



BRIDGEWATER

HIGH SCHOOL

LEARNING WITH PRIDE AND JOY

MANAGING MEDICINE POLICY

February 2025

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Purpose

The purpose of this policy is to put into place effective management systems and arrangements to support children and young people with medical needs in the school and to provide clear guidance for staff and parents/carers on the administration of medicines. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

Roles and Responsibilities

All staff in schools have a duty to maintain professional standards of care and to ensure that children and young people are safe. It is expected good practice that schools and settings will review cases individually and administer medicines in order to meet the all-round needs of the child.

However, there is no legal duty requiring staff to administer medication or to supervise a pupil when taking medicines. This is a voluntary role.

Under the 'The Equality Act 2010', schools and settings should be making reasonable adjustments for disabled children, including those with medical needs, and are under a duty to plan strategically to increase access over time. Schools and settings should consider what reasonable adjustments they need to make to enable children with medical needs to participate fully in all areas of school life, including educational visits and sporting activities.

Staff, including supply staff must always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise.

Parents/ Carers

It is the responsibility of parents/carers to:

- inform the school of their child's medical needs
- provide any medication in a container clearly labelled with the child's name and dosage (only prescribed medicine will be administered)
- collect and dispose of any medicines held in school at the end of each term
- ensure that medicines have not passed the expiry date.

Parents/Carers must complete the medicine consent form before staff can administer medicine to a pupil.

Administering Medication

All medication will be administered to pupils in accordance with the DfE document by the school's trained first aiders.

Parents/Carers should complete a request for school to administer medication form (Appendix D)

Supporting pupils at school with medical conditions - December 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

Any member of the first aid staff, on each occasion, giving medicine to a pupil should check:

- Name of pupil to ensure they have the right patient
- Written instructions provided by the parents/carers or doctor to ensure they are administering the right medication, at the right time and in the right way.
- Prescribed dose
- Expiry date

Parents/carers will be contacted immediately to clear up any discrepancies.

Emergency Medication

Pupils suffering from conditions such as asthma or anaphylaxis may have to receive medication, usually in the form of an inhaler or adrenaline pen, during the school day.

Written details of the treatment must be provided by the parent/carer, the medication should be administered where possible by the pupil under supervision of an adult.

An emergency inhaler and adrenaline pen are located in the main offices at lower and upper school.

The emergency services will be called as soon as a pupil shows signs of going into an anaphylaxis shock or suffering a severe asthma attack.

Storage

Any medicine that needs to be kept cool will be kept in a locked fridge in the school's main offices.

Pupils will carry their own emergency medication around the school with them, where it is deemed necessary a pupil's spare emergency medication, (Asthma inhalers and adrenaline pens), will be stored in the school's main offices.

All medicine must be labelled with the pupil's name.

Records

Staff will complete and sign a record sheet each time medication is given to a pupil, and these will be kept in the medicine file. The sheets will record the following:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Dosage given
- Name of medication

Refusing to take medication

Secondary aged pupils will go themselves to the office for their medication. If a pupil refuses to take their medication, staff will not force them to do so. Parents/carers will be informed as soon as possible. Refusal to take medication will be recorded and dated on the pupil's record sheet. Reasons for refusal to take medications must also be recorded as well as the action then taken by the first aider.

Training

Training and advice will be provided by health professions for staff involved in the administration of medicines. Training for all staff will be provided on a range of medical needs, as and when appropriate.

Health Care Plan

Where appropriate, a personal Health Care Plan will be drawn up in consultation with the school/setting, parents/carers and health professionals. The Health Care Plan will outline the child's needs and the level of support required in school. Health Care Plans will be reviewed annually.

School Trips / Residential trips and visits off site

A thorough risk assessment will be undertaken to ensure the safety of all pupils and staff. No decision about a pupil with medical needs attending/not attending a school trip will be taken without prior consultation with the parents/carers.

