



**KITE RIDGE SCHOOL**  
CHANGING MINDS

**Supporting Pupils with Medical Conditions  
& Administration of Medications  
POLICY**

**Approved:**

**September 2025**

**Next review:**

**September 2026**

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## 1. INTRODUCTION

Kite Ridge School educates, values, supports and accepts each student unconditionally in accordance with their individual needs; providing a holistic happy, safe environment that is committed to the success of everyone. The Management Committee will ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life. Kite Ridge School will work collaboratively with external agencies to support children with medical conditions during school hours, including parents and healthcare professionals. Most students at Kite Ridge have an individual healthcare plan which is linked to their Education, Health and Care (EHC) Plan, and all are considered to be disabled according to the definition set out in the Equality Act 2010. The Kite Ridge School Values promote autonomy, personal development and independence which can be encouraged through the use of this policy.

### 1.1 Kite Ridge School Values

*Kite Ridge School: Educates, values, supports and accepts each student unconditionally in accordance to their individual needs providing a holistic, happy, safe environment that is committed to the success of everyone.*

***Through the everyday implementation of the Kite Ridge School Values we will endeavour to ensure:***

- Community Engagement and Participation  
Students are enabled to engage in and contribute to society.
- Autonomy and Self Determination  
Students are provided with a range of experiences to enable them to make and communicate meaningful choices.
- Personal Development and Independence  
Students are enabled to grow, develop, and experience the new.
- Material and Financial Sustainability  
Students are enabled to aspire to employment and economic independence.
- Social and Intimate Relationships  
Students are enabled to develop respectful attitudes towards others and a range of friendships, social and intimate relationships.

## 2. SCOPE

This policy focuses on:

- Ensuring that staff receive appropriate training
- The management, storage and administration of medications during school hours
- The roles and responsibilities of school staff and parents/guardians
- Hygiene and infection control
-

### 3. ROLES AND RESPONSIBILITIES

#### 3.1 The Management Committee

Will ensure that:

- Staff are appropriately trained to provide the support that pupils need
- In line with their safeguarding duties, ensure that pupils' health is not put at risk from e.g. infectious diseases
- In some circumstances, understand that they do not have to accept a pupil at a time where it would be detrimental to the health of that child or others to do so.

#### 3.2 The Head Teacher

Will ensure that:

- All staff are aware of this policy and understand their role in its implementation
- All staff who support children with medical needs receive sufficient information to provide appropriate support
- Individual Healthcare Plans (IHP) are developed, monitored and reviewed annually or earlier if evidence is presented that the child's needs have changed. Where appropriate Healthcare Plans will be reviewed at the child's Annual Review.
- Sufficient numbers of trained staff are available to support all IHP to cover staff absence, contingency and emergency situations.
- A list is kept in school of all children diagnosed with asthma and/or prescribed a reliever inhaler and that staff are all trained to recognise the symptoms of an asthma attack.
- All Staff are trained to use a defibrillator, which is maintained and readily available in an emergency situation.
- Risk assessments are completed for school visits.

#### 3.3 Appointed People

Katie Sinclair has been appointed to have overall responsibility for implementing this policy. She will ensure that children with medical conditions are appropriately supported.

#### 3.4 School staff

All school staff (including teachers):

- May be asked to provide support to pupils with medical conditions, including administering medicines.
- Should know what to do and respond accordingly if they become aware that a pupil with a medical condition needs help

- Staff must not give prescription medication or undertake healthcare procedures without appropriate training

### 3.5 Pupils

Kite Ridge School pupils will not ever be expected to manage their own medications in school unless an agreement has been made between the pupil's parents/guardians, Mr Sneesby and healthcare professionals. However:

- We will ensure that pupils are consulted to provide information about how their condition(s) affect them.
- Pupils will be involved in discussions about their medical support needs and contribute as much as possible to their IHP.

### 3.6 Parents

- Parents/guardians have the prime responsibility for their child's health.
- It requires only one parent/guardian to request that medicines are administered.
- Parents should provide the school with sufficient and up to date information about their child's medical needs.
- Parents should tell the school of any change in prescription which should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Parents are key partners and will be involved in the development and review of IHPs. A request will be sent to parents using **Template K (Appendix 1)**.
- Parents should provide medicines and equipment as required by the Healthcare Plan. Parents should:
  - bring their child's medication and any equipment into school at the beginning of the school year;
  - replace the medication before the expiry date;
  - as good practice, take into school the new asthma reliever inhaler when prescribed;
  - dispose of expired items to a pharmacy for safe disposal;
  - during periods of high pollen count, encourage their children, who have been prescribed anti-histamines, to take their medication before school so that their condition can be better controlled during the school day;
  - keep their children at home when they are acutely unwell
- Parents should ensure that they or another nominated person are contactable at all times.

