AEM Sutherland House School | Braithwell

Sutherland House School Braithwell

Medication Procedures

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Appendices

1.Aim

Sutherland House School Braithwell is accountable for ensuring the safe management of medicines in school. This policy is to outline the procedures for managing and administering medicines in school, so it is understood by staff, parents and pupils so that all pupils attending Sutherland HouseSchool receive the proper care and support.

2. Objectives

- To ensure that the correct medicines in the correct amounts are available
- To provide a clear and auditable process
- To define accountability and responsibilities of individual employees and to ensure practice is in line with regulatory frameworks
- To encourage and support inclusive practice
- To encourage regular attendance by all pupils

3. Important Procedures

- Procedures for managing prescription medicines which need to be taken during the school day
- Procedures for managing prescription medicines on day trips / outings and residential trips
- Statement of parental responsibilities in respect of their son or daughters' medical needs
- The need for prior written agreement from parents / carers for any prescribed medicines given to pupil
- Statement of roles and responsibilities of staff for managing and administering medicines
- Guidelines for pupils carrying and taking their medicines themselves
- Staff training and Record keeping
- Safe storage of medicines
- Circumstances in which a pupil may take non-prescription medicines

Autism East Midlands (AEM) recognises that medication may need to be administered to ensure a pupil's participation / attendance at our school. AEM will therefore administer medication and supervise pupils taking their own medication according to the procedures of the AEM Medication policy.

- We ask that parents and carers obtain prescription medication wherever possible to be taken outside to the school day; however, AEM is prepared to take responsibility for those occasions when a child needs to take medication during the school day in accordance with the procedures in the AEM Medication policy as well as following guidance in the DfES document 'Supporting Pupils at School with Medical Conditions' (2015) and Managing Medicines in Schools and Early Years Settings' (2005).
- We will usually only administer medication that has been prescribed.

- Homely remedies will only be administered with parental approval using the correct forms. This may include paracetamol-based products. These products need to be sealed (new) and provided with the appropriate consent forms. Parents/carers need to inform school of the last time any home remedies were administered to reduce any risk of overdosing or taking excess medication.
- Secondary dispensed medication will not be accepted
- Where pupils have special medical needs AEM will work in partnership with the parents / carer discuss the child's individual needs and include this in their personal support plan. AEM will also involve other outside agencies as appropriate
- Any resulting training needs identified will be arranged as required using external guidance or specialist teams.

3.1 On Admission

All parents and carers are asked to provide details of emergency contact details, medical conditions, regular and emergency medication, GP details, details of any allergies, dietary requirements and any other health issues that may affect their child's care. See appendices D1. These details are updated annually or as changes arise.

3.2 Administration & Receipt of Prescribed Medicines

AEM is accountable for ensuring the safe management of medicines on its premises. This procedure is intended to encourage good practice in the management of medicines to ensure that pupils always have arecord of medicines received and there are good auditable procedures in place to monitor systems and ensure accurate records of all medicines that come into the school.

Should a child need to receive medication during the school day, parents or carers will be asked to come into the school to personally hand over the medication to reception staff.

If the pupil is transported by taxi, parents/carers are required to inform school via the office that medication is coming in via the taxi escort/driver.

On receipt of the medication, a 'Medication Record Sheet` should be completed and signed by the parent / carer (see appendix D2). A separate form should be completed for each medication (D2i for tablet medication and D2ii for liquid medication). Completed forms will be kept in the pupil's file.

3.2.1 The medication should be in the original container as dispensed and clearly labelled with the instructions for administering including:

- the child's name
- the name of the medication
- strength of the medication
- dosage to be given
- at what intervals it should be given
- date dispensed by pharmacy and / or expiry date
- any other instructions

NB. A label *'to be taken as directed'* is not sufficient information.

3.2.2 Liquid medication should be measured using a medicine spoon, medicine

measuring cup or syringe. Medication should not be added to food or drinks unless there is a specific reason for this. Covert administration must always be authorised by the GP or prescriber with clear instructions on how to do this. Consent to covertly administer medication cannot come from the main carer, this must be an evidenced with a letter headed document from the prescriber giving clear rationale and authorisation to covertly administer medication.

3.2.3 A record of each dose administered will be kept and signed by staff on the Administering Medication Record Sheet (MAR) (see appendix D3i for tablet medication and D3ii for liquid medication).