Sufficient essential medicines and appropriate Health Care Plans will be taken and controlled by the member of staff supervising the trip.

Emergency Procedures

The Principal will ensure that all staff are aware of the school's planned emergency procedures in the event of medical needs.

Carrying Medicines

Any 'controlled' medication must be handed to the first aider in the main offices on entry to the school premises and kept in the school office.

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Parents/Carers must complete a request for a pupil to carry medication (Appendix C)

Common Medical Conditions

Asthma (Appendix A)

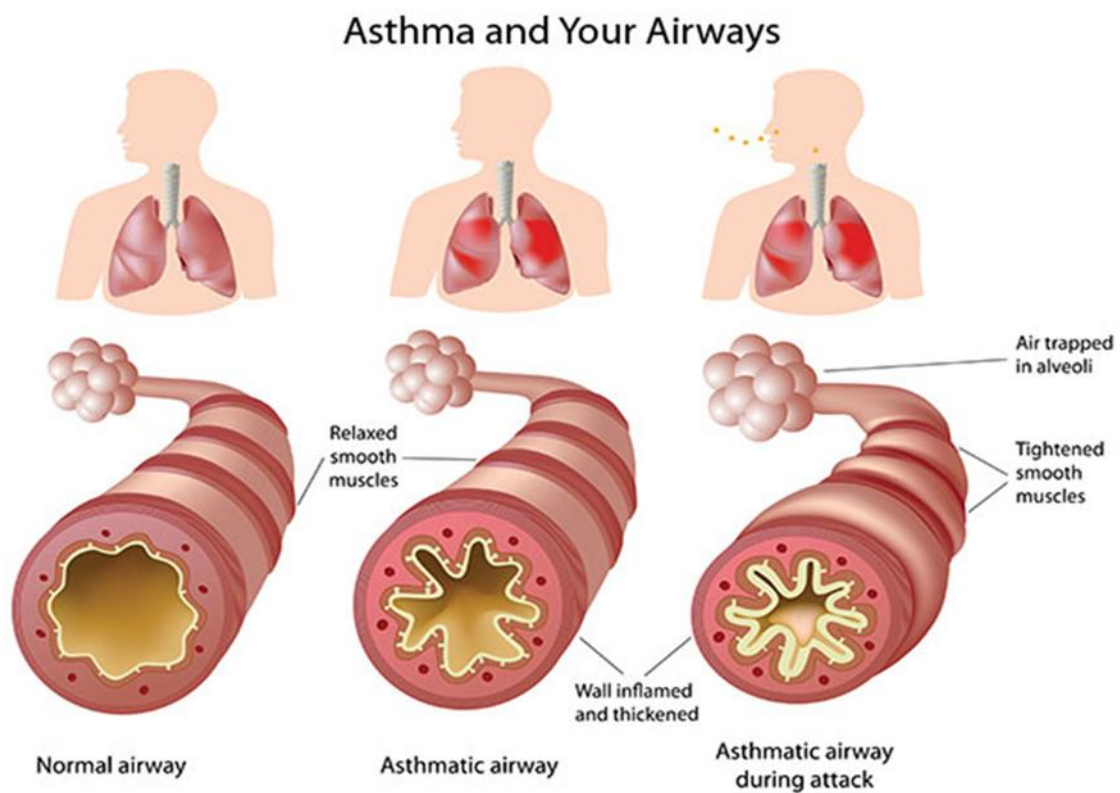
Anaphylactic Shock (Appendix B)

Request for Pupil to Carry Medication (Appendix C)

Request for School to Administer Medication (Appendix D)

ASTHMA

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower, and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.



As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all students with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- ✓ all students with immediate access to their reliever inhaler at all times,
- ✓ all students have their details recorded on the school's information system.
- ✓ an emergency salbutamol inhaler
- ✓ ensure all first aid trained staff have asthma training
- ✓ promote asthma awareness to students' parents/carers and staff.

