

# Fair Ways Education

## Health, First Aid and Medication Policy and Procedure

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## Fair Ways Vision, Mission and Values

### Our vision

To build an institution that makes a difference to society and leaves a legacy greater than ourselves and our contributions.

### Our mission

Making a difference through passionate care, support and education.

### Our values

As a charity we measure our wealth by the difference we make, rather than any profit.

We believe that by embodying a culture in which every individual is valued for their own contribution, we can develop them and harness their potential, so that they may achieve great things.

Our values form the heart of the work we do, defined by Fair Ways people, for Fair Ways people. These are the values by which we operate, by which we are governed, and to which we are held accountable.

We therefore expect every individual within the organisation to *play their part*:

<b>P</b> ROFESSIONAL ATTITUDE	<b>A</b> CCEPTING	<b>R</b> EFLECTIVE	<b>T</b> RANSSPARENT
<ul style="list-style-type: none"> <li>We do what we say we will</li> <li>We approach challenges with optimism and enthusiasm</li> <li>We don't judge, we notice</li> <li>We put the needs of the service before our own personal gains</li> </ul>	<ul style="list-style-type: none"> <li>We don't give up on people</li> <li>We value all individuals and are willing to challenge them</li> <li>We embrace each other's differences as much as our similarities</li> <li>We accept responsibility for our actions</li> </ul>	<ul style="list-style-type: none"> <li>We give feedback, we invite feedback, we listen to feedback</li> <li>We look inward before we look outward</li> <li>We learn as much from our mistakes as from our successes</li> <li>We listen to each other, learn from each other and grow together</li> </ul>	<ul style="list-style-type: none"> <li>We are always willing to explain why</li> <li>We have the courage to be open and honest</li> <li>We earn trust through our transparency</li> <li>We live by our values even when no-one is watching</li> </ul>

## **1 Introduction**

1.1 The Department for Education (DfE) 'Supporting pupils at school with medical conditions' (2015) guidance has 3 key points:

- Young People at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Fair Ways Board of Directors must ensure that arrangements are in place in schools to support young people at school with medical conditions.
- Fair Ways Board of Directors should ensure that school leaders consult health and social care professionals, young people and parents to ensure that the needs of young people with medical conditions are properly understood and effectively supported.

1.2 The guidance states that Fair Ways Board of Directors should ensure that all schools develop a policy for supporting young people with medical conditions that is reviewed regularly and is readily accessible to parents /carers and school staff. This Policy provides an explanation into the role and responsibilities of Fair Ways as an organisation in supporting young people with medical conditions in the two schools – GLADE School (ASC) and Fair Ways School (SEMH / ASC / Transition).

1.3 When a young person transfers from a school to a Fair Ways education provision, there needs to be a transitional arrangement between the schools and parents /carers to ensure that all health needs are proactively identified. In cases where a young persons medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents / carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

## **2 Confidentiality**

2.1 Medication management is an integral part of a young persons health care. As such, medication management requires the same degree and approach to consent and confidentiality as any aspect of a young persons records.

## **3 Safeguarding**

3.1 A safeguarding issue in relation to managing medicines includes the deliberate withholding of a medicine(s) without a valid reason, the incorrect use of a medicine(s) for reasons other than the benefit of the young person, deliberate

attempt to harm through use of a medicine(s), or accidental harm caused by incorrect administration or a medication error.

- 3.2 Staff are responsible for following the Fair Ways Education policy and procedure on safeguarding (Document Ref: SC10) when there is an issue with medication management.

