social Services department, or possibly through the voluntary sector. In such circumstances, appropriate shared governance arrangements should be agreed between the relevant agencies.

The employer is responsible for making sure that staff have appropriate training to support children with medical needs. Employers should also ensure that there are appropriate systems for sharing information about children's medical needs in each school for which they are responsible. Employers should satisfy themselves that training has given staff sufficient understanding, confidence and expertise and that arrangements are in place to up-date training on a regular basis. A health care professional should provide written confirmation of proficiency in any medical procedure.

What is the role of the Governing Body ?

The Governing Body has a general responsibility for all of the school's policies even when it is not the employer.

The Governing Body will generally want to take account of the views of the headteacher, staff and parents in developing a policy on supporting pupils with medical needs to ensure that their needs are met and that they are included in the full life of the school. The cultural and religious views of parents and pupils should always be respected.

In County schools the Governing Body should follow the Health and Safety policies and procedures recommended by the LA as employer.

The Governors of Voluntary Aided Schools are recommended to adopt this policy.

The Governing Body as employer in foundation schools is recommended to adopt this policy and should confirm that insurance cover is provided for staff who volunteer to administer medication and, as part of the policy, that training is undertaken and clear working procedures are implemented.

The policy to support pupils with medical needs should be seen as an integral part of the school's Health and Safety policy encouraging inclusion and setting out the agreed procedures to be followed.

Criteria under the national standards for under 8s day care make it clear that day care providers should have a clearly understood policy on the administration of medicines. If the administration of prescription medicines requires technical or medical knowledge then individual training should be provided to staff from a qualified health professional. Training is specific to the individual child concerned. Ofsted's guidance on this standard sets out the issues that providers need to think through in determining the policy.

What is the role of the Headteacher?

The Headteacher is responsible for implementing the employer's policy into practice and for developing detailed procedures.

The Headteacher should make sure that all parents or guardians are aware of the policy and procedures for including and supporting children with medical needs although parents should be reminded that they must keep their children at home when they are unwell. This might, for instance, be done via the school prospectus and a school policy.

The Headteacher will ensure that all staff, temporary, permanent or employed by other services, are aware of the policy and where appropriate, follow agreed procedures and that staff are properly supported and trained.

When work experience is arranged for pupils with medical needs the Headteacher should ensure that the placement is suitable for a pupil with a particular medical condition. The head should seek advice when necessary, e.g. from the School Nurse, School Doctor or Community Paediatrician. Students should be encouraged to share relevant information with employers.

Co-ordinating and disseminating information on an individual pupil, particularly in secondary schools, can be difficult. Headteachers may like to consider giving this role to a particular member of staff. This person could then be the first point of contact for parents or guardians and staff and liaison with external agencies.

What is the role of school staff ?

Where staff volunteer to administer medication they must be given access to and opportunities to attend appropriate training and should not give medication without such training or instruction. This training may be provided by the School Nurse or a Health Visitor.

If staff follow documented procedures, they should be fully covered by their employer's public liability insurance should a parent make a complaint. The head should ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support.

The Governing Body as employer in Foundation schools should ensure that adequate insurance cover is provided for staff who volunteer to administer medication in accordance with agreed guidelines.

If pupils refuse to take medication they should not be forced to do so by staff. However, parents or guardians should be informed as a matter of urgency and, if appropriate, the emergency services called.

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group should be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice.

A non trained member of staff should not administer medication at any time as they will not be covered by the LEA's insurance (or a GM school's insurance). **N.B. this is to be distinguished from undertaking an emergency procedure such as Cardiopulmonary resuscitation - CPR which obviously should be attempted if deemed necessary by the member of staff - whether trained or not.**

School Staff Giving Medicines

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Schools should ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

What is the role of Welfare and Support Assistants ?

It may be a requirement of their job description that Welfare or Support Assistants administer medicines or carry out some medical procedures. This will always be on the advice and guidance of a medical professional and after training.

It may also be a requirement of the job to undertake first aid training.

If these members of staff volunteer to administer medication then they must have appropriate training and should follow the procedures as set out in this policy and the school policy

What is the role of the school health service?

The school health service can provide advice on health issues to children, parents, education staff, education officers and Local Authorities. NHS Primary Care Trusts and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and governing bodies should work together to make sure that children with medical needs and school and setting staff have effective support.

What is the role of parents or guardians ?