Asthma Register

All students with asthma have their information recorded within the school's information systems. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that this information is recorded.

Medication and Inhalers

All children with asthma should always have immediate access to their reliever (usually blue) inhaler. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the student is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. However, we will discuss this with each child's parent/carer and teacher. We recognise that some children may still need supervision in taking their inhaler.

School staff are not required to administer asthma medicines to students however many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Our trained first aiders are happy to support pupils as they use their inhaler. If we have any concerns over a pupil's ability to use their inhaler, we will advise parents/carers to arrange a review with their GP/nurse. Please refer to the Administering Medicines policy for further details about administering medicines.

Staff training

Bridgewater High School has fully trained first aiders at both school sites.

School Environment

The school does all that it can to ensure the school environment is favourable to students with asthma. The school has a definitive no-smoking/no vaping policy. Student's asthma triggers will be recorded on the school's information systems, and the school will ensure that student's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- Colds and infection
- Dust and house dust mite
- Pollen, spores, and moulds
- Feathers
- Furry animals
- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Food allergies
- Fumes and cigarette smoke

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to, and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all students. All staff will know which pupils in their class have asthma and all PE teachers at the school will be aware of which students have asthma.

Students with asthma are encouraged to participate fully in all activities. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a student needs to use their inhaler during a lesson, they will be encouraged to do so.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, and this is also true for children and young people with asthma. It is therefore important that the school involve students with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

When asthma is affecting a student's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life as a student, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the student needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that Students with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in school

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March 2015). A summary of the key points from this document can be found below.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

We have two emergency kit(s), which are kept in the main office at lower school and in the main office at upper school so it is easy to access. Each kit contains:

- A salbutamol metered dose inhaler.
- At least two spacers compatible with the inhaler.
- Instructions on using the inhaler and spacer.
- Instruction on cleaning and storing the inhaler.
- Manufacturer's information.
- A note of the arrangements for replacing the inhaler and spacers.
- A record of administration

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We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

We will ensure that the emergency salbutamol inhaler is only used on instruction from the 999 emergency service.

The school's first aiders will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available.
- replacement inhalers are obtained when expiry dates approach.
- Replacement spacers are available following use.
- 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. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air.

The spacer cannot be reused as there is a risk of cross-infection therefore, the spacer will be disposed of or assigned to the child for future personal use.

The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

Spent inhalers will be returned to the pharmacy to be recycled.

The emergency salbutamol inhaler will only be used on pupils on instruction from the 999 emergency services.

The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Common 'day to day' symptoms of asthma

We recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per Department of Health Document, they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support students with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

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The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states 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'.

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

Appears exhausted	Is going blue
Has a blue/white tinge around lips	Has collapsed

It goes on to explain that 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
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good seal, or place the spacer mask securely over the nose and mouth.
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- If there is no improvement, repeat these steps* 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 you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents/carers should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent/carer arrives

References

- Asthma UK website School Policy Guidelines
<https://www.asthma.org.uk/advice/child/life/school/>
- BTS/SIGN asthma Guideline
<https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools
- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf



ANAPHYLAXIS

Anaphylaxis is a severe and often sudden allergic reaction which may be life-threatening and must be treated immediately. Allergic reactions occur when a person's immune system responds inappropriately to a food or substance that it wrongly perceives as a threat.

What causes an anaphylaxis reaction?

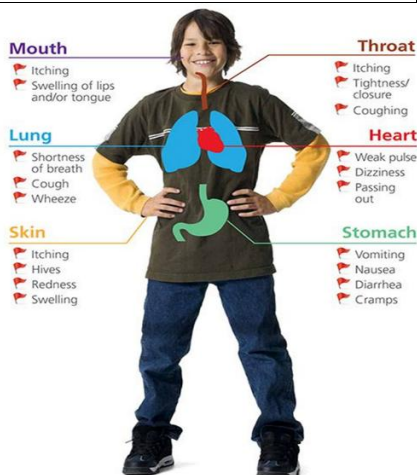
The common causes of allergies and anaphylaxis among children include:

