




Ryhope Infant School Academy Policy for

First Aid and Supporting Pupils at School with Medical Conditions

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Ratified by: Governing Body
Signed by:



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Ryhope Infant School Academy is committed to safeguarding and promoting the wellbeing of all our children.

Rationale

Children and adults at Ryhope Infant School Academy need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision and the administration of medicines.

Some of our pupils are likely to have medical needs which mean that additional measures are required to ensure that they are enabled to have full access to the curriculum, that the impact of their medical condition upon their life in school is minimised as far as possible, and that all staff who work with the pupil understand the nature of their condition and how best to help them.

The prime responsibility for a pupil's health lies with the parent or carer who is responsible for the pupil's medication and should supply the school with any relevant information.

Purpose:

- Assist parents in providing medical care for their children
- Educate staff and pupils in respect of special medical needs
- Adopt and implement any national or LA policies in relation to medication in schools
- Arrange training for staff who volunteer to support individual pupils with special medical needs
- Liaise as necessary with medical services in support of the pupil
- Ensure that pupils with special educational needs are enabled to access the full life of the school where possible
- Maintain appropriate records
- Give clear structures and guidelines to all staff regarding all areas of first aid and medicines
- Clearly define the responsibilities of the staff
- Enable staff to see where their responsibilities end
- Ensure the safe use and storage of medicines in the school
- Ensure the safe administration of medicines in the school
- Ensure good first aid cover is available in the school and on educational visits.

What is the interpretation of a First Aider & what are their main duties?

First Aiders must complete a training course approved by the Health & Safety Executive (HSE). They must hold a valid certificate of competence verifying their authority to administer first aid. All support staff have the paediatric first aid qualification and four lunchtime supervisors, this is renewed every three years. There is always at least one trained first aider in school and there is always a first aider attending educational visits.

Procedures:

Risk Assessments:

Reviews of risk assessments held in respect of first aid are reviewed at least annually.

Re-assessment of First Aid Provision:

As part of the School's annual monitoring and evaluation cycle:

- The Headteacher reviews the first aid needs of the school following any changes to staff or if circumstances would dictate a change in procedure; for instance amendments to the building/site which could have health and safety implications, off site activities etc.

- The School Business Manager monitors the number of trained first aid personnel, and alerts them to the need for refresher training, booking the courses where appropriate.
- Support staff are responsible for stock control of first aid supplies and liaise with the School Business Manager for the replenishment of equipment as and when necessary.

First Aid Kits

First aid kits are stored in the playground entrance porch, staff training room, nursery 1 kitchen, nursery 2, staff room, and breakfast club kitchen. When out on an educational visit then portable first aid kits are carried by designated first aider.

Cuts and Grazes

All open cuts/grazes should be covered after they have been cleaned. Plasters / dressings should be applied to those children where consent has been given. Children who are allergic to plasters will be given an alternative dressing. Minor scrapes do not need to be recorded in the accident book although children will be given a bump note if they have been seen by a first aider. Minor cuts should be recorded in the accident file and parents informed through a accident note. **ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES.** All blood waste is disposed of in the bin, located in the playground entrance porch.

Bumped heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack or cold compress. A note must be sent home with the child and if necessary the individual who administered First Aid must make a call to parent/carer informing them of the incident. The child's teacher should be informed and keep a close eye on the progress of the child. All bumped head incidents should be recorded in the accident file. Accident file is located in the playground entrance porch, in the first aid cupboard above the sink. Each year there is a new file. Old files are stored in the school office. Accidents are recorded chronologically.

In the event of a serious accident PPM will be consulted with regards to submitting a report to the HSE under RIDDOR.

Calling the emergency services

In the case of major accidents, it is the decision of the fully trained first aider in consultation with the headteacher if the emergency services are to be called. All staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must call from the room where the casualty is situated (this is a requirement of the emergency services as they always need to speak directly to the person who is treating the individual as part of their initial assessment): The following information must be shared:

- State what has happened
- The injured person's name and age
- Whether the casualty is breathing and/or unconscious
- The location of the school
- Anything else requested by the call handler

If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are located in the school office. The first aider and a member of the Senior Leadership team should accompany the child or take them in a staff vehicle to hospital. NB: any staff member using their own vehicle for school business must have business cover as part of their car insurance. A copy of insurance documentation and MOT certificate must already have been shared with the Headteacher.

