



CHANNING SCHOOL MEDICATIONS POLICY, INCL. ALLERGY AND ASTHMA

This policy applies to the whole School including the EYFS

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Reviewed by: Tas Franklin (School Nurse)

Approved by: Roy Hill (Bursar)

Signed by: Board of Governors (Estates Committee)

Medications Policy

This policy should be read in conjunction with the School's Safeguarding and Child Protection Policy, First Aid Policy, Medical Policy and Mental Health Policy

Appendix A - Medication Administration Consent Form

Appendix B - Medication Slip

Appendix C - Controlled Drug Form

Appendix D - Allergy and Anaphylaxis Policy

Appendix E - Asthma Policy

Appendix F - Asthma Guidelines for Staff

In the event of an intentional **medication overdose**, please see immediately Appendix 9 of the Safeguarding and Child Protection Policy and Procedures.

There will be times when both staff and students will need to take medication during school hours and this needs to be managed so that it is safe and effective.

The Nurses keep a stock of over-the-counter (OTC) medicines for common ailments, such as colds, mild /moderate pain and hay fever. When their child joins the school, parents are asked to indicate their consent on Schoolbase for the Nurse to administer these medicines as required. **No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality (Supporting pupils at school with medical conditions, DfE 2015).**

Any medication given in school is recorded by the Nurse/ Welfare Assistant in the student's electronic medical records. The Nurse/ Welfare Assistant will inform parents (either by telephone or email) of any pupils in Reception to Year 8 who are given medication. **In order to encourage independence, when dispensing medications, Nurses will discuss safe doses with students in Years 9 and above and will give them a completed Medication Slip to take with them (Appendix B).**

If the Nurses are unable to get to the Junior School, staff may administer medication to pupils under the direction of the School Nurse.

We do not administer medications covertly at Channing.

Prescribed Medicines / medicines not stocked by the school

Medicines should only be brought into School when essential; that is where it would be detrimental to a child's health or attendance if the medicine were not *The School Senior Nurse monitors this policy regularly. It is reviewed at least annually.*

administered during the school day.

In order to safely administer these medicines, it is essential that parents complete a Medication Administration Consent Form (Appendix A). **Channing will only accept prescribed medicines if these are in-date, labeled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage (DfE).**

Staff can also ask parents to complete Medication Administration Consent Forms if medications need to be administered on School trips.

Staff administering medicines must complete and sign the reverse of the form. Used forms must be given to the School Nurses to be filed in the student's medical notes.

Pupils are not to carry any medicines on their person during school hours. The exceptions to this are asthma inhalers, epi-pens, insulin and other medications prescribed for emergency use. Please see Appendix B (Allergy and Anaphylaxis policy) and C (Asthma policy) for further details. Students in the sixth form may carry their own medicines.

Parents must ensure that any medicines provided for use at school are in date and replacements are sent in prior to their expiration. Expired medicines cannot be administered.

It is worth noting that throat pastilles/ lozenges are not considered to be medicines. Although they may have a soothing effect, they are hard sweets and as such should not be brought into school.

Storage of Medicines

Medicines for use by Nurses/ Welfare Assistant are stored in locked cupboards in the medical rooms at both the Senior and Junior Schools. For safety reasons all medicines should be recorded and logged in and out on the online Medication Log when they are bought and then used.

Some medications (such as inhalers and epi-pens) must be readily accessible in case of emergencies. Students in Key Stage 2 and above must carry their own epi-pens with them at all times. Teachers of pupils in Key Stage 1 are responsible for ensuring their epi-pens are kept near the pupil throughout the school day. Channing's own emergency epi-pens are kept in an unlocked, labelled cupboard in the Senior and Junior School Reception Offices and Junior School dining room. In the first instance, the students own emergency medication should be used with the School's supply being available if required. In an emergency these can be given by any trained staff to a student who has been prescribed them. Individual inhalers for Key Stages 1 and 2 are kept in named yellow bags in the Junior School Office along with Channing's own

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emergency inhaler kits. Students in KS3 and above must carry their inhalers with them at all times.

Some medicines, particularly insulin and antibiotics, may require refrigeration in a temperature controlled fridge, which has the temperature monitored and logged.