#### **4 Medication Reconciliation**

- 4.1 Medicines should only be administered in school when it would be detrimental to a young persons health or school attendance not to do so.
- 4.3 Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- 4.4 The school will only accept prescribed medicines if these are in-date, labelled, 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 to the school inside an insulin pen or a pump, rather than in its original container.
- 4.5 All medicines will be stored in a locked medication cabinet in the school medical room. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to young people.
- 4.6 When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
- 4.7 All controlled drugs will be stored in the locked part of the medication cabinet. A controlled drug book will need to monitor the acceptance, administration and return of the control drug to the parent. A record will need to be kept of any doses used and the amount of the controlled drug held. The Deputy Head is responsible for auditing the control drug book on a weekly basis.
- 4.8 Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual young people, stating what, how and how much was administered, when and by whom. This needs to be recorded on the Medication Administration Record. Any side effects of the medication to be administered at school should be noted in school. (Within Individual Health Care Plan)

- 4.9 A designated person (Medication Coordinator) should check the medication cabinet at least once a week to ensure that medication has not reached its expiry date. A further check will be made by the Deputy Head on a weekly basis to enhance auditing checks. A designated person will attend the assessors workshop for medication handling and ensure that all staff complete a medication competency assessment three times per year.

## 5 Consent

- 5.1 No pupil under 16 should be given prescription or non-prescription medicines without their parents / carers written consent (**Appendix A**) – except in exceptional circumstances where the medicine has been prescribed to the young person without the knowledge of the parents. In such cases, every effort should be made to encourage the young person to involve their parents while respecting their right to confidentiality.
- 5.2 The only non-prescription medication the school will administer will be a dose of paracetamol/ ibuprofen or allergy relief that must be brought in from home, in the original packaging with instructions. No other non-prescribed medication will be administered. Parents need to give advance permission for this in writing and documented in the individual healthcare plan. Parents will also need to be contacted to seek consent before medication is administered.
- 5.3 Staff will identify and record anything that may hinder a young person giving informed consent. Things to look out for include mental health problems, lack of (mental) capacity to make decisions, health problems (such as problems with vision and hearing), difficulties with reading, speaking or understanding English and cultural differences. These will be taken into account when seeking informed consent and will be regularly reviewed

## 6 Training

- 6.1 All staff working in a Fair Ways education provision need to complete the Fair Ways Medication Administration, First Aid, Health and Safety training. The organisation is responsible for sourcing and providing specialised health training when young people have a specific health and / or medication needs that is beyond the competency of school staff. These needs will be identified in the Individual Health Care Plan. It is the responsibility of the Head Teacher to identify any specific training needs for the staff.

- 6.2 Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. This must be reflected in the individual health care plan.

## **7 Individual Healthcare Plans**

- 7.1 If any health care needs are identified for a young person then an individual health care plan will be required. Only young people with health care needs will require an individual health care plan. The Individual Health Care Plan provides clarity about what needs to be done, when and by whom. The school should ensure that plans are reviewed at least annually, or earlier if evidence is presented that the young persons needs have changed. They should be developed with the young persons best interests in mind and ensure that the school assesses and manages risks to the young persons education, health and social wellbeing, and minimises disruption. The plan should be easily accessible to all who need to refer to them, while preserving confidentiality.
- 7.2 Plans should be drawn up in partnership between the school, parents / carers and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or pediatrician, who can best advise on the particular needs of the young person, they too should also be involved whenever appropriate.
- 7.3 An individual healthcare plan should include the following:
- The medical condition, its triggers, signs, symptoms and treatments.
  - The young persons resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors.
  - Specific support for the young persons educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
  - The level of support needed (some young people will be able to take responsibility for their own health needs) including in emergencies. If a young person is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
  - Who will provide this support, their training needs, and expectations of their role and confirmation of proficiency to provide support for the young persons medical condition from a healthcare professional; and cover arrangements for when they are unavailable?
  - Who in the school needs to be aware of the young persons condition and the support required?