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as a foster parent, but excludes baby sitters, child minders, nannies and school staff.

Parents or guardians have prime responsibility for their child's health and should be advised of the need to provide full information about their child's medical needs, including details on medicines and their child needs, when a child is first admitted to school or if a medical condition develops. Advice may also be obtained from the pupil's GP or from the School Doctor. Parents should work in close liaison with the school for the benefit of their child.

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school should continue to administer the medicine in line with the written consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

It is important that professionals understand who has parental responsibility for a child and should check this as necessary.

Parents must notify the school of any change of circumstance relating to their child's medical needs.

Parents should encourage self medication where this appropriate.

It is recommended that Headteachers consider involving parents when staff training is taking place.

What is the role of pupils ?

Where appropriate to the age and understanding of the pupil s/he should be encouraged to contribute to her/his own health care plan.

It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this. If pupils can take their medicine themselves staff may only need to supervise this.

Where appropriate and with the agreement of parents or guardians and the pupil with medical needs, other pupils could be made aware of potential emergency situations and how to alert staff and summon help. However, careful consideration needs to be given to the issue of confidentiality.

What is the role of Ofsted?

During school inspections Ofsted inspectors must evaluate and report on how well schools ensure pupils' care, welfare, health and safety. Ofsted will look to see whether 'administration of medicines follows clear procedures'. The Commission for Social Care Inspection (CSCI) already has a regular programme of inspections for care homes and other types of residential establishment such as special residential and

boarding schools. Specialist pharmacy inspectors are available for follow-up visits if the generic inspection reveals any cause for concern.

During LA inspections Ofsted will look at support for health and safety, welfare and child protection. Ofsted will look to see that 'Schools are well supported in developing their health and safety policies and receive comprehensive guidance on dealing with medical needs'. From September 2005, LAs' services will be inspected within multi-inspectorate joint area reviews of children's services. Inspectors propose to assess that steps are taken to provide children and young people with a safe environment, including that the safe storage and use of medicines is promoted.

Administration and record keeping for supporting pupils with medical needs in schools

(Model forms and letters are attached in the appendices to this document)

Where a child needs access to prescription-only medicine the GP or consultant should confirm that the child is fit to attend school. Parents or guardians should be encouraged to ask the GP to take into account school hours when prescribing medication to enable, wherever possible, medication to be taken outside school hours.

Medication should be taken to school only when absolutely essential. In these cases parents or guardians should agree this in advance with the Headteacher.

Some children and young people with medical needs have complex health needs that require more support than regular medicine. It is important to seek medical advice about each child or young person's individual needs².

Schools will need to draw up individual protocols or health care plans to ensure the safety of pupils in such cases. These plans should ensure that school staff have sufficient information to understand and support a pupil with medical needs. They should be drawn up in conjunction with the parents or guardians and, where appropriate, the child and the child's medical carers. They should set out in detail the measures needed to support a pupil in school, including preparing for an emergency situation. Not all pupils with medical needs will require a health plan. (*Example Form 1 attached*)

The information in the plans must be treated in confidence and should be used for no other purpose than for the school to set up an effective support system. Ideally, however, the headteacher should ensure that parents or guardians understand and agree to the need for this information to be shared with other appropriate school staff for the benefit of the pupil. If information is withheld from staff they may act in good faith when providing medical assistance but may act incorrectly through no fault of their own.

No pupil under 16 should be given medication without his or her parent's/guardian's written consent. (*Example Form 2 attached*) The School should confirm this in writing to parents or guardians. (*Example Form 3 attached*)

Any member of staff giving medicine to a pupil should check the details on the pupil's health care plan and the medication - in particular the name, written instructions provided by parents or doctor, prescribed dose, expiry date.

Records should be kept of the administration of medicines. There is no legal requirement for this but it would be good practice and would offer assurance to staff and parents that correct procedures have been followed. It would be advisable that schools provide copies to the parents on each occasion that medical support is provided or on a regular basis as agreed between the parents and schools. (*Example Form 4 attached*)

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

Schools should also arrange for staff to complete and sign a record each time they give medicine to a child. Form 4 or 9 can be used for this purpose. Good records help demonstrate that staff have exercised a duty of care. In some circumstances such as

² 'Including Me: Managing Complex Health Needs in Schools and Early Years Settings (Council for Disabled Children, 2005) provides practical advice on supporting children with more complex needs.

the administration of rectal diazepam, the dosage and administration must be witnessed by a second adult. (*Example Form 7a*).