Controlled drugs that have been prescribed for a pupil are securely stored in a fixed double locked cabinet in the Medical Room in the Senior School, and only the School Nurses have access to this. **Controlled drugs should be easily accessible in an emergency and so a spare set of keys are kept in a key safe in the Medical Room with the code for this is kept securely by the Office.** Any doses administered must be recorded in the students' Schoolbase medical records. A record of the amount of the controlled drug held is kept with the drug. (Misuse of Drugs Act, DfE)

Staff taking controlled drugs out on trips, must sign them out (countersigned by the Nurse) and back in. When administering them on the trip, the teacher must sign the administration form (kept with the medications) and ask the student to countersign it.

Some homely remedies (paracetamol, ibuprofen, cetirizine, piriton) for use by medicines trained school staff in the absence of a School Nurse will be kept in a locked drawer / box (code with office staff) in the reception offices in both the junior and senior schools.

The student's role in managing their own medical needs.

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans. Wherever possible, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, relevant staff should help to administer medicines and manage procedures for them. If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered (DfE).

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary (DfE 2015).

Administration of prescribed medicines / homely remedies by staff other than Nurses

The School Senior Nurse monitors this policy regularly. It is reviewed at least annually.

Only staff who have completed on-line certified training (Medicines Awareness Foundation for Schools) on the safe administration of drugs can administer medicines.

If there is a Nurse in school, staff **must** consult with her first. The Nurse will need to carry out an assessment of the student to decide if administering a homely remedy is appropriate.

All staff should be aware of how to call for the emergency services.

For prescribed medications, the following protocols must be followed:

- Check the Medication Administration Consent Form has been correctly completed.
- Ensure the medication is stored in the original container with a valid expiry date and the student's name is clearly visible on the prescription label.
- Check the Product Information Leaflet.
- Check the student's name with them and that it correlates with the prescription label.
- Ensure the student is happy to take the medicine, before administering the medication as prescribed.
- Record the administration of the medicine on the form and let the Nurses know.

For homely remedies, the following protocols must be followed:

- Check Schoolbase to ensure parental consent has been given, and if there are any medical conditions / allergies recorded.
- Check for any adverse reactions or contraindications to medication (eg. asthmatics should not be given ibuprofen).
- Check if the student has had any other medications in the past 24 hours.
- Identify a clear reason for medication.
- Consider alternatives, such as a rest, increase in fluid intake and then review.
- Check the table below for information.
- Unless it is an emergency, medication should be given in a situation where it is possible to maintain privacy and confidentiality.
- Check the information leaflet with the medication, for any contraindications.
- Observe the student taking the medications.
- Email the Nurse with details of what has been given, who to, why, dosage and time (if given to *either staff or students*).
- For students in Reception - year 8, email or call parents to let them know what medication has been given, when and why.

If an error of administration occurs:

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- Check student for any adverse reactions which may need urgent treatment.
- Call for a FA trained member of staff if needed.
- Report the error immediately to the Nurse, Bursar, and Deputy Heads.
- An incident report should be completed and sent to the Nurse, Bursar, and Deputy Heads.
- The student's parents should be informed as soon as possible.

Trips

- Prescribed medications should be taken in their original containers with a prescription label attached, alongside a completed Medication Administration Consent Form
- For certain trips (particularly residential) it may be necessary to take some OTC medications. The trip leader should discuss this in advance with the School Nurses. There must be staff qualified to administer medications on the trip and who should follow the protocols set out in this policy. Parents must give consent via Schoolbase. The School Nurses can provide a small medicine bag containing the relevant supplies of OTC medications, for which the trip leader is responsible. Nurses must be informed in writing of any medications administered so that the students' schoolbase medical records can be updated.

