RUSSET HOUSE SCHOOL

SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY (INC. MANAGEMENT AND ADMINISTRATION OF MEDICATION)

Introduction

Pupils at Russet House School with medical conditions will be fully supported so that they have full access to education, including school trips and physical education.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours (less than 4 times a day); and parents are encouraged to administer medication outside school hours wherever possible. However, it is recognised that on some occasions pupils may require routine or emergency medication to be administered during school hours (as stated by a Health Care Professional), for example if it would be detrimental to their health not to do so.

This policy incorporates advice from the NHS and Enfield Clinical Commissioning Group.

Aims of the Policy

- To outline the school's procedures and requirements for supporting pupils with medical conditions.
- To have clear guidelines for managing medicines if medication is to be administered in school.
- To explain Russet House School's procedures for managing medication on educational visits and off-site activities.

Terminology

The terms medication and medicines refer to any treatment for a medical condition or illness which is given to a child in any way. It includes medicines taken orally, ear, eye and nose drops, creams or ointments, medication administered via an Adrenaline Auto Injector (previously known as an Epi-pen) or Insulin Pen.

Children with Asthma

Russet House School was awarded the 'Asthma Friendly School' status in 2023 and continues to adopt the Asthma Friendly School standards to demonstrate robust practice (see Appendix 4).

Administration by School Staff and Training

Staff cannot be directed to administer medication if they do not wish to do so. Medication will therefore only be given to pupils by members of staff who are confident and happy to do so.

Training on how to administer emergency medications (Adrenaline Auto Injectors, epilepsy medications and asthma inhalers) is provided by the Special Schools Nursing Team (SSNT) on an annual basis to support staff to carry out their role to assist pupils with medical conditions. Any other specific medical training is arranged with specialist teams as needed (i.e. if a pupil becomes diagnosed with diabetes type 1).

The school will keep a written record each time medicines are administered using the 'Medications Recording Sheet' produced by the Special Schools Nurse (SSN) - see Appendix 1.

Consent and Documentation

When a pupil joins the school, parents/carers are asked to complete an Individual Healthcare Plan document as part of their admissions pack, including stating if their child has any medical conditions. This is reviewed by the SSN to determine if any Care Plans are needed before the pupil can start.

Each classroom has 2 red medical folders which contain clear documentation about pupils' health needs:

<u>Folder 1: Pupils who require emergency medication</u>

Some pupils may require emergency medication e.g. Buccal Midazolam for epilepsy or an Adrenaline Auto Injector (previously known as an Epi-pen) for an allergic reaction.

Any pupil who requires emergency medication will have a Care Plan; Emergency Medication Check In/Out Sheet; and Emergency Medications Recording Chart produced by the SSN or specialist hospital nurse.

Folder 2: Routine medication or on-going monitoring

Some pupils may require routine medication e.g. insulin.

Any pupil who requires routine medication will have a Routine Medications Recording Chat produced by the SSN or specialist hospital nurse.

For on-going monitoring of health needs e.g. new seizure activity, changes in temperature, monitoring templates are also kept in this folder.

Short term medication (prescribed in doses 4 times or more a day):

Parents must complete a consent form in order for any prescribed medication to be administered in school (see Appendix 2). Once completed by a parent the consent form must be signed by the Headteacher or a member of the school's Senior Leadership Team prior to the medication being given. In urgent situations parental consent can be provided verbally over the phone to a member of the school's Senior Leadership Team who can then agree if the medication can be administered; this phone call is recorded. Under these circumstances the written consent form will need to be completed and returned to school the next day.

If a pupil requires pain medication to be administered, verbal consent will be sought from the parent. A consent slip is completed during the phone call with the parent and a copy sent home for confirmation. See Appendix 3.

The school will only accept prescribed medicines if these are in-date, labelled with the pupil's name, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

Any non – prescribed medication (over the counter medication) must be reported to the SSNT (Team Leader Tel: 02087026695) so a decision can be made around school administering the medication. The consent form (Appendix 2) must be signed by the Headteacher or a member of the school's Senior Leadership Team prior to the medication being given.