- Arrangements for written permission from parents and the Head of School for medication to be administered by a member of staff, or self-administered by the young person during school hours.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the young person can participate, e.g. risk assessments.
- Where confidentiality issues are raised by the parent or young person the designated individuals to be entrusted with information about the young persons condition.
- What to do in an emergency, including whom to contact, and contingency arrangements. Some young people may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

## **8 Medication Procedure**

8.1 When administering medicine the following must be adhered to by the trained staff member:

- Staff must have a general understanding of the type of medication they are administering. This information can be found via the NHS Choices website or the patient information leaflet provided with the medication.
- Be certain of the identity of the young person to whom the medication is being given.
- Check the prescription and the label on the medication is clear and unambiguous.
- Check that the medication label matches what is on the MAR sheet.
- Prepare the correct dose for the time of day.
- When liquids, creams and ointments are opened a clearly written label should be attached with the date the medicine has been opened and when it should be dispensed with.
- Check the expiry date.
- Keep clear and accurate signed records of all medication administered, withheld or refused on the MAR sheet.
- Oral medication to be taken with water unless otherwise indicated.
- Have a second member of staff counter sign the administration.
- If a young person, for whatever reason, does not take the medication this needs to be recorded with the reason on the MAR sheet and school leadership team immediately informed. Parents will need to be immediately contacted about the refusal.
- All medication errors must be reported immediately to the Head of School and advice initially sought from a health care professional via NHS Direct (Telephone 111).

- Staff should report any adverse reaction to the medication, immediately to the school leadership team and seek initial advice from NHS Direct (Telephone 111).

## **9 Day trips, residential visits and other offsite school activities**

- 9.1 A young persons medical needs will need to be assessed before any offsite activity are agreed. There should be enough flexibility for all young people to participate according to their own abilities and with any reasonable adjustments. The schools will need to make arrangements for the inclusion of young people with medical needs making reasonable adjustments when required. If medication needs to be administered when off site, a plan will have to be included in the individual healthcare plan.
- 9.2 If medication is required during a school trip it should be carried by the young people if this is normal practice i.e. asthma inhalers. If not, then the medication should be carried by a member of staff who would be responsible for administering the medication when required. Details should be recorded within the young persons individual care plan

## **10 Roles and Responsibilities**

### **10.1 Head of School**

- 10.1.1 The Head of School should ensure that this policy is effectively implemented. This includes ensuring that all staff are aware of the policy for supporting young people with medical conditions and understand their role in its implementation. The Head of School should ensure that all staff who need to know are aware of the young persons condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. In all education provision the Head of School has overall responsibility for the development of individual healthcare plans.

### **10.2 Parents**

- 10.2.1 Parents should provide the school with sufficient and up-to-date information about their young persons medical needs. Parents should be given the opportunity to be involved in the development and review of their young persons individual healthcare plan. 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.

### **10.3 Young People**

10.3.1 Young People should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

### **10.4 Staff**

10.4.1 Any member of school staff may be asked to provide support to young people with medical conditions, including the administering of medicines. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of young people with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support young people with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a young person with a medical condition needs help.

### **10.5 Health Care Professionals**

10.5.1 Other healthcare professionals, including GPs, CAMHS, should notify the school Medical Coordinator when a young person has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans.

## **11 First Aid**

11.1 All staff are First Aid trained and will respond to all accidents and injuries during the school day. Staff will carry out normal reporting procedures and in an emergency if young people require medical treatment this will be sought as a matter of urgency. Parents /carers will be informed immediately. All staff participate in regular training.

## **12 Accidents / Sickness**

12.1 If a young person is feeling unwell or encounters any kind of sickness their parent / carer is contacted immediately and arrangement is made to take them home by the school staff. If they are un-contactable or whilst young people are waiting they are taken to the designated area of the school supervised by a member of staff first aid trained where they can rest with toilet and wash basin facilities attached. If any young person encounters sickness or diarrhoea we adopt a strict policy on having to be 48 hours of no symptoms before returning to school.

- 12.2 In any type of emergency, medical advice from the emergency services or NHS direct will be sought if the injury is severe or the designated 'First Aider' is anyway unsure of correct treatment, advice then can be given.
- 12.3 All 3 school sites are within ten minutes' drive of Accident and Emergency units in Southampton and Portsmouth. Any potential fracture, serious burn, any injury which results in heavy bleeding, any head injury, or any incident that results in a child losing consciousness should automatically trigger an emergency ambulance call or visit to the hospital.