### 3.7 Transitional Arrangements

- If medication comes from home to school in the morning with a pupil, and that same pupil is going to a respite unit overnight; the medication must either be taken by the pupil's

Personal Assistant (provided by transport company) to the respite provision or handed to the school staff to be locked away and then given to the respite staff after school. If medications are transitioning through school to a respite unit then they must be in a zipped bag e.g. Wash bag clearly named.

- Some students will bring medication with them for use in school; in this case, it must be checked and signed in appropriately using the system in place. Medication will be handled by a responsible adult (usually a person on cover) and signed in immediately.
- See **SAFE STORAGE OF MEDICINES (p.9)** section for more information.

#### 4. **STAFF TRAINING AND SUPPORT**

- The aforementioned Appointed People will ensure that all staff members are aware of this policy and their role in implementing it.
- All staff will receive appropriate training to administer prescribed medicines.
- Training needs will be identified based on information provided in IHPs. Families are often key parties in providing information but will not necessarily be the sole trainer on how to administer medicines or use equipment.
- Training will be provided for all staff to ensure competence and confidence in their ability to administer medicines. New staff to the school will receive training during their induction.
- Where necessary, training will be provided by an external healthcare professional e.g. Buccal Midazolam administration. This is also an opportunity to receive information and understanding of the medical conditions staff are expected to deal with.
- Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions).
- The school will ensure that at least three people have attended Supporting Pupils with Medical Conditions training to understand County policy and to ensure medicines are appropriately managed within the school.

#### 5. **INDIVIDUAL HEALTHCARE PLANS – Template A (Appendix 2)**

A Healthcare Plan clarifies for staff, parents and the pupil the support that can be provided.

- See Appendix 2 for details of the information included.
- Some pupils may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.
- IHPs will be reviewed at least annually. They may be reviewed sooner if required.
- IHPs will be discussed at the pupil's Annual Review if appropriate.

## 6. THE PUPIL'S ROLE IN MANAGING THEIR OWN MEDICAL NEEDS

There are currently no pupils on role at Kite Ridge School who manage their own medical needs in regard to medication. All medication is managed by school staff.

## 7. MANAGING MEDICINES ON SCHOOL PREMISES

- Pupils will only be given prescription or non-prescription medicines after parents/guardians have completed a consent form (Appendix 3).

### **Prescribed Medication**

- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
- Parents will be informed near to the expiry date of any medicines.
- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

### **Short-Term Medical Needs**

- Many children will need to take medicines during the day at some time during their time in the school. This will usually be for a short period only, perhaps to finish a course of antibiotics, which will minimise the time that they need to be absent.
- **Antibiotics** prescribed three times a day can be taken out of the school day. The school will support children who have been prescribed antibiotics that need to be taken **four** times daily.

### **Controlled Drugs**

- Some medicines prescribed for pupils (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act, 1971.
- Controlled drugs are kept in a locked, non-portable container, to which only support and teaching staff have access but will ensure they are easily accessible in an emergency. All trained staff have access to this cabinet.
- School staff may administer a controlled drug (when trained to do so) to the child for whom it has been prescribed in accordance with the prescriber's instructions.
- A record will be kept of any doses used and the amount of the controlled drug held in school, i.e. total number of doses provided to the school, the dose given and the number of doses remaining.
- Where the dose is half a tablet then this will be cut using a tablet cutter at the time the medication is required.

- Half tablets will be retained but not issued at the time of the next dose; a fresh tablet will be cut.
- Half tablets will be returned to the parent/guardian for disposal.
- Some pupils with epilepsy are prescribed buccal midazolam. Appendix 4 will be used to gain authorisation for administration from parents.

## **Non-Prescription Medication**

### **Pain relief**

- Parents will be asked to complete a consent form confirming that the medicine has been administered without any adverse effect to their child in the past and that they will inform the school immediately if this changes.
- A supply of paracetamol based pain relief is kept in the First Aid room and can be issued to pupils on request, providing their parent/guardian has signed a consent form.
- The school will hold non-prescription analgesics on behalf of pupils on request. The medication must be brought into school in the original packaging and a consent form signed.
- The school will only administer paracetamol to those pupils requesting analgesics; generally non-prescription ibuprofen will not be given; however it can be given in exceptional circumstances where Ibuprofen is proven to be particularly efficacious.
- Ibuprofen can be taken before school (as it is effective for 6 hours) if it is the analgesic of choice. School staff can 'top-up' the pain relief with paracetamol if required.
- A child under 16 will never be given aspirin-containing medicine unless prescribed by a doctor.
- When a pupil requests pain relief, staff will first check maximum dosages and when the previous dose was taken. Parents will be contacted for confirmation. If parents are unavailable, a dose will not usually be given before 2pm.
- A record will be made of all doses given in the administration of medicines folder.

## **8. RECORD KEEPING**

- The school keeps a record of all medicines administered to individual pupils in the administration of medicines folder.
- Administration of school supplied medications is recorded in the administration of medicines folder and in a bound book in the First Aid Room.
- A second person will witness the administration of all medicines including controlled drugs.
- A record must be made where medication is held by school but self-administered by the pupil.