Refusal to take medication

Staff will support and encourage pupils to take medication and will discuss with parents how a child may be encouraged / enabled to take medication.

If a pupil refuses to take their medication, staff will not force them to do so. They will inform a member of the school's Senior Leadership Team, and the parents will be informed as soon as possible after the refusal. If a refusal to take medication results in an emergency or a pupil refuses to take emergency medication then the parents will be informed immediately, and an ambulance will be called.

Storage of Medication

Routine medication will be clearly labelled and stored in the locked First Aid cabinet in the school office.

Emergency medication is stored in classroom First Aid cabinets (which must not be locked) so they can be accessed immediately when needed. Medication will be kept in pupils' individual medical green bags, labelled with a picture key ring. Within the green bag, each medication is tagged into a clear zip bag, with the pupil's photo, d.o.b., copy of their care plan/s and medication expiry date checked. Each tag number is sent to the SSN and recorded on the pupil's medical record. Staff teams check and record daily that the tag has not been broken when receiving the medication in and out of school.

When a pupil leaves the classroom to visit other additional learning spaces (e.g. PE hall, soft play) and at playtimes, a member of the class team will carry their green medical bag with them.

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will be used for the disposal of needles and other sharps.

Records of Pupils Who Require Medication

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's care plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its

implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

The school office will record which pupils require routine or emergency medication from the information provided on pupils' school admission forms. This information is saved as a PDF document called 'List of Medical Conditions' (shared drive:\Health Care Plans-PDF lists) with corresponding PDF documents for each condition (e.g. list of pupils who have asthma).

It is the responsibility of parents to monitor any expiry dates on medications and provide school with new medication.
In addition, a list of expiry dates for all medication is kept in a central file by the Deputy Headteacher so that parents can be reminded and medication kept in school is within date (Shared drive\Health Care Plans-medications expiry dates). The list is updated by the office school manager when a pupil is newly diagnosed/new medication is prescribed.

Emergency Procedures and Spare Emergency Medication in School
Individual care plans define what constitutes an emergency and explain what to do, including ensuring that staff are aware of emergency symptoms and procedures. If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany a pupil taken to hospital by ambulance.

In accordance with government guidance (October 2017), the school has Adrenaline Auto-Injector (AAI) devices and asthma inhalers without a prescription, for emergency use on pupils who are at risk of anaphylaxis or an asthma attack, but whose own device is not available or not working. Parental consent and information on use of emergency spare medication is kept in the school office, and a list in the emergency grab bags. These medications are audited monthly by a member of the school office team.

The school has a defibrillator as part of our first-aid equipment, stored in the school office and is checked by the Site Management weekly.

Educational Visits and Off-site Activities
Russet House School ensures pupils with medical needs or who require medication are able to participate in educational visits and off-site activities. A first aid travel kit must always be taken out on an offsite visit/ activity.

When planning visits and off-site activities the visit leader (usually the class teacher) will consider what measures need to be put in place to meet each pupil's needs, such as the level of supervision required. Arrangements for taking any necessary medication will also be made; this will be kept in individual labelled green medical bags by a member of staff for safety reasons.

All staff participating in the visit will read relevant individual care plans and be aware of any pupil who may require medication (including emergency medication) during a visit or off-site activity. Additional Risk Assessments will be carried out as needed if additional safety measures are required.

If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils on a visit, they should discuss this with the class teacher and/ or a member of the school's Senior Leadership Team.

Home-to-school Transport
This is the responsibility of local authorities, who should be aware of a pupils' health needs. School staff are asked to sign in/out medication that is travelled on school transport.

Liability and Indemnity
The school has the Department for Education's Risk Projection Arrangement (RPA) which sets out the details of the school's insurance arrangements. Copies are available from the School Business Manager.

Unacceptable Practice

Although staff should use their discretion and judge each case on its merits with reference to a pupil's individual care plan, it is not generally acceptable practice to:

- prevent pupils from accessing their inhalers and medication and administering their medication when and where necessary.
- assume that every pupil with the same condition requires the same treatment.
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual care plan.
- penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child. No parent should have to give up working because the school is failing to support their child's medical needs.