MEDICINE AND STRENGTHS	DOSAGE GUIDELINES	USUAL REASONS TO GIVE	CAUTIONS	COMMENTS
Paracetamol Infant Suspension 120mg/5mls	4-6 years: 240 mg/ 10mls Given every 4 – 6 hours.	Headache, stomach ache, Period pain, toothache, high temperature, general aches and pains	Check if pupils are taking any other medicines containing Paracetamol eg Migraleve or Cold Remedies.	Identify reason for medication. Check no serious cause for symptoms eg. check headache is not a result of a head injury Tell students that it will take 20-30 mins before it starts to take effect
Paracetamol 6+ Suspension 250mg/5mls	6-8 years: 250 mg/5mls 8-10 years: 375mg/7.5mls 10-12 years: 500mg/10mls Given every 4 – 6 hours.			
Paracetamol 500mg tablets	10-12 years: 500mg/1 tablet 12-16 years: 750mg/1.5 tablets			

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	<p>16-18+ years: 1g/ 2 tablets</p> <p>Given every 4 – 6 hours.</p> <p>Do not exceed 4 doses in 24 hours.</p>			
<p>Nurofen 100mgs/5mls</p> <p>Ibuprofen 200mg tablets</p>	<p>4-6 years: 150mg/ 7.5mls</p> <p>7-9 years: 200mg/10 mls</p> <p>10-11 years: 300mg/ 15mls</p> <p>12-18+ years: 400mg/2 tablets</p> <p>Given every 6- 8 hours</p> <p>Do not exceed 3 doses in 24 hours</p>	<p>Usually given for mild or moderate pain, especially for muscular aches. Has anti-inflammatory properties.</p>	<p>Take after food or with a glass of milk.</p> <p>Do not give to asthmatics.</p> <p>Check if taking other medicines containing Ibuprofen eg Feminax</p> <p>Do not give for 48 hours after a sprain.</p>	<p>May cause gastro-intestinal discomfort.</p> <p>Can induce asthma attacks.</p> <p>Tell students that it will take 20-30 mins before it starts to take effect</p>

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<p>Cetirizine 1mg/1ml liquid</p> <p>Cetirizine Hydrochloride 10mg tablets</p>	<p>Under 6 years - must be prescribed by a Dr. 6-11 years: 5mg/ 5mls twice daily (morning and night with 10-12 hours between doses)</p> <p>12-18+ years: 10mg once daily</p>	<p>Hayfever</p> <p>Relief of acute minor allergy symptoms</p>	<p>Check if they have had another long lasting antihistamine already that day, eg. loratadine and then do not give.</p> <p>Do not give to someone with epilepsy.</p> <p>Classed as non-drowsy but can make some people feel sleepy.</p>	<p>Monitor for effectiveness.</p>
<p>Piriton liquid 2mg/ 5ml</p> <p>Chlorpheniramine Maleate 4mg (PIRITON) tablets</p>	<p>Under 12 years - must be prescribed by a Dr.</p> <p>12-18+ years: 4mg Can have every 4-6 hours, with max. 6 tablets/ 24 hours</p>	<p>Relief of acute allergy symptoms</p> <p>Hayfever</p>	<p>Likely to cause drowsiness</p> <p>Check if they are planning to drive, operate any dangerous equipment or take part in a potentially unsafe activity.</p> <p>Do not give to someone with epilepsy.</p> <p>It takes 30-60 mins to work.</p>	<p>Monitor for effectiveness.</p>

Managing conflict

There may be situations where students or parents are requesting the administration

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of medication which is different to the drug manufacturer's dosages/ guidelines. It is important that we work collaboratively with parents to ensure the safe support of students whilst at school.

Nurses must request, in writing, that parents provide a prescription from a doctor with the requested dosage/ administration alongside an explanatory letter with a diagnosis and treatment plan. A copy of this policy should be shared with parents.

Nurses must ensure that they work in compliance with their NMC regulations and drug manufacturer/ British National Formulary guidelines. They should discuss any conflict as soon as possible with the DSL and seek further advice from the NMC/ RCN as required.

Disposal of medications

Any expired or no longer used medications must be disposed of safely. Medicines can be returned to parents for disposal, or taken to a local pharmacy. Any used sharps must be disposed of in a sharps bin, which is collected by a specialist company when full. Expired school epipens must be taken to the pharmacy for safe disposal,

SUN PROTECTION STATEMENT

The sun is a vital source of vitamin D, which we need to stay healthy. Short and regular exposure to the sun during the summer is actually good for us. Channing school is aware of the link between sunburn and skin damage that can be caused by the harmful ultraviolet rays in sunlight. This policy is a response to that link.

Aims

- To inform students and staff on how to stay healthy in the sun and promote safe practices.
- To provide a healthy school environment which minimises the risks of sunburn.