***NHS Direct: 111***

***Emergency services: 999 (direct line)***

- 12.4 All accidents and other medical emergencies are to be recorded in the accident log. Parents or the placing authorities (and where appropriate) should be informed when necessary and a record kept of the occasions when these have taken place.
- 12.5 Young People with medical conditions, such as epilepsy, asthma or severe allergies are to be identified. All staff should be aware of their conditions and alert to the need for prompt action – details will be kept on individual risk assessments and behaviour management plans.

### **13 Body Fluid / Spillage**

- 13.1 Chlorine releasing agents such as bleach are the only disinfectants that are effective in these situations.
- 13.2 Protective clothing, including apron and latex gloves must be used at all times when handling infected clothes / matter. These items will be found along with cleaning products which have been COSHH and risk assessed by the Unit Manager.
- 13.3 Any bodily spillage must be cleaned as soon as possible using the correct COSHH assessed cleaning agents.

### **14 Staff Medication**

- 14.1 Fair Ways recognise that some staff will need to bring their own medication to work. Staff are expected to keep their own medication in their personal belongings which are kept in a room that is not accessible by young people.
- 14.2 If staff medication is of a nature that requires specific storage, then this needs to be raised with their line manager.

- 14.3 Staff should not routinely use the homely remedies stored in the school for the young people. Fair Ways School recognises that there may be occasions where staff need access to analgesia (e.g. paracetamol). On these rare occasions, staff need to liaise with the Deputy Head of School / Head of School to request access to these analgesia. Access can only be sort with prior permission from parents.

## 15 Asthma Inhalers Procedure

- 15.1 **Introduction** - The Department of Health has guidelines on the use for asthma inhalers in schools, 'Guidance on the use of emergency salbutamol inhalers in schools' (DoH 2015). All 3 school sites have asthma inhalers onsite for emergency uses, in adherence to the Human Medicines (Amendment) (No. 2) Regulations 2014 that allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

- 15.2 **Supply** - The school can buy an inhaler and spacer from a local pharmacy without a prescription, providing that the general advice relating to these transactions are observed. Pharmacies are not required to provide inhalers or spacers free of charge so the school will be required to pay for them as a retail item. To purchase the item the pharmacist will require a request signed by the Head of School on headed paper stating:

- the name of the school for which the product is required
- the purpose for which that product is required
- the total quantity required

- 15.3 **The Emergency Kit** - Each school will require an emergency kit for the asthma inhaler which will need to include:

- a salbutamol metered dose inhaler
- at least two plastic spacers compatible with the inhaler
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler
- manufacturer's information
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- a note of the arrangements for replacing the inhaler and spacers (see below);
- guidance on the use of emergency salbutamol inhalers in schools
- a list of young people permitted to use the emergency inhaler as detailed in their individual healthcare plans
- a record of administration (i.e. when the inhaler has been used)

15.4 **Storage of Emergency Inhaler** - Two staff will be responsible for maintaining the emergency inhaler kit. They will be responsible for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order and the inhaler has sufficient number of doses available.
- That replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available following use (it is recommended to have 5 spacers in an emergency bag).
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

15.4.1 The emergency inhaler kit will be stored in the clinical room which all staff will require to have access to. The room temperature will need to be below 30°C

15.4.2 The inhaler and spacers should be kept separate from any young persons inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

15.4.3 An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

15.5 **Disposal** - The spacer should only be used once then disposed of. Inhalers will need to be disposed of at the pharmacy.

15.6 **Young People who can use the Inhaler** - The emergency salbutamol inhaler should only be used by those:

- who have been diagnosed with asthma, and prescribed a reliever inhaler  
OR
- who have been prescribed a reliever inhaler

**AND** for whom written parental / carer consent for use of the emergency inhaler has been given.

15.6.1 This information is required to be recorded in a young persons individual healthcare plan. Written consent by the parent / carer needs to be contained in a consent form (**Appendix A**) and documented in the individual healthcare plan. The annual review of the individual health care plan will determine whether there have been any changes to the pupil's condition and for consent to be sought again from parent / carer.