3.2.4 If the medication is changed or discontinued before the completion of the course, or if the dosage is changed, the school will be informed in writing by the parent / carer / GP. A new supply of medication with the new dosage should be obtained and a new consent form completed. (See appendix D1). Parent / carers are responsible for replenishing medication; AEM staff may let parents / carers know when the new supply of medication is required although the parents / carers are responsible for the supply of medicines. When medicines are replenished this should be brought into school by the parent / carer if possible or given to the taxi driver to give to school staff on arrival. Parents should call admin and inform them that medication is being brought in by taxi driver/escort.

Prescribed Dietary Supplements must be given as the clinician prescribes. Once opened the medication must be stored correctly and staff must check the shelf life is not exceeded. The administration of prescribed dietary supplements must be recorded on the medication record sheet.

Poor records are a potential cause of preventable medication errors. It is important to remember that MAR charts are a formal record of administration and may be required as evidence in determining whether someone has been given their medicines as the prescriber instructed. Paper based or electronic medicines administration records should:

- be legible
- be signed by the service staff
- be clear and accurate
- be factual
- have the correct date and time
- be completed as soon as possible after administration
- avoid jargon and abbreviations
- be easily understood by the Child, their family member or carer.

For monitoring and audit purposes the MAR chart folder should contain a record of the name, role, initials and signature of all those staff who are trained and competent to administer medication, this should include agency staff and be

updated annually.

3.3 Administration & Receipt of Homely remedies

Autism East Midlands staff will not give a non-prescribed medicine to a pupil unless there is written permission from parents / carers.

The form must include: Child's name and date of birth, Name and strength of medication, Dose, Any additional requirements (such as to be taken with food,) Expiry date whenever possible, and Length of treatment (will not be exceeded)

Medicines must be sealed and in their original containers with the child's full name and class written on. This also applies to non-prescription creams or ointments for skin conditions e.g. Sudocrem.

Staff must ensure that the medicine has been administered without adverse effect to the child in the past and that parents / carers have certified this is the case – this must be written on the medication request form and signed by parents / carers.

Where a non-prescribed medicine is administered to a pupil it will be recorded by a trained member of staff on the Autism East Midlands medication form and parents / carers will be informed.

Sutherland House School will not administer any non-prescription medication containing aspirin.

Staff will only administer non-prescribed medication for a short initial period and only if necessary. After this time parents / carers will be advised to seek medical advice.

The written permission is only acceptable for the medication listed and cannot be used for similar types of medication

Staff must communicate to parents / carers an update as to the time and dosage given each day

4. Storage and Disposal of Medication

AEM is accountable for ensuring the safe storage of medicines. This procedure is intended to encourage good practice in the storage of medication to ensure that medicines are always fit for purpose and securely stored to prevent accidental use or theft. There should always be good auditable procedures in place to monitor systems such as temperature of medication storage cabinets and security.

4.1 Medication requiring refrigeration will be stored in the fridge in the medical room in a suitable container with the pupil's name on it and a recentphotograph, the medical room is kept locked when not in use and is not accessible to the pupils.

The temperature of the refrigerator must be monitored and recorded once a day using a thermometer, the temperature should be between 2 and 8 degrees Celsius (°C). If the temperature exceeds the acceptable range (2-8°C) the medicines

should be moved to another refrigerator, then contact the pharmacy for adviceas to whether or not the medicines are still fit to be used.

The fridge must be kept clean, and no other items are to be stored in this fridge i.e., food items or drinks.

4.2 All medicines that do not require refrigeration and are not emergency medication should be stored in the lockable medication cabinet in the medical room. Each individual pupils' medicines must be stored separately (to prevent medication errors). The medication cabinet(s) will be kept in class lockers behind a fobbed door. The temperature of the medication cabinet should be recorded once a day, at the hottest time of day to show that the cupboard does not exceed 25ºC, which is the maximum safe storage temperature for medicines that do not require refrigeration. If the storage area exceeds this temperature, then extra ventilation or air-conditioning units may be required.

4.3 **Epi-pens** should be kept in a clearly labelled box in the classroom; this must travel with the pupil at all times including transition to other classrooms and off-site visits. Parents / carers are responsible for ensuring that the Epi-pens that they supply to school are 'in date'.
***Children prescribed with an Epi-pen should have TWO pens in school; one to be kept with them / in the classroom and the other as a 'back up' to be kept in the medication cabinet.**

4.4 Emergency Medication will be stored securely in a locked cabinet in the same room as the pupil wherever possible and must be easily accessibleto staff in case of emergency. All staff will be made aware of the location of the emergency medication.