If it is proposed that a pupil can carry and administer his/her own medication, this should be discussed and agreed by the school and parents or guardians and recorded. (*Example Form 5 attached*)

Schools should keep a record of those staff who have agreed to support pupils with medical needs and administer medication and who have been trained. This would be necessary for insurance purposes. (*Example Form 6 attached*)

If pupils with medical needs participate in school trips or other outside activities arrangements for taking any necessary medication will need to be taken into consideration. Staff supervising excursions need to be aware of any medical needs and it may be advisable for an additional supervisor or parent or guardian to accompany a particular pupil.

Most pupils with medical conditions can participate in extra curricular sport or PE and maximum participation is to be encouraged. However, some pupils with medical needs may need to take precautionary measures before or during exercise and may need immediate access to their medication. Details should be included in their health care plan and teachers made aware of this

If it is known that a pupil with epilepsy may require rectal medicine it may be appropriate to record this in a different format from the main health care plan to ensure that staff can identify clearly when the need might arise. (*Example Form 7 attached*)

Storage and Handling of Medication

Medicines should only be taken to school when essential, that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

Particular attention must be paid to the safe storage, handling and disposal of medicine and health and safety training for staff should include guidance in appropriate procedures.

Some medicines may be harmful to anyone for whom they are not prescribed. In these cases there is a duty to ensure that the risks to the health of others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Schools 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.

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

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

The Medicines Standard of the National Service Framework (NSF) for Children³ recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or relabelling of medicines by parents

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child for use, is an offence. Schools should have a policy in place for dealing with drug misuse.⁴

Pupils with medical needs should know where their medicines are stored and who holds the key. Staff should also know this.

However, some medication must be readily available in an emergency, e.g. Asthma inhalers, and should not be locked away. (Many schools allow pupils to carry their own inhalers and this approach, where appropriate, is encouraged by the LA). Schools may need to make special access arrangements for emergency medication. However, it is important to try to ensure that medicines are only accessible to those for whom they are prescribed.

Some medicines may need to be refrigerated. They can be kept in a refrigerator containing food but should be kept in an airtight container, clearly labelled. Access to the refrigerator should be restricted where possible.

If a pupil is allowed to carry and administer their own medication consideration needs to be taken about the safety of other pupils. A clear agreement must be made with the pupil and a parental consent form completed.

³ *National Service Framework for Children and Young People and Maternity Services: Medicines for Children and Young People* (Department of Health/DfES, 2004)

⁴ *Drugs: Guidance for Schools* (DfES/0092/2004)

Hygiene and infection precautions would be included in training given to staff volunteering to administer medication. Staff should have access to protective disposable gloves and receive guidance on care when dealing with spillages of blood and other body fluids and disposing of dressings or equipment.

Non Prescription Medication

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the Headteacher agrees to administer a non-prescribed medicine it **must** be in accordance with the employer's policy. **(This is a legal/statutory duty)**. The employer's policy should set out the circumstances under which staff may administer non-prescribed medicines. Criteria, in the national standards for under 8s day care providers ⁵, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a form such as Form 4 or 9 and the parents informed. 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 or medicines containing ibuprofen unless prescribed by a doctor.

Refusal to take medication

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents 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.

Emergency Procedures

As part of general risk management processes all schools should have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1.

All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. In remote areas a school might wish to make arrangements with a local health professional for emergency cover.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

⁵ *National standards for under 8s day care and childminding-Childminding* (DFES/0649/2003); *Crèches* (DfES/0650/2003); *Full day care* (DfES/0651/2003); *Out of school care* (DfES/0652/2003); *Sessional care* (DfES/0653/2003).

Educational Visits

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. See DfES guidance on planning educational visits⁶.

The national standards for under 8s day care and childminding mean that the registered person must take positive steps to promote safety on outings.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Transport

Home to School

If a pupil with medical needs requires LA home to school transport then the LA has a duty to make sure that pupils are safe during the journey. Most pupils with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary⁷. Guidance should be sought from the child's GP or paediatrician.

⁶ *Health and Safety of Pupils on Educational Visits: a good practice guide (DfES, 1998) paragraphs 100-106.* 12

⁷ *Home to school travel for pupils requiring special arrangements (DfES/0261/2004)*

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. They should be clear about roles, responsibilities and liabilities.