Managing Medication and Supporting Pupils with Medical Conditions

Statement of intent

Ryhope Infant School Academy wishes to ensure that pupils with medical conditions receive appropriate care and support at school.

Ofsted places a clear emphasis on meeting the needs of pupils with SEN and Disabilities and this includes children with medical conditions.

At Ryhope Infant School Academy, we aim to:

Narrow gaps and tackle barriers to ensure equality of education and opportunity for all pupils, staff, parents and carers receiving services from the school, irrespective of race, gender, disability, medical condition, religion, faith or socio-economic background. We aim to develop a culture of inclusion and diversity in which all those connected to the school feel proud of their identity and are able to participate fully in life at Ryhope Infant School Academy.

Key roles and responsibilities

The Local Authority (LA) is responsible for:

- Promoting cooperation between relevant partners and stakeholders regarding supporting pupils with medical conditions.
- Providing support, advice and guidance to schools and their staff.
- Making alternative arrangements for the education of pupils who need to be out of school for fifteen days or more due to a medical condition.
- Providing suitable training to school staff in supporting pupils with medical conditions to ensure that Individual Healthcare Plans can be delivered effectively.

The Governing Body is responsible for:

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Ryhope Infant School Academy.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to: ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by the LA is delivered to staff members who take on responsibility to support children with medical conditions.

- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Keeping written records of any and all medicines administered to [individual pupils](#) and [across the school population](#).
- Ensuring the level of insurance in place reflects the level of risk.

The Headteacher is responsible for:

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Ryhope Infant School Academy
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff members are responsible (where it has been agreed) for:

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication including injections, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.

(staff cannot be required to administer medication unless this has been agreed as part of their job role)

School nurses are responsible for:

- Notifying the school when a child has been identified with requiring support in school due to a medical condition.
- Liaising locally with lead clinicians on appropriate support.

Parents and carers are responsible for:

- Keeping the school informed about any changes to their child/children's health.
- Completing a [parental agreement for school to administer medicine](#) form when bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where necessary, developing an [Individual Healthcare Plan](#) (IHCP) for their child in collaboration with the Headteacher, other staff members and healthcare professionals.

Definitions

- "Medication" is defined as any prescribed or over the counter medicine.
- "Prescription medication" is defined as any drug or device prescribed by a doctor or other professional who is allowed to prescribe.
- A "staff member" is defined as any member of staff employed at Ryhope Infant School Academy, including teachers.

Training of staff

- Teachers and support staff will receive this policy - Supporting Pupils at School with Medical Conditions as part of their induction.
- Teachers and support staff will receive regular and ongoing training as part of their development - as necessary.
- Staff who undertake responsibilities under this policy will receive the following training externally as necessary:
- The Management of Medication in Education and Childcare Settings - (Medication Manager – Miss V Welch)
- Staff trained in managing medication (Miss V Welch, Mrs L Henry and Mrs C Ashhurst.
- Paediatric 1st Aid (Miss V Welch/Mrs L Boyd/Mrs L Henry/Mrs Carroll/Mrs C Ashurst/ Miss C Tait/Mrs K Robson/ Miss K Hummes/ Ms J Bewick/Mrs T Dunn)
- No staff member may administer prescription or non-prescription medicines or undertake any healthcare procedures without undergoing training specific to the responsibility.

- No staff member may administer drugs by injection unless they have received training in this responsibility
- A record of training undertaken and a list of staff qualified to undertake responsibilities under this policy.

The role of the child

- Children who are competent will be encouraged to take responsibility for managing their own medicines and procedures (age/developmentally appropriate).
- Medicines eg Asthma inhalers/eczema cream will be located in an easily accessible location in classrooms.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of a teacher.