Actions

- Form tutors will talk to students about cancer risks and sun safety in the summer term.
- There will be information and health promotion displayed on the medical notice boards in both the junior and senior schools during part of the summer term.
- Information reminding parents to apply and supply sun cream, and to ensure girls have sun hats at school, will be put in the Word from the Head / Junior School Bulletin, in the summer term.
- The School Nurses are available for advice about sun safety for students and staff.

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- Staff on duty during breaks to point out shaded areas and remind students in the senior school that they are allowed in their form rooms at break times.
- Awnings outside Reception classes and the large trees can be used in the junior school to provide shade if necessary.
- Students should only be outdoors in the sun for short periods of time
- Staff on duty to actively discourage sunbathing.
- Staff to make use of shade when holding outdoor activities. Schedule work to minimise exposure.
- Staff to set a good example by also regularly applying sunscreen and wearing appropriate clothing, hats, and sunglasses.
- Staff and students should be encouraged to have their own water bottle at school every day in order to drink plenty of water to avoid dehydration. There are water points throughout the school to refill bottles.
- Staff and students should be encouraged to wear suitable hats, preferably with a wide brim or the legionnaire style, to protect eyes, ears and neck, particularly on school trips and sports days when they may be exposed to the sun for long periods.
- Staff and students should be encouraged to keep covered up with light clothing when the sun is at its hottest.
- Encourage students and staff to check regularly for unusual changes in spots or moles and seek medical advice if concerned. The earlier skin cancer is diagnosed the easier it is to treat.
- Staff organising trips must ensure students have their own suncream, and are wearing appropriate clothing / hats.

Protecting your skin

- Cover up - wear long sleeves and longer skirts / trousers where possible.
- Slap on the suncream - remembering to reapply regularly.
- Wear a hat or cap - preferably ones that also cover your neck.
- Slip on your shades – your eyes need protection too.
- Chill out in the shade – especially between 11am and 3pm.

Sunscreen

- a sun protection factor (SPF) of at least 30 for UVB protection.
- At least a 4-star UVA protection.
- Ensure sunscreen is not past its expiry date (most have a shelf life of 2-3 years).
- Apply to all exposed skin.
- Reapply at least every 2 hours.

Checking moles

First signs of melanoma (the most common type of skin cancer) are often new moles or changes to existing moles. It therefore important to check and seek medical advice if you notice any of the following changes to your moles:

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- becomes bigger;
- changes shape;
- has a blurred, rough or jagged outline;
- becomes darker or red;
- has more than one colour in it;
- becomes itchy or painful;
- becomes crusty or bleeds.

Appendix A - Medication Administration Consent Form

The School will not give your child medicine unless you complete and sign this form, and the medicine is provided in its original container with the prescription label attached and expiry date visible.

For further information please read the [Channing Medications Policy](#)

Name of School	
Name of student	
Date of birth	
Form	
What is the name of medicine? (as written on the container)	
What medical condition or illness is this medicine required for?	
What is the dosage and ideally what time does it need to be taken?	
How many days does this need to be taken at school?	
What is the expiry date of the medicine?	
When was it prescribed/ dispensed?	
Are there any known side effects of this medicine?	
Can the student self administer this medicine?	
Does the student have any allergies? What?	
Contact details in an emergency Name:	
Relationship to child	
Daytime telephone number	

I accept that this is a service the School is not obliged to undertake but will do their best to administer this medicine as prescribed. I understand that I must notify the School of any changes in writing.

Signature(s): _____ Date: _____

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Name of Medication Given:

Student's Name:

DATE	TIME	SIGNATURE

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Appendix B - Medication Slip

NAME	
DATE	
MEDICATION	
TIME	

Paracetamol 500mg tablets	10-11 years: 500mg/1 tablet 12-15 years: 750mg/1.5 tablets 16-18+ years: 1g/ 2 tablets Can be taken every 4 – 6 hours. Do not exceed 4 doses in 24 hours.	Ibuprofen 200mg tablets	12-18+ years: 400mg/2 tablets Can be taken every 6- 8 hours Do not exceed 3 doses in 24 hours
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Appendix C - Controlled Drug Form

Name of Student:			
Name of Drug:			
Date Received	Dose/ Quantity	Staff signature	Staff signature
Date/ Time	Dosage Given	Staff signature	Student signature

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Appendix D - Allergy and Anaphylaxis Policy

Channing School takes allergies very seriously and procedures are in place to ensure the safety of all its students and staff.