15.7 **Roles and Responsibilities** - The Deputy Head of each school is responsible for overseeing the protocol for use of the emergency inhaler and monitoring its implementation and for maintaining the asthma register.

15.7.1 Each school to have two individuals who are responsible for the supply, storage care and disposal of the inhaler and spacer.

15.8 **Procedure on how to respond to signs of an asthma attack**

15.8.1 Common 'day to day' symptoms of asthma are:

- cough and wheeze (a 'whistle' heard on breathing out) when exercising
- shortness of breath when exercising
- intermittent cough

15.8.2 These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the young person to be sent home from school or to need urgent medical attention.

15.8.3 Signs of an asthma attack include:

- persistent cough (when at rest)
- a wheezing sound coming from the chest (when at rest)
- being unusually quiet
- the pupil complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- difficulty in breathing (fast and deep respiration)
- nasal flaring
- being unable to complete sentences
- appearing exhausted
- a blue / white tinge around the lips
- going blue

15.8.4 If a young person is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

15.8.5 **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE YOUNG PERSON:**

- appears exhausted
- has a blue / white tinge around lips
- is going blue
- has collapsed

#### 15.8.6 Responding to signs of an asthma attack:

- Keep calm and reassure the young person.
- Encourage the young person to sit up and slightly forward.
- Use the young person's own inhaler – if not available, use the emergency inhaler.
- Remain with the young person while inhaler and spacer are brought to them.
- Immediately help the young person to take two separate puffs of the salbutamol via the spacer immediately.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the young person. Stay with the young person until they feel better. The young person can return to school activities when they feel better.
- If the young person does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.
- The young person's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a young person taken to hospital by ambulance and stay with them until a parent or carer arrives.

#### 15.9 Recording use of the inhaler and informing parents / carers

15.9.1 Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.

15.9.2 Written records need to be kept of medicines administered to them.

15.9.3 The young person's parents must be informed in writing so that this information can also be passed onto the GP (**Appendix D**).

#### 15.10 Staff Training is Asthma Procedure

15.10.1 All Fair Ways education staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- aware of the asthma procedure
- aware of how to check if a young person is on the register

- aware of how to access the inhaler
- aware of who the designated members of staff are, and the policy on how to access their help

15.10.2 The Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attacks

## **16 Alcohol and Illicit Drugs**

16.1 If there is suspicion that any pupil has been drinking alcohol or taking illicit substances (including legal highs), staff are not to administer medication. The school should contact parents / carers immediately and arrange for them to be collected from School. In an emergency situation the school should dial 999.

## **17 PRN Medication**

17.1 Only medications that have been prescribed by a Doctor or Non-medical prescriber may be given as PRN medication. In addition to completing the PRN MAR sheet, the following information should be entered onto the individualised PRN MAR sheet:

- Date, Time and Dosage.
- Authorisation to administer PRN.
- The name of the medication.
- The name of the person administering the medication.
- The name of the person witnessing the administration of this medicine.

17.2 Staff can only administer PRN medication in line with the young persons individual Care Plan and when clearly requested by the Young Person.

17.3 Staff are not able to 'offer' or initiate the administration of PRN medication

## **18 Diabetes**

18.1 Young People who have Diabetes and require blood glucose monitoring should have access to a clean, private area with working facilities. Staff agreeing to undertake this procedure must receive training from a Diabetes Specialist Nurse

18.2 Details should be recorded within the pupils individual Care Plan

## Appendix A – Fair Ways Education Medication Consent Form

### Consent Form Medical Information

Please be advised that the information you provide below is recorded on our system within your Child's Confidential Records. The information is only accessed by designated staff and used for the purpose of contacting you; your emergency contact and/ or your child's GP. The medical information is relevant information to help us best monitor your child's health and wellbeing. This information is processed in line with General Data Protection Regulations and our Fair Ways Policies as follows: Confidentiality Policy, Data Protection Policy, Information Sharing and Acceptable Usage Policy.

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

GP Surgery: \_\_\_\_\_

GP Contact: \_\_\_\_\_

CAMHS contact (if applicable): \_\_\_\_\_

Has your child had any of the following?