Complaints

Should parents be dissatisfied with the support provided to their child with a medical condition, they should discuss their concerns directly with the school who will then liaise with the SSNT. If for whatever reason this does not resolve the issue, they can refer to the school's complaints policy.

Approved	Amended and agreed 13.11.2025 Amended and agreed 12.02.2026
Committee	Resources
Chair of Governors	Sian Mainwaring
Date of Review	February 2027

Appendix 1:

MEDICATION RECORDING SHEET

Active From:

Name: NHS number: DOB:

Allergies / Sensitivities

Known Allergies / Sensitivities to medication:

Emergency Contact - Next of Kin 1

Name: Relationship:

Telephone(s):

Address:

Emergency Contact - Next of Kin 2

Name: Relationship:

Telephone(s):

Address:

GP details

GP Name:

Telephone(s):

Address:

Community Pharmacy

Community Pharmacy Name:

Telephone(s):

Address:

MEDICATION RECORDING SHEET – AS REQUIRED MEDICINE

School: Name: DOB:

DRUG	
DOSE	
FREQUENCY	
ROUTE	

DATE	TIME	CODE	SIGN AND PRINT NAME	COMMENTS

Code for reason for administration or non-administration: **1**. Given **2.** Absent **3.** Medication Unavailable **4.** Ill Health **5.** Refused

Appendix 2:

ADMINISTRATION OF MEDICATION CONSENT (SHORT-TERM) AND RECORD FORM

Active From:

Child's name: NHS number: DOB:

Allergies / Sensitivities

Known Allergies / Sensitivities to medication:

Emergency Contact - Next of Kin 1

Name: Relationship:

Telephone(s):

Emergency Contact - Next of Kin 2

Name: Relationship:

Telephone(s):

GP details

GP Name:

Telephone(s):

Address:

Community Pharmacy

Community Pharmacy Name:

Telephone(s):

Address:

Medication information:

Medical condition: Type of medication: Reason for medication:

Expiry date: Dosage: How should medication be given *(by mouth with food etc.)*?

How much time should be left between doses?

I / We give permission for a designated member of Russet House School staff to give my child his/her medication in my absence.

Parent/Guardian's Signature: Please print name: Authorised by SLT: Date:

MEDICATION RECORDING SHEET

Child's name:

DOB:

DATE	TIME	CODE	SIGN AND PRINT NAME	COMMENTS/ANY REACTIONS

Code for reason for administration or non-administration: **1**. Given **2.** Absent **3.** Medication Unavailable **4.** Ill Health **5.** Refused

Appendix. 3:

Russet House School

Junior Paracetamol suspension 120mg/5ml
Verbal consent slip

Child's name: _____

Date of birth: _____

Verbal consent received by: _____ (name of parent) over the phone.

Date of consent: _____ Time of consent: _____

Staff member: _____ Signature: _____

Reason for Medication: _____ Dose Given: _____

Date and time given: _____
CC: Copy for parents / Pupil File

Appendix 4:

ASTHMA FRIENDLY INITIATIVE

This document has been compiled in collaboration with school staff, parents, School Nurses and Governors to ensure that the individual needs of pupils with asthma, are being met.

- Recognises the needs of pupils with asthma.
- Ensures that children with asthma participate as fully as possible in all aspects of school life, including, for example, Physical Education, visits, outings and field trips.
- Ensures staff are trained in how to deal with an asthma attack.

Russet House School recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. Russet House School encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents and pupils.

Guidance:

In order to achieve the above:

- All staff are given basic awareness training on an annual basis about asthma and the use of inhalers.
- All staff have a clear understanding of procedures to follow when a child has an asthma attack.
- Reliever inhalers for pupils are always accessible.
- The school maintains a register of pupils with asthma and each individual pupil with asthma has an ***asthma health care plan*** which details triggers and relevant information.

Asthma:

Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. When a child or young person with asthma encounters an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus can be produced. All these reactions cause the airways to become narrower and irritated – leading to the symptoms of asthma.

Children and young people with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when they come into contact with something that irritates them (an asthma trigger). The usual symptoms of asthma are:

- Coughing,
- Shortness of breath,
- Wheezing,
- Tightness in the chest,
- Being unusually quiet,
- Difficulty speaking in full sentences,
- Sometimes younger children will express a tight feeling in the chest as a tummy ache.