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Schools will be well placed to advise the Local Authority and its transport contractors of particular issues for individual children. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations. All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

Intimate or Invasive Treatment

This will arise only very occasionally but will usually be emergency treatment that can have substantial impact on the pupil. For example, a pupil with an extreme anaphylactic reaction could die in a very short time unless adrenaline is administered - usually by the Epi Pen. Even if given too soon or in multiple doses it is unlikely to cause harm to the pupil.

Some staff will understandably be reluctant to volunteer to administer intimate or invasive treatment. No pressure should be put on staff to undertake these duties.

For those staff who feel able to volunteer training will be given and assurance of insurance cover provided.

Procedures established for administering such support should take into account the age, sex, any particular cultural sensitivity and the privacy/dignity of the child and the advisability for staff to have with them an adult 'witness' preferably of the same sex of the child. This would be addressed in the training.

Off Site Education or Work Experience

Schools are responsible for ensuring, under an employer's overall policy, that work experience placements are suitable for students with a particular medical condition and that there is appropriate insurance cover. Schools are also responsible for pupils with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. Schools should consider whether it is necessary to carry out a risk assessment before a young person is educated off-site or has work experience.

Schools have a primary duty of care for pupils and have a responsibility to assess the general suitability of all off-site provision including college and work placements. This includes responsibility for an overall risk assessment of the activity, including issues such as travel to

and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

Schools should refer to guidance from DfES22, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding (e.g. Increased Flexibility Programme). Generally schools should undertake an overall risk assessment of the whole activity and schools or placement organisers should visit the workplace to assess its general suitability. Responsibility for risk assessments remain with the employer or the college. Where students have special medical needs the school will need to ensure that such risk assessments take into account those needs. Parents and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

4. The Legal Framework

This part sets out the legal framework for schools and Local Authorities in the management of medicines in schools. It summarises :

- the main legal provisions that affect Local Authorities', and
- schools' responsibilities for managing a pupil's medical needs

It is to be noted that this annex does not constitute an authoritative legal interpretation of the provisions of any enactments, regulations or common law – that is exclusively a matter for the courts. It remains for Local Authorities, schools to develop their policies in the light of their statutory responsibilities and their own assessment of local needs and resources.⁸

General Background

1. Local Authorities, schools and governing bodies are responsible for the health and safety of pupils in their care. The legal framework dealing with the health and safety of all pupils in schools derives from health and safety legislation. The law imposes duties on employers. Primary Care Trusts (PCTs) and NHS Trusts have legal responsibilities for the health of residents in their area.

Staff administering medicine

2 There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. The only exceptions are set out in the paragraph below. Support staff may have specific duties to provide medical assistance as part of their contract. Of course, swift action needs to be taken by any member of staff to assist any child in an emergency. Employers should ensure that their insurance policies provide appropriate cover.

Staff 'duty of care'

3. Anyone caring for children including teachers, other school staff in charge of children have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.

Admissions

4. Children with medical needs have the same rights of admission to school as other children, and cannot generally be excluded from school for medical reasons. In certain circumstances, e.g. where there is a risk to health and safety of staff or other pupils, children can be removed from school for medical reasons. This, however, is not exclusion.

THE LAW

The SEN and Disability Act (SENDA) 2001 amended Part IV of the Education Act 1996 making changes to the existing legislation, in particular strengthening the right of children with SEN to be educated in mainstream schools.

Schools are required to take 'reasonable steps' to meet the needs of disabled children.

⁸ Acts of the UK Parliament since 1988 can be viewed at Her Majesty's Stationery Office (HMSO) website www.hmso.gov.uk/acts.htm

LAs and Schools

SENDA also amended Part 4 of the Disability Discrimination Act (DDA) 1995 bringing access to education within the remit of the DDA, making it unlawful for schools and LEAs to discriminate against disabled pupils for a reason relating to their disability, without justification. This might include some children with medical needs.

Part 4 duties apply to all schools; private or state maintained, mainstream or special and those early years settings constituted as schools.

Some medical conditions may be classed as a disability. The responsible body of a school will need to consider what arrangements can reasonably be made to help support a pupil (or prospective pupil) who has a disability. The Disability Rights Commission has produced a Code of Practice for Schools. Advice and training from local health professionals will help schools when looking at what arrangements they can reasonably make to support a pupil with a disability.