Common Allergens

Peanuts, tree nuts, egg, milk, kiwi fruit, fish, soya, latex, insect stings and medicines (e.g. Penicillin).

Allergic reactions can range from mild symptoms to a life-threatening anaphylaxis.

Mild allergic symptoms can include:

- Tingling to lips and mouth
- Slight external facial swelling
- Nausea
- Urticaria (nettle rash or hives)
- Abdominal pain
- Shortness of breath

Treatment for a mild allergic reaction:

- Oral antihistamine, eg. Piriton or cetirizine.
- Ventolin inhaler if prescribed for any shortness of breath.

What is Anaphylaxis?

Anaphylaxis is a severe allergic reaction – the extreme end of the allergic spectrum. Symptoms may be fatal if not treated with adrenaline (also known as epinephrine). The whole body is affected, often within minutes of exposure to the allergen but occasionally the reaction may occur some hours later.

Symptoms

A irway	B reathing	C onsciousness/Circulation
<ul style="list-style-type: none">• Persistent cough• Vocal changes (hoarse voice)• Difficulty in swallowing• Swollen tongue	<ul style="list-style-type: none">• Difficult or noisy breathing• Wheezing (like an asthma attack)	<ul style="list-style-type: none">• Feeling lightheaded or faint.• Clammy skin• Confusion• Unresponsive/unconscious (due to a drop in blood pressure)

Symptoms can also include:

- generalised flushing of the skin

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- urticaria (nettle rash or hives) anywhere on the body
- sense of impending doom
- abdominal pain, nausea and vomiting
- sudden feeling of weakness (caused by rapid fall in blood pressure)
- collapse and unconsciousness

Treatment

Intramuscular adrenaline is the front-line treatment for anaphylaxis.

There are 3 types of auto-injectors - EpiPen, Jext and Emmerade. They all come in 2 doses, and are prescribed according to the student's weight.

Please follow the links for information on how to use them.

<https://www.youtube.com/watch?v=lnAq7eF7tMU>

<https://www.youtube.com/watch?v=CjgbwmQy2r8>

<https://www.youtube.com/watch?v=8dLthER4YZk>

Staff should always ensure that standard safe hygiene procedures are followed and that the student's dignity and privacy is respected if at all possible.

Generic school epipens are only licensed to be given to someone who is known to be at risk of anaphylaxis and has already been prescribed their own epipens. School epipens should be given as the second dose or if the student's own epipen misfires.

School Protocols

Students with allergies are identified from medical information provided by parents on Schoolbase. The School Nurses will liaise with the parents to ascertain the full extent of the allergy and in the case of potential anaphylaxis, will request a Treatment Protocol from the student's hospital Consultant which will be made available to all staff via Schoolbase. Parents are asked to update this information annually.

Students in years 3 and above must carry their own epipen with them at all times. To facilitate this, Channing provides pupils in years 3-6 with a secure epipen belt to use. Teachers of pupils in Key Stage 1 are responsible for ensuring their emergency epipen is kept near the pupil throughout the school day, including during lunch, break, forest school and PE. In the Junior School, all pupils are also given a blue epipen bracelet to wear which states 'Anaphylaxis' and either 'Junior Epipen' or 'Adult Epipen'.

Channing's own emergency epipens are kept in an unlocked, labelled cupboard in the Senior and Junior School Reception Offices, Junior School dining room and in the Junior School PE atrium. In the Junior School, all Channing epipens must be clearly

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labeled with a J or A to indicate if they are a junior or adult dose.

Parents are responsible for maintaining valid medication at school.

For safety reasons, students will not be allowed to attend school or any off-school activities/ trips if they do not have their emergency drugs with them.

Emergency Procedures

In cases of anaphylaxis, it is vital that the *student is not moved* and that their epipen is readily available. A member of staff must always stay with the student. Students should *slowly* be helped to lie down with legs raised, unless they are short of breath. They *must not stand up or make any sudden movements* as this can dangerously affect their heart.