4.5 Any medication that is no longer required, is out of date or not clearly labelled should be collected by the parent or carer; if the parent/carer is not able to collect the unused medication, they must be informed that the medication will be disposed of safely at a community pharmacy within 7 days. No medication is to be disposed of into the sewage system or refuse.

If a pupil should die and medication is on the premises, it should be quarantined away from other medicines for 7 days until it can be safely disposed of. All records relating to the pupil should be handed over to the Coroner's Office should they ask for them.

A written record must be kept showing what and how much has been sent for disposal, including the signature of the person sending the medication for disposal and a reliable witness. Controlled Drugs should be returned to the pharmacist for destruction this should be documented showing the date, amount sent, to where i.e., the name of the supplying pharmacy and signatures of two responsible persons. **Obtain the signature of the representative of the pharmacy who removes the medicines.**

4.6 The shelf life of medicines should be monitored to ensure they are in a fit state to be administered. This information is a guide as to how long medicines will last after they have been opened. It is not exhaustive and the manufacturer's product

information leaflet or information on the label should be checked and this shelf-life information used should it be shorter than this guide:

- blister packed medicines, packed by the pharmacy will last a maximum of 8 weeks from packing (some medicines that are light or moisture sensitive should not be packed in this type of packaging and if done so, must not be used if they have changed in appearance).
- boxed medicines will last until the manufacturers expiry date which shouldbe printed on the foil package or container (always check the expiry dateon the foil package as well as the box to ensure they match).
- tablets and capsules dispensed in bottles will normally last up to 12 months from the date of supply; although some will have a shorter shelf life, especially if light or moisture sensitive e.g., Dipyridamole MR capsules which have a 6-week shelf life after opening
- internal liquids in the manufacturers' original bottle will normally last 6 months after opening. **The date must be written on the bottle when opened**. Some liquids have a shorter shelf life i.e., Risperidone (6 weeks) and themanufacturers leaflet and / or label should be checked for shelf life and storage temperatures.
- internal liquids supplied in a brown pharmacy bottle will normally last 6 months from the date of supply by the pharmacy although some like Oramorph have a shorter life (90 days).
- internal liquids made especially for the patient will normally last 4 weeks from manufacture.
- external liquids like lotions or shampoos have a 3-month life after opening.
- creams or ointments packed in tubes or pump packs will last 3 months after opening except if they have been specially made for the pupil when the expiry will normally be 4 weeks from manufacture.
- creams or ointments in jars or pots will last 1 month from opening and if unopened will last 3 months from the date of supply except if they have been specially made for the pupil when the expiry will normally be 4 weeks from manufacture.
- eye drops, ear drops, or nose drops will last 4 weeks after opening unless theyare single use containers which can be used only once.
- liquid dietary supplements have a short shelf life when opened e.g., Collagen (14 days if stored in the fridge) or Fortisip (24 hours). Consult the manufacturers' information on the pack for information.
- always date all containers when they are opened (apart from pharmacy produced blister packs).
- dispose of any expired medicines as per disposal policy.
- review process if and when necessary.

5. Application of Creams and Lotions

AEM is accountable for ensuring the safe management of external medicines andhas procedures in place to encourage good practice in the management of external medicines such as creams, ointments and lotions. Some Medication, prescribed lotions / creams and homely remedies may come under COSHH legislation. Where this is applicable COSHH safety data sheets should be available and/or instructions if supplied with medication.

5.1 Parents / carers are responsible for sending in creams, lotions or ointments, correctly labelled for the individual child, if they wish them to be applied.

5.2 Non-prescribed creams, lotions and ointments may be applied at the discretion of the Head teacher in line with this policy but only with written consent form theparents or carers.

5.3 Sun protection cream should be applied by the parents/carers at home before arriving at school. AEM asks that parents/carers send their child with their own suncream, which must be clearly labelled with their son/daughter's name, in date, and of at least SPF 25 or above. A sunscreen lotion consent form must be completed by the parent or carer (see Appendix F)

5.4 Steroid creams are usually applied twice daily only – we would expect under normal circumstances that these would be applied at home.

5.5 Ensure you have read and understood the personal intimate care policy. Where possible two staff should be present for any personal care and gloves must be worn while providing personal care.

5.6 A body map should be available highlighting the location in which the cream needs to be applied.

5.7 Certain emollient-based creams or ointments may be flammable and this should be checked and risk assessed on receipt of any new creams/lotions or ointments

6. Alternative & Homeopathic Medication

Alternative medication, including homeopathic medication and herbal remedies will not be administered unless prescribed or agreed by a GP / consultant (written evidence is required).