## **9. SAFE STORAGE OF MEDICINES**

- Medicines will be stored strictly in accordance with the product instructions – paying

particular note to temperature and in the original container in which dispensed.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and **not** locked away.
- A few medicines require refrigeration. They will be kept in a clean storage container, clearly labelled, and stored in the Staff Room refrigerator, which is not accessible to pupils. A temperature log of the refrigerator will be taken during the period of storage.
- Medication will never be prepared ahead of time and left ready for staff to administer
- An audit of pupil's medication will be undertaken every half term disposing of any medication that is no longer required.

## 10. DISPOSAL OF MEDICINES

- Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. The return of such medicines to parents will be recorded.
- Medications held at the end of the summer term will be returned to parents. Medicines that are not returned to parents will be taken to a local pharmacy for safe disposal.

## 11. HYGIENE AND INFECTION CONTROL

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

## 12. DAY VISITS AND SPORTING ACTIVITIES

- The school will actively support pupils with medical conditions to participate in school trips and visits or in sporting activities.
- The school will make reasonable adjustments for the inclusion of pupils in such activities
- Staff supervising sporting activities will be made aware of relevant medical conditions and will consider the need for a risk assessment to be made.
- One member of staff on visits will be asked to take the lead role for administering medicines or healthcare procedures. IHPs should be taken on visits.
- Normal recording should be completed.

## 13. SCHOOL'S ARRANGEMENTS FOR COMMON CONDITIONS

### 13.1 Asthma

- There is one student on roll currently with a diagnosis of Asthma
- They will have an Asthma plan completed by their doctor/asthma nurse (appendix 5)
- All staff will be offered annual training on the symptoms of and how to manage Asthma.

### 13.2 Anaphylaxis

- All staff will attend annual training on the symptoms of anaphylaxis, which includes information and practise on when and how to use the auto-injector **we currently have one student with an auto-injector in school.**
- If necessary, school will develop an IHP which includes the arrangements made to control exposure to allergens.

### 13.3 Epilepsy– (Appendix 2 Epilepsy Care Plan)

- 75% of the staff team will be trained in identifying the symptoms and triggers for epilepsy, including administering medication.
- There will be a trained member of staff available **at all times** to deliver emergency medication. Details will be recorded on the pupil's Epilepsy Care Plan. 2.b
- A medical room with a bed will be kept available so that if needed the pupil will be able to rest following a seizure, in a safe supervised place if their sanctuary is not suitable.
- The school will enable students to take a full part in all outings and activities,
- The school will liaise fully with parents and health professionals;
- Some pupils with epilepsy are prescribed buccal midazolam. This will be administered by staff members who are specifically trained to undertake this task and have agreed to this responsibility.
- The administration of medication will be recorded in the administration of medications folder.
- If appropriate, a record will be kept of the pupil's seizures, using a seizure recording sheet (Appendix 6) so that any changes to seizure patterns can be identified and so that this information can be shared with the pupil's parents and healthcare team.

### 13.4 Diabetes

There is currently staff members with a diagnosis of type two diabetes and no students on roll with a diagnosis of Diabetes.

Diabetes training will be provided should there be a need.

Glucose for a Hypo (low blood sugar) will be out in every first Aid kit. Posters for advice on Diabetic emergency are on the wall in the First Aid Room. Appendix 7

### 13.5 Emergency Medications

Kite Ridge School holds its own supply of Emergency Medications;

- Salbutamol Inhaler and spacer
- Epi Pen
- Glucose tablets

These all can be found in the Orange Allergy response kit in the medical room. These are for anyone to use should they need these medications. However if they are used it should be recorded in the communal medication folder.

## 14. LIABILITY AND INDEMNITY

The Management Committee will ensure that the appropriate level of insurance is in place for staff providing support to pupils with medical conditions and appropriately reflects the level of risk.

The school will contact their insurers to extend their cover should a medical intervention fall outside the conditions covered by this policy.

## 15. COMPLAINTS

Parents/pupils should discuss any concerns directly with the school if they become dissatisfied with the support provided. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure. Where necessary, The Kite Ridge School Conduct and Disciplinary Procedures may be made reference to.

## 16. SCHOOL PROCEDURES FOR MANAGING MEDICINES

- 1 Medicines should be brought to the lead learning mentor by parents/guardians, pupils or taxi drivers. The person who accepts the medicines into school (will be known as the designated person in this document) will ask them (parent/guardian) to sign the relevant consent form if it has not already been done or check the form downloaded from the school's website.
- 2 The designated person will check that the
  - medicine is in its original container as dispensed by a chemist and details match those on the form;
  - label clearly states the child's
    - first and last name
    - name of medicine
    - dose required
    - method of administration
    - time/frequency of administration
  - patient information leaflet is present to identify any side effects;
  - medication is in date
- 3 The designated person will log the medicine in the record book and store the medicine appropriately
  - Medicines requiring refrigeration will be kept in the **Staff Room** fridge in a clean storage container
  - A daily temperature of the fridge will be taken and recorded.
- 4 The designated person or learning mentor will administer medication at the appropriate time.
- 5 The following procedure for administering medicines will be followed:
  - The pupil will be asked to state their name (where appropriate) – this is checked against the label on the bottle, authorisation form and record sheet.
  - The name of the medicine will be checked against the authorisation form and record sheet.
  - The time, dosage and method of administration will be checked against the authorisation form and record sheet.
  - The expiry date will be checked and read out.
  - The medicine is administered.