- Peanuts
- Fish/seafood
- Milk
- Eggs
- Tree nuts (such as almonds, walnuts, cashew nuts, brazil nuts)
- Wheat
- Kiwifruit
- Less commonly, other foods

Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other medicines.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves a difficulty in breathing or affects the heart rhythm or blood pressure. Any one or more of the following symptoms may be present. These are often referred to as the ABC symptoms:

A irway	B reathing	C onsciousness/Circulation
Persistent cough Vocal changes (hoarse voice) Difficulty in swallowing Swollen tongue	Difficult or noisy breathing Wheezing (like an asthma attack)	Feeling lightheaded or faint. Clammy skin Confusion Unresponsive/unconscious (due to a drop-in blood pressure)



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This school welcomes all students with allergies/anaphylaxis and aims to support these children in participating fully in school life, which could include ensuring that a child with a food allergy is able to eat a school lunch. We recognise the seriousness of this condition, but with accurate and comprehensive information we feel their condition can be managed.

We endeavour to do this by ensuring we have:

- ✓ allergies and anaphylaxis logged on the child's school record
- ✓ up-to-date allergies and anaphylaxis policy,
- ✓ all students with immediate access to their adrenaline auto-injectors at all times,
- ✓ an emergency adrenaline auto-injector
- ✓ trained first aiders
- ✓ practical measures to eliminate or reduce the allergen in school.

Anaphylaxis Healthcare Plan

To comply with our statutory duty to support students with medical conditions. The school will keep a record of all students known to suffer from Anaphylaxis or who have been prescribed an Adrenaline Auto-injector.

The school will ensure that it is effectively supporting a student's medical condition by providing clarity about the child's condition, what the child is allergic to, recognising the first signs of allergic reaction and what to do in an emergency.

Students' parents/guardians, relevant staff, and if necessary, healthcare professionals will be consulted.

Our Healthcare Plan includes the following information:

- The child's details
- Contact details – Telephone and mobile numbers of parent or guardian and any other emergency contact details.
- Contact details of family GP
- The child's allergies – A list of the specific allergies and what to avoid
- A list of possible symptoms
- Prescribed Medication
- Details of Emergency Procedure – Including an assessment of symptoms, when and how to administer medication, contact numbers and the ambulance procedure
- Who can help? – A list of staff members who have been trained
- Consent and agreement – A parent or guardian must give written consent for staff to take responsibility for administering medication.

<https://www.gov.uk/government/publications/supporting--at-school-with-medical-conditions--3>

Access to a child's Adrenaline Auto-injector

All children with anaphylaxis should always have immediate access to their adrenaline auto-injector. The adrenaline auto-injector medication acts on the whole body to block the progression of the allergic response. It constricts the blood vessels, leading to increased blood pressure, and decreased swelling.

Children are encouraged to carry their adrenaline auto-injectors as soon as they are responsible enough to do so. However, we will discuss this with each child's parent/carer and teacher. We recognise that some children may still need supervision in administering their adrenaline auto-injector.

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School staff are not required to administer adrenaline auto-injector to students however the school understands that in an emergency a failure to administer the child's medication could end in hospitalisation or even death.

Therefore, the school will ensure an adequate number of staff have had adrenaline auto-injector training and/or administering medication training and are happy to support children. Please refer to the Administering Medicines policy for further details about administering medicines.

Emergency Adrenaline Auto-injector in school

Legislation which came into effect in 2017 enables schools in the UK to buy Adrenaline Auto-injector (AAIs) without a prescription for emergency use on children who are at risk of anaphylaxis.

Adrenaline Auto-injector are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives.

The AAI will only be used by the school's trained first aiders under advice from the 999 emergency services.

We have two emergency kit(s), which are kept in the main office upper school and main office lower school, so it is easy to access.