A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma triggers. Everybody's asthma is different, and everyone will have different triggers. Common triggers may include viral infections (colds and flu), house-dust mites, pollen, cigarette smoke, furry and feathery animals, exercise, outdoor air pollution, laughter, excitement and stress.

Management of Asthma in school:

Early administration of the correct reliever treatment will cause the majority of asthma attacks to be completely resolved.

Immediate access is vital to early administration of the inhaler. All inhalers for children are stored in first aid cabinets (not locked) connected to each classroom. For each child with asthma, parents/carers should meet with the school nurse to complete an asthma health care plan, along with their child's inhaler with the dose to take in the event of an attack. It is also their responsibility to inform school of any changes to their child's treatment. A parent/carer should supply the inhaler in its original packaging with the expiry date clearly labelled. Parents are also responsible for checking expiry dates and providing the school with new medication when needed. The school will also keep a record to contact parents when their child's inhaler needs replacing when needed. Inhalers will be sent home at the end of the academic year.

School staff may aid a child in administering asthma medications due to the children being autistic.

Emergency inhalers in school:

School keeps an emergency inhaler for use when a child's inhaler is not available or the inhaler, they have provided school with has expired.

Emergency salbutamol inhalers and spacers for use in an emergency are kept along with a register of children who have prescribed inhalers and their parental information in the school office, in the emergency grab bags.

Asthma Medicines:

At school, most pupils with asthma will only need to take reliever inhaler medicines.

1) Reliever Inhalers:

Every child with asthma should have a reliever inhaler (usually blue). Relievers are medicines that can be taken immediately when asthma symptoms start as they work within minutes. They work by relaxing the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again.

- Relievers are essential in **treating asthma attacks**, pupils using their reliever inhalers two – three times a week will be advised to seek medical assistance
- Reliever inhalers are usually blue.
- It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively.
- Relievers are a very safe and effective medicine and have very few side effects. Sometimes children do get an increased heart rate and may feel shaky if they take a lot, however, children cannot overdose on reliever medicines and these side effects pass very quickly.
- All inhalers have an expiry date. Parents/carers should be responsible for ensuring that all their child's asthma medicines are within the expiry date. Reliever inhalers and preventers usually last about two years. In addition, a named member of staff should be checking the inhalers of every pupil with asthma in school every six months.

2) Preventer Inhalers:

Preventers protect the lining of the airways. They help to calm the swelling in the airways and stop them from being so sensitive. Taking preventer medicines means that a child with asthma is less likely to react badly when they come into contact with an asthma trigger. Preventer inhalers contain a small amount of steroid that reduces inflammation in the lungs and prevents asthma. Preventer inhalers must be taken every day even when the child's asthma is ok.

- Preventers are usually prescribed for children who are using their reliever inhaler at least two - three times a week.
- Preventers reduce the risk of severe attacks.
- Preventer inhalers are usually brown.
- The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child is feeling well.
- Children should not normally need to take the preventer inhaler during school hours. If they are needed, they may need to be reminded to take them. This should be written on the School's asthma care plan.

3) Spacers:

A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other end. Spacers are used to help deliver medicines to the lungs. They make inhalers easier to use and more effective. Spacers are used with aerosol inhalers.

- Spacers may often be needed and used at school, especially by pupils under the age of 12.
- Each pupil, who has been prescribed a spacer by their doctor or asthma nurse, should have their own individually labelled spacer. This should be kept with their inhaler.

In the event of an asthma attack

- Ensure that the reliever is taken immediately. Whenever possible, allow medication to be taken where the attack occurred.
- Stay calm and reassure the child. Stay with the child until the attack is resolved.
- Help the child to breathe by encouraging them to breathe as slowly and deeply as possible.
- After the attack, and as soon as they feel better, the child can return to normal school activities.
- The child's parent/carer must be informed of the attack. The class teacher will phone the parent/s to inform them and record the use/dose of medication on the administration recording sheet.