Since September 2002 schools and LAs have been under a duty:

- not to treat less favourably disabled pupils or students, without justification, than pupils and students who are not disabled
- to make reasonable adjustments to ensure that disabled pupils and students are not put at a substantial disadvantage in comparison to those who are not disabled

Schools are not, however, required to provide auxiliary aids or services or to make changes to physical features. Instead, schools and LAs are under a duty to plan strategically to increase access, over time, to schools. This duty includes planning to increase access to the school premises, to the curriculum and providing written material in alternative formats to ensure accessibility.

Part 4 duties cover discrimination in admissions, the provision of education and associated services and exclusions.

The reasonable adjustments duty in Part 4 includes provision of: auxiliary aids and services making physical alterations to buildings (from October 2004)

The Health and Safety at Work etc Act (HSWA) 1974 places duties on employers for the health and safety of their employees and anyone else on the premises. This covers the head teacher and teachers, non-teaching staff, children and visitors.

Who the employer is depends on the type of school:

- for community schools, community special schools, voluntary controlled schools, maintained nursery schools and pupil referral units the employer is the Local Authority (LA),
- for foundation schools, foundation special schools and voluntary-aided schools the employer is the governing body,
- for academies and city technology colleges the employer is the governing body
- for non-maintained special schools the employer is the trustees
- for other independent schools the employer is usually the governing body, proprietor or trustees

The employer of staff at a school must do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others, such as pupils and visitors, are not put at risk. The main actions employers must take under the Health and Safety at Work etc Act are to:

- prepare a written Health and Safety policy
- make sure that staff are aware of the policy and their responsibilities within that policy
- make arrangements to implement the policy
- make sure that appropriate safety measures are in place
- make sure that staff are properly trained and receive guidance on their responsibilities as employees

Most schools will at some time have children on roll with medical needs. The responsibility of the employer is to make sure that safety measures cover the needs of all children at the school or setting. This may mean making special arrangements for particular children.

The Management of Health and Safety at Work Regulations 1999, made under HSWA, require employers to:

- make an assessment of the risks of activities
- introduce measures to control these risks
- tell their employees about these measures

HSWA and the Management of Health and Safety at Work Regulations 1999 also apply to employees. Employees must:

- take reasonable care of their own and others health and safety
- co-operate with their employers
- carry out activities in accordance with training and instructions
- inform the employer of any serious risk

In some cases children with medical needs may be more at risk than other children. Staff may need to take additional steps to safeguard the health and safety of such children. In a few cases individual procedures may be needed. The employer is responsible for making sure that all relevant staff know about and are, if necessary, trained to provide any additional support these children require.

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) require employers to control exposures to hazardous substances to protect both employees and others. Some medicines may be harmful to anyone for whom they are not prescribed. Where a school agrees to administer this type of medicine the employer must ensure that the risks to the health of staff and others are properly controlled.

The supply, administration, possession and storage of certain drugs are controlled by the **Misuse of Drugs Act 1971** and associated regulations. This is of relevance to schools because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs Regulations 2001 allows 'any person' to administer the drugs listed in the Regulations.

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration. Anyone may administer a prescribed medicine, with consent, to a third party, so long as it is in accordance with the prescriber's instructions. This indicates that a medicine may only be administered to the person for whom it has been prescribed, labelled and supplied; and that no-one other than the prescriber may vary the dose and directions for administration.

The administration of prescription-only medicine by injection may be done by any person but must be in accordance with directions made available by a doctor, dentist, nurse prescriber or pharmacist prescriber in respect of a named patient.

The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and

for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible must consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

The 1999 Regulations specify the accommodation provisions that apply to boarding schools only, these state that a boarding school must have one or more sick rooms.

The Education (Independent Schools Standards) (England) Regulations 2003 require that independent schools have and implement a satisfactory policy on First Aid and have appropriate facilities for pupils in accordance with the Education (School Premises) Regulations 1999.

Section 312 of the Education Act 1996 sets out that a child has special educational needs if he has a learning difficulty that calls for special educational provision to be made for him. Children with medical needs will not necessarily have special educational needs (SEN). For those who do, schools should refer to the DfES SEN guidance³⁰.