7.When Required (PRN – Pro Re Nata) Medicines

These will only be given for on-going condition and have been prescribed by a GP/consultant. This excludes pain relief which falls under the administration of homely remedies

- Medicines that are only used 'when required' should be stored in the lowest quantities possible
- Must be labelled with the individual pupils' details
- PRN Medicines that are still in date can be stored until used or they pass the expiry date provided that the correct storage procedures are adhered to
- PRN medicines must be recorded when given, including, time, date, dosage, reason, result of administration and by whom
- The maximum that can be given and maximum dosage in any 24-hour period should be stated the medication record sheet
- The individual must only receive their own PRN i.e., do not give one child's ibuprofen oral suspension to another child
- External medicines such as medicated creams should not routinely be kept `just in case` as the condition that they are to be used for may be different

when they are eventually needed; this may lead to incorrect medicine being used

- Consideration must be given to the pupils' capacity to refuse the PRN medicine e.g., where a pupil is unable to communicate by asking for the PRN medicine, their care plan should show how the need for PRN must be identified i.e., if signs of pain are expressed in a non-verbal way
- It is good practice to ask the pupil if they would like their PRN medication, if they do not wish to take the medication this should be noted on the medication record sheet as '*offered but not required/refused*'

8. Refusal of Medication

5.8 If a pupil initially refuses to take medication, staff will try again by calmly asking them if they would like to take the medication. If the pupil still refuses the medication staff will not force them to take it.

5.9 The refusal will be recorded, and the parents / carers contacted.

5.10 In the event of pupil refusing emergency medication parents and carers will be contacted immediately. The emergency services will also be contacted immediately, and a member of school staff will accompany the pupil to hospital and remain with them until the parent / carer arrives. The pupil support plan will be updated with this information.

9.0 Crushing Tablets and Covert Administration

Pupils may refuse their medication for many reasons. It may be that the tablets are too large to swallow, or they do not like the taste or the side effects. 'Covert' is a term used when medicines are administered in a disguised form without the knowledge or consent of the person receiving them e.g., hidden in food or a drink.

Staff must only administer medication covertly if they have seen the signed authorisation from the prescriber confirming that this will not impact on the effectiveness of the medication.

Parents / Carers may put on the authorisation form that they covertly administer but staff should explain we require signed authorisation from the prescriber to enable us to do this within School.

These decisions can only be made within the boundaries of a multi-disciplinary team and must not be undertaken without their agreement in writing.

Objectives / purpose:

- To ensure that all other possible ways of administering medicines have been explored, e.g., liquid, soluble or a more suitable shape (e.g., a caplet instead of round tablets if available)

- To ensure that crushing is only undertaken as a matter of last resort, where aliquid formulation of the medicine, or a similar medicine is not available and only after consultation with the parent / carer and GP and pharmacist to ensure that no harm will come to the pupil should this occur

- To ensure that covert administration must only occur after careful assessment of the pupils' needs with an open discussion and agreements in writing within the multidisciplinary team and the pupils' relative and / or advocate. The school must never make this decision without consultation.

- To ensure that the method of covert administration does not impact on the effectiveness of the medication.

  - Ensuring signed authorisation is in place from the prescriber confirming this medication is essential to the pupils wellbeing, no alternative options are available and that covert administration is in the best interest of the child. to define accountability and responsibilities of individual employees and to ensure practice is in line with the regulatory frameworks

Actions

- The pupil should be asked why they are refusing their medication to see if there is a reason.
- If the reason is that they are struggling to swallow the medication, then alternative formulations of the medicine should be explored. A list of mostliquid formulations can be found on www.swallowingdifficulties.com. This list is not complete, and the supplying pharmacist can contact a specialist manufacturing department to see if a liquid formulation can be made up especially for the person. Written consent is required from the pupils GP to confirm this is appropriate.
- Crushing a tablet or opening a capsule must only be undertaken where a liquid formulation of the medicine or a similar medicine is not available. The GP and pharmacist must be consulted to ensure that by doing this the pupil will not come to any harm and that the tablet is suitable to becrushed i.e., not a slow-release formulation
- Covert administration can also occur in certain circumstances where the medicine is vital to the pupils' wellbeing or that of others.This will need to be confirmed with written authorisation from the prescriber.
- Children are assumed to be unable to give consent. The right of those under 16 to consent or refuse treatment or medicines, is with the parents / carers or those with parental responsibility unless the child is considered to have significant intelligence and understanding to make up their own mind.
- The decision to covertly administer must not be made by school staff. There must be careful assessment of the pupils' needs with an open discussion and agreement within a multidisciplinary team which includes the GP, the psychiatrist (if they have one), the Head Teacher, the relatives and an independent advocate acting on behalf of the pupilif involved. This decision should be reviewed at regular intervals, the dates of which should be stated in the care plan.