Each kit contains:

- A pre-loaded Adrenaline Auto-injector.
- Instructions on using the device(s).
- Instruction on cleaning and storing the Adrenaline Auto-injector
- Manufacturer's information.
- A checklist of Adrenaline Auto-injector, identified by their batch number and expiry date, with monthly checks recorded.
- A note of the arrangements for replacing the Adrenaline Auto-injector.
- A record of administration

Adrenaline Auto-injectors are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria, as follows:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device)

Once an Adrenaline Auto-injector has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used Adrenaline Auto-injector can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

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APPENDIX C

REQUEST FOR PUPIL TO CARRY MEDICATION

This form must be completed by parents/carers

Details of pupil

SURNAME:	
FORENAME(S):	
FORM:	
ADDRESS:	
DATE OF BIRTH:	
MALE OR FEMALE:	
CONDITION OR ILLNESS:	

Medication

Parents must ensure that medication supplied is 'in date' and properly labelled

NAME/TYPE OF MEDICATION: (as described on the container)	
PROCEDURES TO BE TAKEN IN AN EMERGENCY:	

Contact Details

NAME:	
PHONE NO:	Home:
	Mobile:
	Work:

I would like my child to keep his/her medication on him/her for use as necessary

SIGNATURE:	
DATE:	
RELATIONSHIP TO PUPIL:	

Agreement of School

NAME OF PUPIL:	
We agree that the pupil named above will be allowed to carry and self-administer his/her medication whilst in school and that this arrangement will continue until: _____ (either end date of course of medication or until instructed by parent/carer)	
SIGNED (Office Manager):	
DATE:	

The original should be retained on the school file and a copy sent to the parent/carer to confirm the school's agreement to the named pupil carrying his/her own medication

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APPENDIX D

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

The school will not give your child medicine unless you complete and sign this form and the Headteacher has agreed that school staff can administer the medicine.

Details of pupil	
SURNAME:	
FORENAME(S):	
FORM:	
ADDRESS:	
DATE OF BIRTH:	
MALE OR FEMALE:	
CONDITION OR ILLNESS:	
Medication	
<i>Parents must ensure that medication supplied is 'in date' and properly labelled</i>	
NAME/TYPE OF MEDICATION: (as described on the container)	
DATE DISPENSED:	
EXPIRY DATE:	
FULL DIRECTIONS FOR USE, INCLUDING DOSAGE AND METHOD:	
<i>(N.B. Dosage can only be changed on a Doctor's instructions)</i>	
TIMING:	
SPECIAL PRECAUTIONS:	
ARE THERE ANY SIDE EFFECTS THAT THE SCHOOL NEEDS TO KNOW ABOUT?:	
SELF ADMINISTRATION:	YES <input type="checkbox"/> NO <input type="checkbox"/>
PROCEDURES TO TAKE IN AN EMERGENCY:	

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Contact Details	
NAME:	
PHONE NO:	Home:
	Mobile:
	Work:
RELATIONSHIP TO PUPIL:	
ADDRESS:	
ADDRESS:	
<i>I understand that I must deliver the medicine personally to the Office Manager and accept that this is a service which the school is not obliged to undertake. I understand that I must notify the school of any changes in writing</i>	
SIGNATURE:	

FOR OFFICE USE ONLY	
NAME OF PUPIL:	
QUANTITY AND NAME OF MEDICATION TO BE RECEIVED:	
TIME THE MEDICATION IS TO BE ADMINISTERED (e.g. break/lunchtime)	
CHILD WILL BE SUPERVISED BY:	
THIS ARRANGEMENT WILL CONTINUE UNTIL: (either end date of course of medicine or until instructed by parents)	
School agrees that the pupil named above will receive the medicine as detailed above.	
SIGNED (Office Manager):	
DATE:	
<i>The original should be retained on the school file and a copy sent to the parent/carer to confirm the school's agreement to the named pupil carrying his/her own medication</i>	