In the first instance, the *students own emergency medication should be used* with the School's epipen being available for use in the event of the students' epipen misfiring or if a second dose is required. In an emergency these can be given by any trained staff to a student who has been prescribed them.

If there is no improvement 5 minutes after administering an epipen, a second dose should be given. Further advice should be sought from the 999 call responder.

If in doubt, an ambulance should be called, and always if adrenaline is administered.

Training and Information

Due to the serious and urgent nature of anaphylaxis, school staff need to know what to do in an emergency - how to recognise the symptoms of a severe allergic reaction, and what to do if it happens. This is provided in the Channing School First Aid on-line training course as well as other FA courses. Additional training can be provided by the School Nurses on request. Staff also have the opportunity to practice using a Training Auto-injector (EpiPen/Jext) via the School Nurses.

Details of students with serious allergies are available on Schoolbase, and it is the responsibility of staff to be aware of those they teach/ work with.

Allergies and food in school

Parents are asked to record any allergies on Schoolbase. The Catering Manager has access to this, to check for any students with specific food allergies. The Catering Department makes every effort to provide a safe school lunch for all students, however if parents want to send a packed lunch to school, this must be agreed with

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the Deputy Head in advance and only after the School Catering Department has confirmed that it cannot provide a safe school lunch.

We are a nut aware school, and no nuts are used in any meals or snacks provided by Channing. Meals are labelled with information on items containing common allergens such as sesame.

Parents are asked to take into account children who have allergies when sending in cakes for birthdays etc. The parents of children with allergies take responsibility for providing safe alternatives on these occasions.

School Trips/ offsite activities

When going on school trips, the teacher in charge is responsible for checking Schoolbase for students who have allergies. They must download and take any relevant care plans with them.

In the Junior School, staff must ensure they have individual emergency bags for pupils in Key Stage 1, that pupils in Key Stage 2 are wearing their epipen belts and that they all have their epipen bracelets on.

In the Senior School, teachers must check that any pupils with allergies have their own emergency drugs - **they are not allowed to go on any trips without them.**

Staff on all trips must ensure they also have adequate Channing epipen drug bags, which should be requested from the School Nurses/ Welfare Assistant at least a week in advance.

If a student has an allergic reaction on a trip and the staff have any concerns regarding the severity of the attack, an ambulance must be called. If there is any doubt whatsoever, it is better to be safe and administer adrenaline using an auto-injector.

Staff must also complete an accident form and report the incident to a member of the SMT as soon as possible.

For trips outside of school requiring a packed lunch, the kitchen staff should be advised of those students with special dietary requirements in order to prepare appropriate lunches.

For residential trips, planning must take place well in advance. The trip leader needs to liaise with parents and the centre at which they'll be staying, to ensure caterers are aware of students with specific allergies. Accompanying staff need to be trained and feel comfortable with dealing with allergies. The School Nurses will offer support and extra training as needed.

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If going offsite for PE activities, teachers must remind and check that students have and take their emergency drugs with them. Teachers must also have a spare Channing emergency epipen kit with them.

APPENDIX E - ASTHMA POLICY

Aims

- To enable pupils with asthma to participate fully in all school activities and not be disadvantaged by their condition.
- To ensure that all staff have a clear understanding of how to deal with a pupil having an asthma attack.
- To encourage pupils to take responsibility for their own condition and medication.
- Pupils, parents, school staff and asthma professionals to work together for a greater understanding of the effect of asthma and to adopt a responsible attitude to its treatment.

Managing Asthma in School

Girls with asthma are identified from Schoolbase. It is the Parents' responsibility to ensure that Schoolbase is kept updated. The School Nurses will liaise with parents to ascertain the full extent of the condition and will request a School Asthma Action Plan to be completed and updated annually. Asthma care plans can be accessed by all staff via Schoolbase. More information and Action Plans are available from <https://www.asthmaandlung.org.uk/>

Students are encouraged to start taking responsibility for their asthma from an early age with support from their teachers, School Nurses and Welfare Assistant. Students in KS3 and above are required to carry their own inhalers with them at all times. In the JS, pupil inhalers are kept in individually named yellow bags in the Main Office, where teachers can access them easily both in emergencies and also to take with them for any off-site activities/ trips.