- The record sheet is signed by the designated person and the witness (*Controlled medication **must** be witnessed by a second adult*).
- Any possible side effects will be noted.
- The medicine is returned to appropriate storage.

6 If a child refuses to take their medicine, staff will not force them to do so. Staff will record the incident and follow agreed procedures (which are set out in the pupil's Healthcare Plan) and contact parents. If a refusal results in an emergency, the **emergency procedures detailed in the Healthcare Plan will be followed.**

If the designated person has concerns about a procedure or a medication that they are being asked to administer they will not administer the medicine, but check with the parents or a health professional before taking further action.

## 17. APPENDICES

All medical documents can be found on the link below

<https://www.kiteridge.bucks.sch.uk/page/?title=Medical+Permission+Forms&pid=39>

### APPENDIX 1 Letter to Parents RE; Medication

Dear Parents,

#### Re: Medical Permission Forms

Please find attached the medical permission forms which are relevant to your child. In order for the school to give your child **any** medication you **must** complete and return these forms.

The forms include paracetamol permission and cream permission should your child need help to apply sun cream.

The Health Care Plan Please needs to be completed with as much detail as possible which includes any allergies and medications taken at home should we ever need to pass this information onto medical professionals in an emergency.

Once these forms are completed **in full** and returned to school on your child's return on Wednesday 4<sup>th</sup> September in the envelope provided.

If you have any questions or need help to complete the forms please do contact me.

Yours sincerely

**Katie Sinclair**  
**Learning Mentor**  
**Admin of medicines.**

2a

Form 2

Individual Healthcare Plan

Student's Name	
Academic year	
Review Date	

**Students Details**

<b>Date of Birth</b>	
<b>Address</b>	

**Family Contact Information in case of an emergency**

<b><u>Family Contact 1</u></b>	
<b>Name</b>	
<b>Relationship to the student</b>	
<b>Mobile number</b>	
<b>Home number</b>	
<b><u>Family contact 2</u></b>	
<b>Name</b>	
<b>Relationship to the student</b>	
<b>Mobile number</b>	
<b>Home number</b>	

**Professionals Details**

GP – Name and Surgery Address	
GP – telephone number	
CAMHS (if applicable ) Name of Professional involved	
Hospital Specialist – Paediatrician, Any consultants? Name of Professional and department	
Social Worker - Name and telephone number	

**Medical Diagnosis**

<p>Please list each diagnosis below</p> <p>Eg – Autism, ADHD, Fragile X Syndrome</p>

**Medical Conditions**

<p>Medical conditions such as;</p> <p><i>Epilepsy, Asthma, Period Pains, Anaphylaxis</i></p> <p>Please list each condition below.</p>	<p><u>Any</u> medication used to support this condition.</p> <p>Please list below, medication name, amount and frequency.</p>

**Allergies**

<p>Any known Allergies?</p> <p><i>Allergic reactions to medication, Food allergies, Hay fever</i></p>	<p>Any known Intolerances?</p>
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Please list individually below	Please list below how to manage

**Medical History**

<p>Any Medical History school need to be aware of</p> <p><i>Previous Operations, hospital admissions, any previous medical consultations, broken bones.</i></p> <p>Please list individually below.</p>	<p>Any specific treatment for this medical issue.</p> <p>Please list below the treatment below including date/year of treatment</p>

**Regular medications**

Please list any regular medications the student is prescribed.

Name of medication	Dose	Method of Administration	What times are the medications administered	Any known side effects	Administered by
		Orally, nasally			* self administered * Parent/carers

If your child refuses to take medication or doesn't take the complete dose parents/carers will be informed by the usual means of communication for you child.

Email, telephone call, message in communication book unless stated otherwise

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

It is parental responsibility to provide the school with medication and any equipment needed in the original container with prescription label and in date to support the medical condition.

It is also parental responsibility to ensure that School is informed should anything change.

If additional medication is needed throughout the school term (such as antibiotics or antihistamines) these should be given outside of school hours is possible. If this is not possible due to timings and dosage then Administration of Medications form must be filled out prior to it being brought to school. These can be found on the school website as Form 4.

Signed by: .....

Name of Parent: .....

Date: .....

Checked by

Admin of Supporting Pupils with Medical Conditions Lead.

Print Name .....Signed .....

Date: .....

Headteacher:

Print Name.....Signed.....

Date.....