- Written agreement of all involved must be obtained and a copy placed in the pupils care plan and in the medication record so that all staff administering the medicine are aware
- Review process if and when necessary

10.Self Administration of Medicines

Pupils should wherever possible be encouraged to be responsible for their own medication, this promotes independence and dignity. They may choose to be responsible for all or part of their medicines. This procedure is intended to encourage good practice in the self-administration of medicines andensure that good auditable procedures are in place.

- Ensure robust risk assessment is in place for pupils wanting to self-administer their own medication
- Discuss the self-administration of medicines with the parent / carer including what level of support is required
- Update the pupil support plan with this information
- Ensure the pupil knows what medication they are taking, what it is for, how and when they to take and what is likely to happen if they don't take the medication unintentionally
- It is important staff are aware of which medicines pupils will self-administer and which they might require assistance with
- On receipt of the medication, a 'Medication Record Sheet` should be completed and signed by the parent / carer (see appendix D2). A separate form should becompleted for each medication (D2i for tablet medication and D2ii for liquid medication). Completed forms will be kept in the pupil's file.
- When pupils self administer medication this must be witness by at least one member of appropriately trained member of staff. The administration should be recorded including, time, date, dosage, reason, result of administration and by whom
- A list of self-administered medicines should be kept in case the pupil is admitted to hospital for any reason, this should be updated as medicines are added or discontinued

11.Off-site Activities and Educational Visits

The named leader of the activity must ensure that all pupils have their medication, including any emergency medication and any medication is self-administered. The medication: unless self-administered is carried by the named member of staff, this includes asthma inhalers and other relief medication.

For residential visits parents and carers are required to complete a consent form (see Appendix E) for all types of medication. This includes over the counter medication such as travel sickness and hay fever tablets.

11.1 All parents and carers are asked to sign a consent form to give permission for emergency medication to be administered in the event of an emergency.

12. Medication Errors

AEM has a robust process in place for identifying, reporting, reviewing and learning from medicines incidents involving pupils. It is important that an open culture exists in

order to encourage the immediate reporting of errors or incidents in the administration of medicines.

The taking of automatic disciplinary action and inappropriate exclusion of staff from work following an incident will create a barrier to open reporting. A 'no blame' ethos should be implemented for genuine mistakes that are reported promptly by a staff member.

All service settings should provide staff with a learning and supporting environment. Medication errors / near misses will need to be fully investigated.

Errors may include (this list is not exhaustive):

• administering medication to the wrong pupil

• giving a pupil the wrong dosage

• failure to administer medication

• not ensuring availability of adequate supply of medicines

• not signing MAR charts • not following correct procedure

• administering medication via the incorrect route

The common contributing factors to medication errors/incidents and near misses are:

• staff not being given protected time to order and receive medication

• only one member of staff understanding the ordering and receipt process

• medicines not being ordered or received on time

• medicines not being stored correctly when they are received

• not enough staff available on medication rounds

• staff being rushed on the medication round

• staff not being able to identify pupil

• pupils with similar names

• poor legibility of handwritten prescriptions

• transcription errors on MAR charts

• poor communication of medication changes

• poor or no documentation of patch medication

• poor temperature recording

• not checking for expired medication

Objectives / Purpose:

- to ensure the correct procedures happen in the correct order to minimiseharm to the pupil/pupil.
- to ensure that the appropriate people are informed of the error.
- to provide a clear auditable process to record errors in the school
- that lessons are learnt from the error and are not repeated.
- to define accountability and responsibilities of individual employees and to ensure practice is in line with the regulatory frameworks.

Actions:

- if the pupil is not unwell, call their GP to inform them and toask what they want you to do.
- if the GP is unavailable, contact NHS 111 and act on their advice.
- if the pupil is at all unwell, call the Emergency Services.
- contact the Head Teacher to inform them what has happened and whatyou have done about it.
- make a written report describing what happened, what has been done andany observations of the pupil that have been made since the incident took place.
- inform the pupil' parents / carers what has happened.
- hold a review meeting of all staff who administer medication to discuss whatcan be learnt from the incident to prevent similar situations from arising.
- if the pupil/pupil suffers severe harm or death as a result of themedication error the Head Teacher should contact the CEO immediately.