In all emergencies, follow the traffic light system:

MILD	*If the child:* Requires using their inhaler (reliever) regularly throughout the day for cough or wheeze but is not breathing quickly and is able to continue their normal day-to-day activities.	• Ask the parents to make contact with their GP to be seen the next day. • Always inform parents as to how frequently their child has had to use their inhaler during the day.
MODERATE	*If the child is:* Wheezing, coughing, breathless and not responding to usual reliever treatment.	• Immediately contact parents to collect the child from school and advise that the child is taken to see the GP that day. • Advise parents also to contact 111 for 24 hour advice if unable to contact the GP.
SEVERE	*If the child is:* • Drowsy or unable to respond • Frightened • Unable to speak in sentences • Breathless with heaving of the chest	• Ring 999 • Inform them you need immediate help. • Follow the school emergency asthma plan. • Give 10 puffs of reliever inhaler using the spacer every 15mins until the ambulance arrives.

All staff should be clear that when calling for an ambulance in an emergency situation that a Paramedic is requested.

Implementing the Policy

The Headteacher and Asthma Lead (AHT) is responsible for the policy for asthma in school. The delegated member of staff responsible for implementing the policy in school is the Asthma Lead (AHT).

Asthma awareness training is carried out by the School Health team on an annual basis for all school staff.

A register of all children with asthma is kept electronically by the school's office manager in a secure file on the school system. A copy of the pupil's asthma health care plan is kept with their medication, in their classroom. A copy of the asthma register is also kept in the emergency grab bags.

All parents and carers receive a school asthma action plan to complete with their GP or asthma nurse on an annual basis and a copy of this information is kept in the health care plan folder and saved on the school's central system. Copies of all school asthma health care plans are kept in each child's class.

Parents and carers are encouraged to keep the school and the School Nursing teams informed of changes in their child's plan.

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.

If a child has asthma, school will request that parents complete a school asthma health care plan with the school nurse and provide the most recent information/ up to date asthma care plan to inform the school of:

- Reliever treatment

- Signs and indications
- Triggers
- Other medication

School will ask parents/carers to ensure that their child's inhaler is:

- Correctly labelled
- In good working order
- In-date
- Asthma champions will ask classes within their phase to send the inhaler home at the end of each term to be cleaned; and check their return back after the holiday break. They will also check that the inhaler has liquid inside (shake to hear).

Schools will also ask parents to provide a spacer for their child's use in school. This is particularly important if the child is having an asthma attack.
It is the responsibility of the school to keep parents/carers informed of any differences in their child's condition and treatment and to record this for future reference. Each class has a medical record to complete should a child have had to use his/her inhaler during the school day which is shared with parents. This can then alert parents to any changes in their child's use of the salbutamol inhaler. Parents will also be informed if their child has had to use the emergency salbutamol inhaler. **School Nurse will be informed if a child is constantly using their reliever inhaler more than twice a week as this is sign of poorly controlled asthma. Parents will be advised to arrange an asthma review with the child's General Practitioner**.

A list of expiry dates for all inhalers is kept in a central file by the Asthma Lead (AHT).
The asthma register is updated by the office school manager when a child is newly diagnosed.

Exercise and Activity

Taking part in games, sports and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and this information will be shared with other members of staff who may be present teaching or supporting teaching in the classroom.
Pupils with asthma are encouraged to participate fully in all PE lessons. **Staff, who are delivering the PE lesson, will need to observe/ monitor pupils, whose asthma is triggered by exercise, and support/ encourage them to take their reliever inhaler during the lesson if and when needed**. All inhalers need to be taken to the hall or the playground in the child's individual medication green bag for potential use in a PE lesson. If a pupil needs to use his/her inhaler during a lesson, they will be encouraged to do so. Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Visits, Outings or School Trips

When pupils are taken out on school trips or on residential visits, it is the responsibility of school staff to ensure that inhalers are taken along for each pupil with asthma. The same principles are used as for exercise where outdoors activities are involved.
A mobile phone should always be available for any emergency situations.

The School Environment

Russet House School will do all it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any furry or feathered animals and has a no-smoking policy. The school will work to ensure that it does not use any chemicals in products that are potential triggers for pupils with asthma.

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