Review Date – July 2024 unless any medical need change.

**Arrangements for school visits/trips etc**

<p>Risk assessments are completed by school which include checking Health care plans and Epilepsy Health care plan. Parental responsibility to send in medication if needed.</p>
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**Who is responsible in an emergency (state if different for off-site activities)**

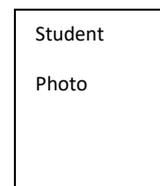
<p>Named First Aiders and those trained in Administration of Medications. Two members of staff to administer any medications.</p>
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**Plans developed with**

<p>School and Parent/Guardians</p>
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Form 2



**2.b**

**Individual Epilepsy Care Plan**

**Students Details**

Student's Name	
Date of Birth	
Address	
Telephone number	

**Family Contact Information**

Next of Kin Name	
Relationship to the student	
1 <sup>st</sup> Contact number	
2 <sup>nd</sup> Contact number	
Additional Emergency Contact Name	

Relationship to the student	
1 <sup>st</sup> Contact number	
2 <sup>nd</sup> Contact number	

**Professionals Details**

<b>GP – Name and surgery</b>	
<b>GP – telephone number</b>	
<b>Epilepsy Specialist</b>	
Name of Professional and department	
<b>Date of Diagnosis and by whom.</b>	

**INFORMATION ON SEIZURES**

<b>Seizure - Type:</b>
<b>The frequency of seizure on average.</b> Eg. Daily, weekly, monthly, no pattern.
<b>A description of a typical type of seizure:</b> eg, what the seizure looks like.
<b>Triggers:</b> eg – lights, smells, illness
<b>Length/average duration of seizure:</b>
<b>How to deal with the seizure.</b> Eg; specifically to help your child.
<b>A description of what constitutes an emergency for the child and the action to take if this occurs.</b> Eg- when should an ambulance be called?
<b>Are Emergency medications prescribed.</b> (A permission form also needs to be completed.) <b>Yes / No</b>
<b>Activities that should be avoided;</b>

<b>Activities that require special precaution</b>
<b>Follow up care your child needs (e.g. a rest following a seizure)</b>

NAME OF MEDICATION	Dose	After how many minutes should it be given?	How is it administered	Can a second dose be given?	After how many minutes can the second dose be given
			Orally, Nasally.		
				Yes / No	
				Yes / No	

*Arrangements for school visits/trips etc*

Risk assessments are completed by school which include checking Health care plans and Epilepsy Health care plan. Parental responsibility to send in medication if needed.
---

*Who is responsible in an emergency (state if different for off-site activities)*

Named First Aiders and those trained in administration of Medications. Two members of staff to administer any medications.
---

*Plan developed with*

School and Parent/Guardians
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*Staff training needed/undertaken – who, what, when*

Staff trained in specific conditions and records are kept at school.
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The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.

It is my responsibility to ensure that School is informed should anything change.

Additional Forms must be completed before medications can be administered at school.

Signed by: .....

Name of Parent: .....

Date: .....

**Checked by**

**Learning Mentor:**

Print Name .....Signed .....

Date: .....

**Head teacher:**

Print Name.....Signed.....

Date.....

**Review Date – July 2019 unless any medical need change.**

Form 4



**APPENDIX 3**

**Parental agreement for school to administer *medications* during the normal school day.**

**Prescribed and Non-prescribed**

**THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN**

<b>Child's name</b>	
<b>Child's date of birth</b>	

<b>Name and strength of medicine</b>	
<b>Dosage and method</b>	

<p><b>When to be given - Timing</b></p> <p>In order to safeguard against double dosing parents will be contacted prior to giving medicine unless stated that it was not given in a home diary</p>		
<p><b>Special precautions/other instructions</b></p>		
<p><b>Are there any side effects that the school needs to know about?</b></p>		
<p><b>Self-administration Y/N?</b></p>		
<p><b>How was the medication sourced?</b></p> <p>(delete as appropriate)</p> <p>Please note that school can only give Ibuprofen if prescribed by a GP.</p>	<p>Prescription medication</p>	<p>Non-prescribed medication</p>

<p>Name of parent/guardian</p>	
<p>Daytime phone numbers</p>	
<p>Name and phone number of GP</p>	

<p><b>Authorisation:</b></p> <p>The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school's policy.</p> <p>Prescribed 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. <i>(delete as appropriate)</i></p> <p>Non-prescription medication: I confirm that I have administered this non-prescription medication, without adverse effect, to my child in the past. I will inform the school immediately, in writing, if my child subsequently is adversely affected by the above medication. <i>(delete as appropriate)</i></p> <p>If more than one medicine is required a separate form should be completed for each one.</p> <p>Signature(s) _____ Date _____</p>
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Form 3



**Parental agreement for school to administer *occasional non-prescription paracetamol or Calpol* during the normal school day**

**THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN**

Child's name	
Child's date of birth	

<b>Name and strength of medicine</b> Eg. Paracetamol tablet 500mg Calpol Paediatric is 120mg/5ml dose Calpol Six Plus is 250mg/5ml dose	Which paracetamol product is suitable for your child.
<b>Dosage of paracetamol as age bracket:</b> Child 1-5 years - 120-250 mg Child 6-12 years - 250-500 mg Child over 12 years & Adult - 500 mg	What is the maximum dose school can administer. E.g. 2x 500mg tablets
<b>When to be given</b> In order to safeguard against double dosing	

parents will be contacted prior to giving medicine if before 2pm	
<b>Any other instructions</b>	Maximum 4 doses in 24 hours

Name of parent/guardian	
Daytime phone numbers	
Name and phone number of GP	

**Authorisation:**

**I confirm that I have administered paracetamol/Calpol without adverse effect to my child in the past.**

**I give consent to school staff to administer paracetamol/Calpol in accordance with the school policy.**

**I will inform the school immediately, in writing, if my child subsequently is adversely affected by paracetamol/Calpol.**

Signature: \_\_\_\_\_

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

**For office use:**

**Agreed review date :**



## APPENDIX 4

**Parental agreement for school to administer **Buccal Midazolam****

**THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN**

Child's name	
Child's date of birth	

<b>Name and strength of medicine</b>	
<b>Date dispensed</b>	
<b>Expiry date</b>	
<b>Dose to be given</b>	
<b>When to be administered (timing)</b>	
<b>Can a second dose be administered and when?</b>	
<b>Possible side effects</b>	

Any other instructions	
------------------------	--

Please note that Medicines must be sent to school in the original container as dispensed by the pharmacy

Name of parent/guardian to be contacted in an emergency	
Daytime phone numbers	
Name and phone number of GP/consultant who authorised this medication	

**PARENTAL AUTHORISATION:**

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

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.

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

For office use:

<p><b>GP/CONSULTANT AGREEMENT:</b></p> <p>Name of medicine _____</p> <p>Confirmation of dosage _____</p> <p>Date: _____</p>
---

**APPENDIX 5**

# My Asthma Plan



Your asthma plan tells you when to take your asthma medicines.

And what to do when your asthma gets worse.



Name:

## 1 My daily asthma medicines

- My preventer inhaler is called  and its colour is
- I take  puff/s of my preventer inhaler in the morning and  puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:
- My reliever inhaler is called  and its colour is   
I take  puff/s of my reliever inhaler (usually blue) when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is

## 2 When my asthma gets worse

I'll know my asthma is getting worse if:

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I'm waking up at night because of my asthma, or
- I'm taking my reliever inhaler (usually blue) more than three times a week, or
- My peak flow is less than

If my asthma gets worse, I should:

Keep taking my preventer medicines as normal.

And also take  puff/s of my blue reliever inhaler every four hours.



If I'm not getting any better doing this I should see my doctor or asthma nurse today.

Does doing sport make it hard to breathe?



If YES

I take:

puff/s of my reliever inhaler (usually blue) beforehand.



Remember to use my inhaler with a spacer (if I have one)



# My Asthma Plan

## 3 When I have an asthma attack

### I'm having an asthma attack if:

- My blue reliever inhaler isn't helping, or
- I can't talk or walk easily, or
- I'm breathing hard and fast, or
- I'm coughing or wheezing a lot, or
- My peak flow is less than \_\_\_\_\_

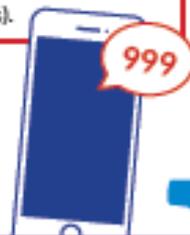
### When I have an asthma attack, I should:

Sit up – don't lie down. Try to be calm.

Take one puff of my reliever inhaler every 30 to 60 seconds up to a total of 10 puffs.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

If I still don't feel better and I've taken ten puffs, I need to call 999 straight away. If I am waiting longer than 15 minutes for an ambulance I should take another \_\_\_\_\_ puffs of my blue reliever inhaler every 30 to 60 seconds (up to 10 puffs).



Make sure you have your reliever inhaler (usually blue) with you. You might need it if you come into contact with things that make your asthma worse.

## My asthma triggers:

Write down things that make your asthma worse





## I need to see my asthma nurse every six months

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:





## Parents – get the most from your child's action plan

Make it easy for you and your family to find it when you need it

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school, grandparents and babysitter (a printout or a photo).