13. Training

Medication training is included in the induction to the organisation. This should then be followed by a competency assessment within the school by someone experienced in administering medication.

Each year the competency assessment should be completed again and staff attend the annual refresher for medication administration. School staff will be trained be a member of adult services who is authorised to sign off medication competency or by a member of the school leadership team who has received adequate training to sign off medication competency.

Training records will be held by the School and when needed additional training will be sourced to ensure the School continue to meet the needs of the children who attend.

Staff who do not have the skills to administer medicines, despite completing the required training, are not allowed to administer medicines to pupils in AEM.

For existing staff members trained in administering medication, it is recommended that a refresher course should be undertaken every year

14. Insurance

All staff are covered by AEM 'public liability' insurance.

1. Further Information and References

Managing Medicines in School and Early Years Settings, DfES 2005
http://publications.teachernet.gov.uk/eOrderingDownload/1448-2005DOCEN.doc
Make sure you refer to the updated version amended in November 2007.

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at School Group to compliment the DCSF guidance.
http://www.medicalconditionsatschool.org.uk

The Anaphylaxis Campaign website at http://www.anaphylaxis.org.uk/home.aspx contains Guidance for schools, whichdiscusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol.

The Anaphylaxis Campaign Allergy in school's website at: http://www.anaphylaxis.org.uk/information/schools/information-for- schools.aspx has specific advice for schools at all levels.

www.epilepsy.org.uk/info/education/index.html. Classroom first aid & emergencycare.
www.epilepsysociety.org.uk
https://www.asthma.org.uk/advice/resources/#schoolsA
School Asthma Card can be downloaded at
https://www.asthma.org.uk/globalassets/health-advice/resources/schools/school_asthma_card_september_2014_ver_b.pdf

Printable Asthma Plan for pupils/pupils can be downloaded at
https://www.asthma.org.uk/globalassets/health-advice/child-asthma-action-plan.pdf

Appendix A

Asthma

All AEM staff should understand that immediate access to reliever medicines e.g., inhaler is essential. Pupil with asthma will be encouraged wherepossible to carry their inhalers; this will be in agreement with the parents / carers, GP or asthma nurse that the pupil/pupil is mature enough and has the capacity to do so.

AEM staff are not required normally required; except in emergencies to administerasthma medication to pupil, however where staff do administerasthma medication, they are covered by AEM insurance and will receive any training necessary.

Aim:

- to ensure that staff and pupils with asthma are known.
- appropriate training is provided where required.
- all staff know their roles and responsibilities, ensuring quick and effectivehelp for pupil and.
- staff, parents / carers know what systems are in place and what part theyplay.

Responsibilities

The Head Teacher is responsible for ensuring that a system is in place and isproperly managed and reviewed:

- ensuring that there is a system for staff training
- ensuring that conditions such as asthma, food allergies and allergic reactions are recorded on the pupil support plans
- reporting any incidents that occur.

School Leadership Team (SLT) are responsible for:

- that pupil medical conditions such as asthma, allergic reactions and allergies are known.
- ensuring all staff are suitably trained.
- obtaining and circulating suitable guidance.
- ensure that staff follow appropriate procedures for the safe storage of medicines.
- communicate information to staff, parents; and
- reporting to the Head Teacher.
- regular reviewing of the system.

All staff will:

- know which of their pupil have asthma
- allow their pupil, where able to take their own medicationfor asthma, when they need to.
- assist any pupil to take medication in the event of anemergency.
- ensure that each individuals inhaler is labelled with the pupil's name and is kept with them at all times **(**All pupil with respiratory condition should have TWO inhalers in school, one kept with the pupil and one as a back up to be kept in the medication cabinet, the lawchanged in October 2014 to help keep children with asthma safe. Schools are now allowed to hold spare emergency inhalers (usually blue).
- Make a note in the medication records when a pupil hashad to use their inhaler and inform the lead first aider.

Parents / Carers of asthma sufferers are responsible for:

- completing and returning medical information / asthma cards to the school.
- ensure that the inhalers are in date.
- providing two inhalers; one to remain with their son / daughter and one as aback up to be stored in the medication cabinet.

The school will do all it can to make the environment favourable to pupil with asthma.

There is a rigorous NO SMOKING/VAPING policy.

The school will as far as is reasonably possible not use chemicals that are potentialtriggers for asthma.