Section 322 of the Education Act 1996 requires that local health services must provide help to an LEA for a child with SEN (which may include medical needs), unless the health services consider that the help is not necessary to enable the LEA to carry out its duties or that it would not be reasonable to give such help in the light of the resources available to the local health services to carry out their other statutory duties. This applies whether or not a child attends a special school. Help from local health services could include providing advice and training for staff in procedures to deal with a child's medical needs if that child would otherwise have limited access to education. Local Authorities and schools should work together, in close partnership with parents, to ensure proper support for children with medical needs.

5. Reference Documents

Department for Education and Skills/Department of Health Guidance 2005 – 'Managing Medicines in Schools and Early Years Settings'

Department for Education and Skills Circular 22/94 Safety in Outdoor Activities

Department for Education and Skills publication HIV and Aids : A Guide for the Education Service

Department for Education and Skills guidance on First Aid

NASUWT Health and Safety Leaflet N.29 : The Administration of Medicines to Children in School.

Council for Disabled Children, 2005 - Including Me: Managing Complex Health Needs in Schools and Early Years Settings

Department for Education and Skills/Department of Health 2004– National Service Framework for Children and Young People and Maternity Services – Medicines for Children and Young People

Department for Education and Skills publications 2003 National Standards for Under 8s Day Care and Childminding: childminding; crèches; full day care; out of school care; sessional care.

Department for Education and Skills 1998 – Health and Safety of Pupils on Educational Visits – a good practice guide

Department for Education and Skills 2004 – Home to School Travel for Pupils requiring Special Arrangements

Asthma UK 2006 – School Policy Guidelines

6. Useful Contact Details :

Council's Insurance Service

Karen Vickery Insurance Manager 020 8379 4657
karen.vickery@enfield.gov.uk

Health Services

The main health contact for schools is likely to be a school nurse or a health visitor. The school health service may also provide guidance on medical conditions and, in some cases, specialist support for a child with medical needs.

Most schools will have contact with the health service through a school nurse or doctor. The school nurse or doctor should help schools draw up individual health care plans for pupils with medical needs, and may be able to supplement information already provided by parents and the child's GP. The nurse or doctor may also be able to advise on training for school staff on administering medicines, or take responsibility for other aspects of support. In early years settings, including nursery schools, a health visitor usually provides the support and advice.

Many other health professionals may take part in the care of children with medical needs. Often a community paediatrician will be involved. These doctors are specialists in children's health, with special expertise in childhood disability, chronic illness and its impact in the school setting. They may be directly involved in the care of the child, or provide advice to schools in liaison with the other health professionals looking after the child.

Some children with medical needs receive dedicated support from specialist nurses or community children's nurses, for instance a children's oncology nurse. These nurses often work as part of a NHS Trust or PCT and work closely with the primary health care team. They can provide advice on the medical needs of an individual child, particularly when a medical condition has just been diagnosed and the child is adjusting to new routines.

Contact :

Dr. Vijeratnam
Community Paediatrician
Cedar House
St.Michael's
Chase Side Crescent
Enfield EN2 0JB
020 8375 2980

Sasha Tobin
Senior Nursing Officer
Cedar House
St.Michael's
Chase Side Crescent
Enfield EN2 0JB
020 8375 2937

National Organisation Contact details

Allergy UK Allergy Help Line: (01322) 619898 Website: www.allergyuk.org	The Anaphylaxis Campaign Helpline: (01252) 542029 Websites: www.anaphylaxis.org.uk www.allegryinschools.co.uk
Asthma UK (formerly the National Asthma Campaign) Adviceline: 08457 01 02 03 (Mon-Fri 9am to 5pm) Website: www.asthma.org.uk	Council for Disabled Children Tel: (020) 7843 1900 Website: www.ncb.org.uk/cdc/
Contact a Family Helpline: 0808 808 3555 Website: www.cafamily.org.uk	Cystic Fibrosis Trust Tel: (020) 8464 7211 (out of hours: (020)8464 0623) Website: www.cftrust.org.uk
Diabetes UK Careline: 0845 1202960 Website: www.diabetes.org.uk	Department for Education and Skills Tel: 0870 000 2288 Website: www.dfes.gov.uk
Department of Health Tel: (020) 7210 4850 Website: www.dh.gov.uk	Disability Rights Commission (DRC) DRC helpline: 08457 622633 Textphone: 08457 622 644 Fax: 08457 778878 Website: www.drc-gb.org
Epilepsy Action Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm) Website: www.epilepsy.org.uk	Health and Safety Executive (HSE) HSE Infoline: 0845 345-0055 (Mon-Fri 8am-6pm) Website: www.hse.gov.uk
Health Education Trust Tel: (01789) 773915 Website: www.healthedtrust.com	Hyperactive Children's Support Group Tel: (01243) 539966 Website: www.hacsg.org.uk
Mencap Telephone: (020) 7454 0454 Website: www.mencap.org.uk	National Eczema Society Helpline: 0870 241 3604 (Mon-Fri 8am to 8pm) Website: www.eczema.org
National Society for Epilepsy Helpline: (01494) 601400 (Mon-Fri 10am to 4pm) www.epilepsynse.org.uk	Psoriasis Association Tel: 0845 676 0076 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm) Website: www.psoriasis-association.org.uk/
Sure Start Tel: 0870 000 2288 Website: www.surestart.gov.uk	Association for Spina Bifida and Hydrocephalus Tel: 0845 4507755 (9am to 5pm) Monday to Friday Website: www.asbah.org