## You and your parents can get your questions answered:

Call our friendly expert nurses

**0300 222 5800**

(9am – 5pm Mon – Fri)

Get information, tips and ideas

**www.asthma.org.uk**

## Witnessing a Seizure

Kite Ridge School

### Slip

**Student:** Student X                      **Date:** Tue 22 Oct 2019 10:42 am  
**Period:** Morning Session              **Staff:** Sinclair Katie  
**Subject:** N/A                                  **Location:** Whiteleaf Hill  
**Status:** Open

### Description:

#### Commentary:

**Create Date:** Tue 22 Oct 2019 10:54 am    **Day Book Id:**

### Before the Seizure

Precipitating factors	Anxious
Preceding symptoms/feelings	Irritable
Position at onset	Sitting
Change in behaviour	unsettled

### During the Seizure

Time at onset	1030
Did the child fall? (tick for yes)	
Did any injury occur?	
Breathing	Shallow
Colour	blue lips
Incontinence - Urinary	
Incontinence - Faecal	
Action taken	called an ambulance

### Fall Details

Description of the fall	fell straight to the ground did not make contact with any objects
Backwards or forwards?	Backwards

### Movements During Seizure

Describe any movements of head	jerking
Describe any movements of arms	jerking
Describe any movements of legs	jerking
Describe any movements of eyes	Deviated to left
Level of awareness/responsiveness	Reduced awareness

### End of Seizure

Time at end of seizure	1036
Duration of seizure	6

### After the Seizure (briefly describe each of the following)

Level of alertness immediately following seizure	not alert, quiet and still
Level of alertness 5 minutes after seizure	asleep
Maintenance of alertness	yes for the rest of the day
Confusion	a little confused
Muscle weakness	tiredness

Duration of event	6
Total recovery time	3 hours
Parents informed?	Yes

### Treatment Given

Medication	buccal
Dose	10mg
Time given	1035
Response	it stopped the seizure

## Appendix 7

# Diabetes, Asthma & Seizures

## DIABETES

### WHAT IS DIABETES?

Diabetes is a medical condition that affects the body's ability to produce insulin. An essential hormone that controls how glucose (blood sugar) is distributed to cells and tissues in the body. There are two main types of Diabetic emergency that you may come across in the workplace:

**Hypoglycaemia:** Results from low blood sugar. Onset occurs very rapidly.

**Hyperglycaemia:** Results from high blood sugar. Onset occurs gradually.

Each type of diabetic emergency requires a different type of treatment. This poster will help first aiders identify the type of diabetic emergency they are faced with and deliver the correct type of treatment accordingly.

<b>Hypoglycaemia</b> Low Blood Sugar Level	Low blood sugar levels caused by too little sugar and carbohydrate in the diet in relation to the body's requirement, or too much insulin.
<b>Hyperglycaemia</b> High Blood Sugar Level	Excessive blood sugar levels are due to too much sugar or carbohydrate in the diet, too little insulin, or infections.

### RECOGNISING A DIABETIC EMERGENCY

#### HYPOGLYCAEMIA

Low blood sugar is typically caused by over-administration of insulin medication or missing a meal / other irregular eating patterns. It can also be caused by exercise and stress and is identified by the following symptoms:

01. A display of confused / aggressive behaviour
02. Complaints of feeling hungry or faint
03. Deteriorating levels of response / consciousness
04. A strong pulse with a rapid rate
05. A sweaty / clammy feeling to the surface of the skin, sometimes pale

The onset of a hypoglycaemic emergency occurs rapidly.

If urgent action is not taken the casualty will become completely unresponsive and may even suffer from a seizure.

#### ACTION

- 01. The priority is to raise the casualty's blood sugar levels, in the form of a sugary drink or snack.
- IN AN UNRESPONSIVE CASUALTY:**
01. Call an ambulance.
  02. Check the casualty's Airway, Breathing and Circulation (ABC).
  03. If necessary, place the casualty in the recovery position or perform CPR.
- IN A RESPONSIVE CASUALTY:**
01. Ensure the casualty is seated.
  02. Encourage them to drink a sugary drink or eat sugary foods. This will raise blood sugar levels.
  03. As the casualty begins to respond to sugary intake and show signs of recovery, continue to encourage them to eat and drink.
  04. Seek medical advice.

#### HYPERGLYCAEMIA

High blood sugar is typically caused by a failure to administer sufficient insulin. Especially common after meals, it can be identified by the following symptoms:

01. Complaints of feeling nervous and sweating
02. Extreme thirst, usually accompanied by a distinct 'acetone' odour on the breath
03. Drowsy and dehydrated
04. Rapid breathing
05. Dry and warm skin
06. An urge to urinate

The onset of a hyperglycaemic emergency occurs very gradually.

It is rare that a casualty will become completely unconscious as such extreme deterioration may take a number of days.

#### ACTION

- IN AN UNRESPONSIVE CASUALTY:**
01. Call an ambulance.
  02. Check the casualty's Airway, Breathing and Circulation (ABC).
  03. If necessary, place the casualty in the recovery position or perform CPR.
- IN A RESPONSIVE CASUALTY:**
01. Call an ambulance.
  02. Reassure the casualty.
  03. Try and keep the casualty alert.
  04. If in doubt and conscious, give sugar.



## ASTHMA

### WHAT IS ASTHMA?

Asthma is a chronic inflammatory illness that affects the airways within the lungs. The most common type of asthma is allergic asthma. However, an attack can be initiated by a variety of other factors including infection, exercise, exertion and stress. When exposed to 'triggers' such as dust, smoke, physical exercise and cold air, the airways (bronchi) contract, causing breathing difficulties for the casualty.