Individual Healthcare Plans (IHCPs)

- Where necessary (see appendix 1), an Individual Healthcare Plan (IHCP) will be developed in collaboration with the pupil, parents/carers, Headteacher, Special Educational Needs Coordinator (SENCO) and medical professionals. (SBM office)
- IHCPs will be easily accessible whilst preserving confidentiality.
- IHCPs will be reviewed by the Medication Manager and parents at least annually or when a child's medical circumstances change, whichever is sooner and Class Teacher informed.
- Where a pupil has an Education, Health, the IHCP will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a [parental agreement for a school to administer medicine](#). Medication should only be administered by staff after a child has taken it for 24 hours (in case the child has an allergic reaction to it).
- All medication MUST be in date. Prescribed medication must have a pharmacy label and be provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet the criteria will not be administered.
- A maximum of half terms supply of the medication may be provided to the school at one time with the exception of an asthma inhaler which may be provided for up to a year if still in date.

- Any medications left over at the end of the course will be returned to the child's parents.

Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures.
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail:
 - ❖ What constitutes an emergency.
 - ❖ What to do in an emergency.
- Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

What can be administered?

- In school we will administer medicines such as antibiotics, anti-histamine, cough mixture, creams and paracetamol etc only when it has been prescribed by a doctor.
- All medication must be clearly labelled with the child's name and dosage requirements.
- There will be 2 members of staff present who will countersign to ensure that the medicine has been administered at the time stated, according to the school procedures to protect the safety of pupils and staff.
- COUGH MIXTURE/THROAT LOZENGES Will only be administered when it has been prescribed by the GP. PARACETAMOL When it has been prescribed by the GP.
- We can administer creams for skin conditions such as eczema when it has been prescribed. HOWEVER, staff must not rub cream onto a child's body, unless agreed with the parents.

Parental permission:

Medicines will not be administered unless we have the written consent of parents. A consent form must be filled in with a member of staff who is qualified to administer medication. In the event of a child coming into school with medicines without a consent form being filled in, the medicine will not be administered and parents will be informed of this. No child will be given any prescription or non-prescription medicines without written parental consent. Staff to ring parents or 999 in an emergency. Ryhope Infant School Academy cannot be held responsible for side effects that occur when medication is taken correctly.

Where medicine is stored:

Only inhalers and auto-injectable pens i.e. Epipen should be kept in the class or medication cupboard, this will be stated in child's care plan. All other medicines must be kept in the medical fridge in the staff training room or locked in the medication cupboard situated in the main office. Administration of medicines takes place in the staff training room or the hygiene room. All medicines to be sent home during holidays or end of school year for long term medication.

Mrs Henry, Mrs Ashurst or Miss Welch must sign all new medicines into school.

Administration of medicines file

All medicine consent forms are in the current medication file which is kept in the medication cupboard. Once medication is complete forms are transferred to the completed medication file. These are stored in cupboard in the Deputy Headteacher's office.

Before administering medicines, staff should read the date entry section of the form to check that the medicine has not already been administered. When medicine is administered staff must complete the dated entry of this and countersigned.

Medical

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is retained by the class teacher and shared on a 'need to know basis'. New signs are made of children with severe medical problems such as allergies and an individual care plan is written for each child. Signs and notices are displayed in the classroom cupboard, Nursery kitchen and lunchtime kitchen, all relevant staff have a copy which is given to them at the beginning of the year.

Asthma Inhalers

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

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

Class based staff should make sure that all inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

When a child has an attack, they should be treated according to their individual Medical Statement as agreed with parents.

An ambulance should be called if:

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

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken

Children with asthma should participate in all aspects of the school day including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided.

Some children may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

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

Epilepsy

Most children with Epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours but clear instruction must be available in the event of seizure/treatment.

Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with Epilepsy can use computers and watch television without any problem

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming. Concerns about safety should be discussed with the child and parents as part of the Care Plan.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. The duration of the seizure must be timed. After a convulsive seizure has stopped, the child should be placed in the recovery position until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- it is the child's first seizure
- the child has injured themselves badly
- they have problems breathing after a seizure
- a seizure lasts longer than the period set out in the child's Care Plan
- seizure lasts for five minutes if you do not know how long they usually last for that child
- there are repeated seizures, unless this is usual for the child as set out in the child's health care plan.

Most seizures last for a few seconds or minutes, and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The Epilepsy Nurse or a Paediatrician should provide guidance as to when to administer it and why.

Specialist training in the administration of rectal Diazepam would be required if ever we received a child that needed such treatment. Staying with the child afterwards is important as Diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution Midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal Diazepam. Instructions for use must come from the prescribing Doctor

Children and young people requiring rectal Diazepam will vary in age, background and ethnicity, and will have differing levels of need, ability and communication skills. If possible arrangements should be made for two adults, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the child as far as possible, even in emergencies.

Diabetes

The Diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled

on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic Specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual Care Plan.

Children with Diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. An adult must supervise and support the child to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Children with Diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets, snack or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a hypoglycaemic reaction (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour.

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10-15minutes
- the child becomes unconscious.

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor Diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Such information should be an integral part of the School Emergency Procedures.

Auto-injector pens and anaphylaxis shock training

Some children / staff require auto-injector pens to treat the symptoms of anaphylaxis shock. Auto-injectors are stored in a medical box within individual classrooms where the child is based. These medical boxes must go where the child goes. Staff receive regular training on the use of auto-injectable pens. Children who require auto-injectors have a care plan that is shared with parents.

Headlice

Staff do not touch children and examine them for headlice. If we suspect a child has headlice we will inform parents. When we are informed of a case of headlice in school, we send a note to the class where the case has been identified.

Vomiting and diarrhoea

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

Conjunctivitis

If a child has conjunctivitis, no action is required and they can continue to attend school.

Chicken pox and other diseases, rashes

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case, another adult would be present and we would seek the permission from the child.

Specialist Medication

All children requiring specialist medication such as RITOLIN, auto-injectors, etc will be subject to a medical care plan, which will be signed off by consultants through the school nurse.

Avoiding unacceptable practice

Ryhope Infant School Academy understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school
- Sending the pupil to a room alone if they become ill.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including school trips.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

Insurance

- Teachers who undertake responsibilities within this policy are covered by the school's insurance.
- As an academy the school has bought into the Risk Protection Arrangements (DFE) which cover staff providing support to pupils with medical conditions.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the School Business Manager.