Asthma or bronchitis	YES/NO	Heart condition	YES/NO
Fits, fainting or blackouts	YES/NO	Diabetes	YES/NO
Severe headaches	YES/NO	Allergies to any known drugs	YES/NO
Any other allergies	YES/NO		

If you have answered yes to any of these questions please give details below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have a diagnosis of an illness/ disability? Yes/ No

If yes please give further details:

\_\_\_\_\_

\_\_\_\_\_

Does your child take any prescribed medication? Yes/ No

\_\_\_\_\_

Parent/ carer signature: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

Pupil's Prescribed Medication Form  
**Home and School**

Full name of child: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Medication administered at **home**:

Name and strength of medication	Dose to be given	Timing

Medication administered at **school**:

Name and strength of medication	Dose to be given	Timing

If on an offsite activity, do you give permission for trained FairWays school staff to administer the prescribed medication offsite? Yes/No

**When medication is given to the school it must be in the original container as dispensed by the pharmacy with clear instructions.**

The above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff administering the medication. I will inform the school immediately, in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent carer signature: \_\_\_\_\_

Print name: \_\_\_\_\_

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



Consent Form for Non-Prescribed Medication

**Please note that the school will not administer medicine to your child unless it is on prescription or paracetamol/ ibuprofen/ allergy tablets and you have completed and signed this form.**

**All medication needs to be brought in from home, complete with the packaging and information guide.**

**Please inform the school if your child is coming to school with medication on their person as this will need to be stored appropriately.**

*For further information please refer to Fair Ways Education Health, First Aid and Medication Policy and Procedure*

Child's Name: .....D.O.B: .....

Name and Strength of Medication: .....

Dose to be given: .....

When to be given: .....

For how long will this medicine be administered? .....

Any other instructions: .....

Number of tablets/quantity given to school: .....

Expiry date: .....

Signed parent/ carer: \_\_\_\_\_

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

Print name: \_\_\_\_\_

*If more than one medication is required a spare form should be completed*

### Appendix B - Medication Administration Record (MAR) Sheet

Month/Year											Student Name											Date of Birth										
Medication	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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Allergies					Doctor Name					Doctor Contact Details											<b>A.</b> Refused <b>B.</b> Vomited <b>C.</b> Destroyed <b>D.</b> PRN Medications: Reason given and results must be noted on back of form.											



## Appendix C – Asthma Consent Form

Asthma  
Consent Form for use of Emergency Salbutamol Inhaler  
**Only to be filled in if the child has asthma**

Childs name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

From 1st October 2014 the Human Medicines Regulations 2014 allows schools to keep a 'Salbutamol' inhaler for use in emergencies. For more details please refer to the Fair Ways Education Health, First Aid and Medication Policy and Procedure SC20 - section 15: Asthma Inhalers Policy & Procedures

Where parental consent has been recorded the emergency Salbutamol Inhaler will only be used for any pupil with asthma or who has been prescribed an inhaler as a reliever medication,

The emergency Salbutamol Inhaler can only be used if the pupil's prescribed inhaler is not available

- I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler
- My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
- I will provide the school with a spare in date inhaler, clearly labelled with their name to use in case my child does not have there's with them.
- In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies

Signed parent/ carer: \_\_\_\_\_

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

Print name: \_\_\_\_\_

**Appendix D – Specimen letter to inform parents / carers of emergency Salbutamol inhaler use**

Child's name: .....

Class: .....

Date: .....

Dear.....,

**[Delete as appropriate]**

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when

.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing Salbutamol. They were given ..... puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing Salbutamol. They were given ..... puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

## **Appendix E – How to recognise an asthma attack**

### **THE SIGNS OF AN ASTHMA ATTACK ARE:**

- persistent cough (when at rest)
- a wheezing sound coming from the chest (when at rest)
- difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- nasal flaring
- unable to talk or complete sentences (some children will go very quiet)
- may try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

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

- appears exhausted
- has a blue/white tinge around lips
- is going blue
- has collapsed

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

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