The constriction of the airways gradually reduces the amount of oxygen running through the body and affects its ability to function properly.

An attack may become life threatening if it is prolonged.

Prompt first aid response can help to stop an asthma attack in its tracks and may even save a casualty's life. This poster will help to ensure that you understand asthma and are aware of what to do in the event of an attack.



### RECOGNISING AN ASTHMA ATTACK

As a general rule, an asthma attack can be identified by the following symptoms:

- 01. A wheezing sound when breathing out.
- 02. Distress owing to breathing difficulties.
- 03. Difficulty communicating owing to shortness of breath.
- 04. A blue tinge around extremities such as fingertips and lips.



#### ACTION

- Witnessing an asthma attack can be very distressing. It is important you remain calm in order to keep the casualty calm.
01. Let the casualty adopt a comfortable position. Ideally sat up and leaning forward. (Fig 1)
  02. The casualty should be carrying an inhaler. Encourage them to administer their medication. (Fig 2)
  03. Instruct the casualty to breathe slowly and steadily.
  04. Encourage the casualty to administer their medication again if necessary.
  05. Monitor and reassure the casualty at all times.
- CALL FOR AN AMBULANCE IF:**
- 01. The casualty's attack is first.
  - 02. The casualty's condition is worsening and they are showing signs of exhaustion.
  - 03. You feel you are unable to cope with the situation.
  - 04. The casualty is incapable of any kind of speech.
  - 05. The inhaler provides no signs of relief after a few mins.
  - 06. The casualty does not have his / her medication / inhaler.

## SEIZURES

### WHAT IS A SEIZURE?

Seizures occur when the normal electrical activity in the brain is interrupted. This interruption can occur for a variety of reasons. Epilepsy is the most common cause of seizures. Other causes include:

- 01. Reduced supply of oxygen to the brain.
- 02. Reduced supply of glucose to the brain (see section on diabetes).
- 03. Drugs and alcohol.
- 04. Diseases that affect the brain.
- 05. Head injuries.



Seizures do not always result in the casualty dropping to the floor and convulsing. The effects of seizures can, in fact, be quite mild and result in little more than a reduction in the casualty's levels of response and general awareness.

### RECOGNISING A SEIZURE

There are two types of seizure with very distinct characteristics.

#### MINOR SEIZURES

Casualties may display the following symptoms:

- 01. Reduced levels of awareness and response.
- 02. Eyes remain open but unable to focus.
- 03. Mild twitching movements in the limbs, head and facial features.

#### ACTION

01. Get the casualty to sit down on the floor. This will help to prevent injury if the seizure should worsen and the casualty collapses.
02. Most casualties will show full signs of recovery within a few minutes of the seizure.
03. If the casualty does not show any signs of recovery after 10 minutes, call for an ambulance.
04. It is rare that a major seizure follows a minor seizure. If this does occur, however, follow the advice outlined below.



#### MAJOR SEIZURES

The onset of a major seizure can usually be identified by a tossing of the casualty's body followed by a sharp fall to the floor. Once on the floor the casualty's back may begin to arch and the following symptoms display:

- 01. Noisy / erratic breathing.
- 02. A blue tinge around extremities such as fingertips and lips.
- 03. Rapid, uncontrolled movements to the limbs.
- 04. Loss of bladder or bowel control.
- 05. A tightening of the jaw. This may result in frothing at the mouth or bleeding due to tongue, lips and gums being bitten.

As the casualty begins to recover they will feel confused and disoriented while their levels of awareness and response improve. It is also normal for the casualty to feel sleepy and exhausted.

#### ACTION

01. The casualty will almost definitely collapse during a major seizure. Try to control the fall.
  02. Ensure the safety of the casualty by removing any objects that may cause injury if they are struck.
  03. Place padding under the head of the casualty. Improve if necessary by using clothing.
  04. DO NOT place anything in the casualty's mouth.
  05. Loosen any clothing that may restrict the airway.
- WHEN THE SEIZURE HAS SUBSIDED:**
01. Check the casualty's Airway, Breathing and Circulation (ABC).
  02. If unconscious and breathing normally or semi-conscious, place the casualty in the recovery position (see opposite). Perform CPR if not breathing.
  03. Can also put a blanket over casualty to preserve modesty. Also time the seizure.
  04. Reassure the casualty whilst continuing to monitor the ABC and any other injuries.

#### CALL FOR AN AMBULANCE IF:

- 01. Any concerns with ABC's.
- 02. You feel unable to cope with the situation.
- 03. The casualty is not known as an Epilepsy sufferer and you suspect the seizure may be caused by something else such as a head injury.
- 04. Convulsions last for 5 minutes or more.
- 05. The casualty suffers from a number of smaller seizures.
- 06. The casualty shows no signs of recovery after 10 minutes.
- 07. The casualty injures himself / herself.