A Channing Emergency Inhaler Kit will be kept in an accessible / labelled place in both the SS and JS Main Offices. Emergency inhalers must be used with the spacers included in the kit. If a spacer is used, it should be sent home with the student and a replacement bought for the school kit.

Another Channing Emergency Inhaler Kit is kept in the SS PE office, and must be taken to any sports fixtures / off-site activities. The Head of PE will be responsible for the safe maintenance of this kit.

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The DofE team leaders have been allocated 3 kits of their own.

Other Asthma Emergency Inhaler Kits are kept in the Medical Room and can be requested in advance by staff when needed for trips.

Trips

Teachers in charge of school trips must ensure they are aware of any students with asthma and take sufficient school Asthma Emergency Inhaler Kits plus individual School Asthma Action Plans with them.

Pupils are responsible for having their own inhaler with them in order to go on the trip. In the JS, teachers will take their pupils' inhalers with them.

If a girl has an asthma attack on a trip and staff has any concerns regarding the severity of the attack, an ambulance must be called. Parents must be contacted.

In addition to the asthma log form in the Asthma Kits, staff must also complete an accident form and report the incident to a member of the SMT as soon as possible.

Asthma and PE

Exercise has proven health benefits to people with asthma. The school seeks to involve all girls in sport with support and guidance from the School Nurses to the PE staff as appropriate.

Girls with asthma triggered by exercise, are encouraged to take their reliever medication just prior to warming up. If going off site for PE activities, teachers must remind and check that students have and take their inhaler with them. Teachers must also have a spare school inhaler kit with them. Should girls experience symptoms during lessons they are encouraged to stop, take their inhaler and to rest for at least 5-10 minutes and until they are better, before continuing.

Staff Education

School staff are regularly updated on the care of girls with asthma. This includes what to do in an asthma attack and that pupils must be allowed to take their medication as soon as needed. Please see Appendix D for Guidelines for Staff.

Parents

Parents are asked to ensure their daughter comes to school and to any trips with a valid inhaler with them. The School Nurses must be informed of any changes to their condition and School Asthma Action Plans should be updated annually. JS parents must provide a valid inhaler to be kept in the Main Office.

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APPENDIX F - ASTHMA GUIDELINES FOR STAFF

Asthma Treatment

There are two types of treatment:

Preventers – these inhalers are usually taken twice daily at home and are normally in a brown container. When taken regularly they make the air passages less sensitive to the triggers that can start an attack. They take 10-15 days to work. This inhaler does not help an acute asthma attack and should not be kept at school, but should be taken on residential trips.

Relievers – these are the inhalers used in an acute attack to relieve the symptoms of asthma and are usually blue.

Symptoms:

breathlessness, wheezy, continual cough, tight chest, for young children - tummy / chest ache, unable to speak normally / in full sentences, blue tingeing around the mouth

Treatment:

Never leave anyone who is having an asthma attack alone.

- Keep calm. It is treatable.
- Reassure the student.
- Let them sit in a position they find most comfortable.
- Do not make them lie down.
- Ensure their reliever inhaler (usually blue container) is taken promptly and properly. Take 1 puff immediately. Use an aerochamber / spacer if they have one.
- Encourage them to take slow regular breaths.
- If the symptoms have not completely gone, you can give a puff of their inhaler every 30-60 seconds and call the Nurse.
- If the student does not have their inhaler with them or it runs out, use an emergency school inhaler from the Main Office.
- If they have not recovered after 10 puffs, call 999
- Whilst waiting for an ambulance and they are still experiencing symptoms continue giving 1 puff every 30-60 seconds as required. Do not worry about overdosing.
- Have their School Asthma Action Plan ready to give to the ambulance crew, as well as details of symptoms and when asthma attack started.
- Ensure parents have been informed

The School Senior Nurse monitors this policy regularly. It is reviewed at least annually.

If in ANY doubt, call an ambulance.

This policy must be considered in conjunction with the 'Protocol for Nursing Support during the Covid-19 Pandemic'. Any staff providing emergency first aid, should try wherever possible to use gloves (kept in First Aid kits throughout the school) and ensure thorough handwashing is undertaken after any contact.

The School Senior Nurse monitors this policy regularly. It is reviewed at least annually.