Guidance

- https://www.supportingchildrenshealth.org/asthma-module
- https://www.asthma.org.uk/order

Staff will report incidents of Asthma to a member of SLT, parents / carers will beinformed the same day as the incident.

Appendix B

Allergic Reactions / Anaphylaxis

This section aims to provide basic information about anaphylaxis (severe allergic reaction), but it is beyond its scope to provide more detailed medical advice and itis important that the needs of the pupil/pupil are assessed and treated individually.

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance. On rare occasions the reaction may bedelayed and happen after a few hours.

All allergic reactions, including the most extreme form, anaphylactic shock, occur because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat. When this happens,chemicals including histamine are released from stores within specialised cells in the blood and tissues. These can cause swelling in the skin, lips, mouth, throat or lower airway causing difficulty in swallowing and / or breathing.

Anaphylaxis is a manageable condition. With sound precautionary measures andsupport,

school life can continue as normal for all concerned. What are the causes of anaphylaxis?

The common causes of anaphylaxis include foods such as peanuts, tree nuts, milk,eggs, shellfish, fish, sesame seeds and kiwi fruit, although many other foods have been known to trigger anaphylaxis. Very small amounts can cause a reaction in some cases. Non-food causes include wasp or bee stings, natural latex (rubber), and certain drugs such as penicillin. In some people exercise can trigger a severe reaction – either on its own or in combination with other factors such as food or drugs (e.g., aspirin). Sometimes the cause of the reaction is not found and is thenlabelled as "idiopathic anaphylaxis" (cause unknown). This does not mean the condition is psychological, though emotional stress can sometimes worsen a reaction. (Anaphylaxis the Basic Facts Factsheet October 2015 Document Reference ACFS22 2015v10 Next review date October 2018 © Anaphylaxis Campaign 2016 2).

What are the symptoms of anaphylaxis?

You may notice any of these severe symptoms:

- swollen tongue
- hoarse voice
- difficulty swallowing
- difficult or noisy breathing, wheeze, persistent cough

There may also be a dramatic fall in blood pressure (anaphylactic shock). Theperson may become weak and floppy and may have a sense of somethingterrible happening. This may lead to collapse, unconsciousness and – on rare occasions – death.

In addition to those severe symptoms listed above, there may also be:

- widespread flushing of the skin
- nettle rash (otherwise known as hives or urticaria)
- swelling of the skin (known as angioedema) anywhere on the body.
- swelling of the lips
- abdominal pain, nausea and vomiting

These symptoms can also occur on their own, without the more severe ones. Where that is the case, the reaction is likely to be less serious, but you should watchcarefully in case any of the more severe ones develop.

Medication

Pre-loaded auto-injectors (sometimes referred to as 'pens') containing adrenaline are prescribed for people believed to be at risk of a severe reaction to foods, latex or stings, or when the cause of the reactions is unknown. Adrenaline is referred to insome countries as epinephrine, which is the internationally recognised term for adrenaline.
Because severe allergic reactions can occur rapidly, the prescribed adrenaline auto-injector must be readily available at all times. The injection must be given assoon as a severe reaction is suspected to be occurring. The adrenalin injection should be administered into the muscle of the upper outer thigh.

An ambulance must be called immediately following the use of the first device, even if there is immediate improvement or if further devices are available. The emergency service operator must be told the person is suffering from anaphylaxis and needs to be attended by paramedics. (Anaphylaxis the Basic Facts FactsheetOctober 2019 Document Reference ACFS22 2019v4 Next review date February 2022 © Anaphylaxis

Campaign 2019).**(Latest version January 2022 found online)**

What the school should do?

Pupil who are at risk of severe allergic reaction are not ill. It is important that parents are reassured that prompt and efficient action will be takenin accordance with medical advice and guidance. Individuals at risk of severe allergic reactions will have this information included in their support plans which allstaff should be aware of.

The support plan will include individual risk assessment, day to day measures for food management, including awareness of the pupil's needs in relation to the menu, individual meal requirements and snacks whilst in school or on school organised trips. It is important that the catering supervisor is fully aware of each pupil's particular requirements. A kitchen 'code of practice' should be in place. It is not of course, feasible to ban from the premises all foodstuffs to which aparticular pupil may be allergic, and the school has no control over pupils' lunches which parents may choose to send in from home.