Complaints

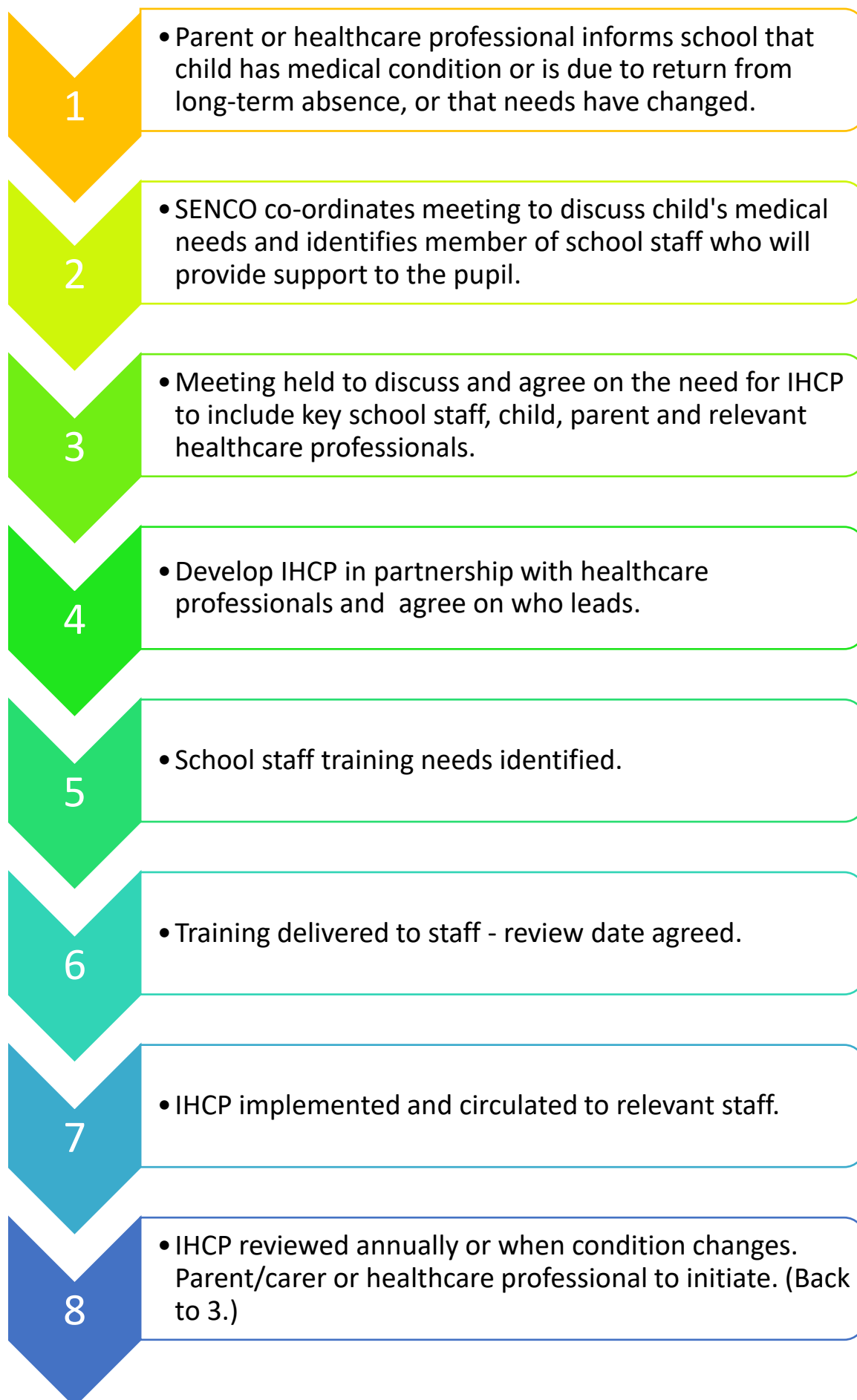
The details of how to make a complaint can be found in the Complaints Policy:

Stage 1 - Complaint Heard by Staff Member

Stage 2 - Complaint Heard by Headteacher

Stage 3 – Complaint Heard by Governing Bodies' Complaints Appeal Panel (CAP)

Appendix 1 - Individual healthcare plan implementation procedure



Appendix 2 - Parental agreement for a school to administer medicine template



The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine. Please note the school is not responsible for administering any new medication until your child has taken it for 24hrs.

Ryhope Infant School Academy medicine administering form

Date for review to be initiated by

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I

will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I give consent for the following people to view this medication form.					
Relevant members of staff		Medical Professionals		For monitoring documentation purposes, re: safeguarding	
Yes	No	Yes	No	Yes	No

Parent/carer Signature(s) _____ Date _____

Head teachers consent for medication to be administered.

Signature:

Date:

Appendix 3 - Record of medicine administered to an individual child template



**Ryhope Infant School Academy
Record of medication to be administered**

Child's Name:

D.O.B:

Medication - Dose and time to be administered:

Name of Medication	Date – signed in	Signature of parent/carer – signed in	Signature of staff – signed in	Type	Amount supplied	Expiry date	Date – signed out	Amount returned (if applicable)	Signature of parent/carer – signed out	Signature of staff – signed out

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress

Exercise Weather

Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe below

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(9am - 5pm; Mon - Fri)

www.asthma.org.uk

Appendix 5 - Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- Your telephone number – **0191 5536238**
- Your name.
- Your location as follows: **Shaftesbury Ave, Ryhope, Sunderland, SR2 0RT**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.