7. Appendices

Outline Asthma Policy

Form 1 : Outline Health Care Plan and guidance

Form 2 : Parental/Guardian request form for school to administer medication

Form 3 : Example letter for schools to use to send confirmation to parents when it is agreed to administer medication to a named child

Form 4 : Record of medication administered

Form 5 : Form for parents or guardians to complete if they wish their child to carry and administer his/her own medication

Form 6 : Record of staff training

Form 7 : Specific guidelines/records for the administration of rectal diazepam

Form 7a : Record of rectal diazepam administered

Form 8 : Emergency Planning Form

Form 9 : Record of all medication administered

Managing Medicines and Supporting Pupils with Medical Needs

Outline Asthma Policy

This policy should be read in conjunction with the school's policy for Managing Medicines and Supporting Pupils with Medical Needs. The general principles and legal framework in that policy apply.

Asthma UK (www.asthma.org.uk) has a range of information and materials that schools may like to use to support children with asthma.

Introduction

What is Asthma?

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK.

The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

However in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years and primary school staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans, asthma school cards provided by parents, and regular training and support for staff. Children with significant asthma should have an individual health care plan.

Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day. **Relievers** (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise. Whilst **Preventers** (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.

Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school or setting.

The signs of an asthma attack include:

- coughing
- being short of breath
- wheezy breathing
- feeling of tight chest
- being unusually quiet

When a child has an attack they should be treated according to their individual health care plan or asthma card as previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5-10 minutes
- the child is too breathless to speak
- the child is becoming exhausted
- the child looks blue

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma School Card (available from Asthma UK⁹) is a useful way to store written information about the child's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and the child's doctor.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school or setting. Children should have a reliever inhaler with them when they are in school or in a setting.

Children with asthma should participate in all aspects of the school or setting 'day' including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

Reluctance to participate in physical activities should be discussed with parents, staff and the child. However children with asthma should not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the child's parents or attendance officers as appropriate.

All schools and settings should have an asthma policy that is an integral part of the whole school or setting policy on medicines and medical needs. The asthma section should include key information and set out specific actions to be taken (a model policy is available from Asthma UK). The school environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible.

All staff, particularly PE teachers, should have training or be provided with information about asthma once a year. This should support them to feel confident about recognizing worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

⁹ www.asthma.org.uk

Policy

The policy takes account of advice from the Department for Education & Skills, Asthma UK, and has been developed in consultation with the local authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils.

Principles

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, this may be in the form of an asthma register
- 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
- 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 should be kept in an appropriate, agreed place in 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, school staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. 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 so that this information can be logged by the school. Parents/carers are asked to inform the school of any changes as necessary. IN some cases this information will be included in an individual medical care plan.

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 will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma. Pupils with asthma will be 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 labeled 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 will follow the same principles as described above for games and activities involving physical activity. Pupils with asthma are encouraged to participate fully in all PE lessons.

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 will be 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. All staff and sports coaches will be provided with appropriate training.¹⁰

School environment

The school will do all that it can to ensure that all pupils have an understanding of asthma and that 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/D&T lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

Asthma attacks

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

This policy will be monitored and reviewed regularly by the Governing Body.

¹⁰ see Asthma UK leaflet 'Out There and Active'