Adrenalin injectors are simple to administer. When given in accordance with the manufacturers' instructions, it is not possible to give too large a dose using these devices, the needle is not seen until the device is withdrawn from the leg, in casesof doubt it is better to give the injection than to hold back.
Where pupil are able they can carry their own emergency treatment on their person, they should be allowed to do so, there should also be aspare set kept safely but accessible to staff for use in emergencies, as our school isa large premises it will be quicker for staff to use an injector that is with the pupil/pupil, rather than collecting one from the medication cabinet.
Where a pupil is not sufficiently responsible to carry their own medication on them, it should be with the member of staff supporting them at alltimes, including moving to other classrooms or areas e.g., PE / Gym, art room etc.

Staff are not obliged to give injections, but when they volunteer to do so, they should be providedwith training by an appropriate provider e.g., one from the local health trust.

Off-site activities

Whenever a severely allergic pupils goes out of the school building, even for a short period of time, his / her emergency kit must go with them.A staff member who is trained to treat allergic reactions must accompany them.

Appendix C

Epilepsy

This section aims to provide some basic information about epilepsy, but it is beyondits scope to provide more detailed medical advice. It is important that the particular needs of pupils/pupils are assessed and treated on an individual basis.

An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five percent ofpeople with epilepsy have their first seizure before the age of 20.

Epilepsy is the second most common medical condition that teaching staff willencounter. It affects around 1 in 220 pupils in the UK. (Epilepsy UK)

Most children and young people diagnosed with epilepsy never have a seizure whilst at school; epilepsy is a very individual condition. An epileptic seizure happens when normal

electrical activity in the brain is suddenly disrupted. An epileptic seizure can take a number of different forms – it can cause changes in aperson's body or movements, awareness, behaviour, emotions or senses (such astaste, smell, vison or hearing). Usually, a seizure lasts only for a few seconds or minutes and the brain returns to normal.

Triggers

If the pupil has had seizures for some time the parents / carers or insome cases the pupil may be able to identify the factors that make seizures more likely to occur. Of these 'triggers' the most common are:

- tiredness and / or lack of sleep.
- lack of food.
- stress.
- photosensitivity.

The school should obtain information from parents / carers and health care professionals. This information should be retained on the individuals support plan.

Medication

Pupil with epilepsy may require medicine on a long-term basis tokeep them well, even when the epilepsy is well controlled. Epilepsy medication is usually taken twice a day, outside of school hours, which means that there is no issue for school staff around administration or storage of these medicines.

The only time medicine may be urgently required during the school day is when the seizures fail to stop after the usual time, or the pupil goes into 'status epilepticus'. Status epilepticus is defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, an emergency sedative needs tobe administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth.
If a pupil at our school requires the rectal diazepam, an Intimate Care Policy must be in place. Two members of staff must be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil.

What the school should do?

Most teaching and support staff during their careers will have come across pupil with epilepsy. All staff should be aware that young peoplein their care could have a seizure at any time and therefore should know what to do. It is important that cover staff and new staff are informed.

All individual pupil with epilepsy have a support plan that detailsthe specifics of their care. All staff should know what to do if a pupil has a seizure. The pupils' support plan should clearly identify the type or types ofseizures, including descriptions of the seizure's possible triggers and whether emergency intervention is required.

If a pupil experiences a seizure whilst at school, the details shouldbe recorded and communicated to parents / carers and/or the Epilepsy Nurse.

Pupil with epilepsy should be included in all activities though extra care may be needed for activities such as swimming or climbing. Any concerns should be discussed with the parents / carer and included in the health care support plan and risk assessment for that activity. AEM Sutherland House School encourages pupils with epilepsy to participate in safely managed activities and visits / trips. All reasonable adjustments will be made to

enable themto do so, this will include regular review of risk assessments, careful and methodicalplanning of activities and trips and reviewing all relevant policies as required. A copy of the health care support plan should be taken on off-site trips in the event the information is needed in an emergency.

During a seizure it is important that:

- the persons movements are not restricted.
- the person is in a safe position.
- the seizure is allowed to take its course.

In a convulsive seizure something soft e.g., a cushion, jumper or blanket should beput under the persons head to help protect it. **Nothing should ever be placed in the mouth.**

An ambulance should be called if:

- it is the persons first seizure.
- the person has injured him / herself badly.
- the person has problems breathing after the seizure.
- a seizure lasts longer than the period set out in the health care support plan.
- a seizure lasts for more than 5 minutes (if you do not know how long a seizureusually lasts for that the person).
- there are repeated seizures.

Epilepsy is a long-term medical condition; therefore, anyone who has epilepsy is usually considered to have a disability and covered by the Equality act 2010. This pupil should take part in all activities organised by the school, except those specifically agreed by the parents / carers and/or relevant health adviser.