

Policy for:

Supporting pupils with medical conditions 23/24



Committee: Premises, Health and Safety

Document Control

A. Confidentiality Notice

This policy document has been approved by the Governing body of St. Modwen's Catholic Primary School and is intended for internal and /or external publication. Where the document is identified for internal use the policy information may not be shared with external agencies or parents without the prior agreement of the Headteacher or authorising Committee.

B. Document Details

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23.24 V1	17.10.2023	C Salt (SBM)	Premises, Health and Safety 7.11.2023	School Policy. 23/24 Amends: Document Control Sheet added Page 4: Admission & Attendance Officer replaced Learning Mentor Page 9: Storage of Medication in school para (yellow highlight) Page 24: Asthma Lead: Admission and Attendance Officer

This policy is written in line with the requirements of:-

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE March 2015
- Human Medicines (Amendment) Regulations 2019
- Guidance on the use of adrenaline auto-injectors in schools DoH September 2017
- 0-25 SEND Code of Practice, DfE 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE November 2018
- Equalities Act 2010
- Schools Admissions Code, DfE September 2021
- Covid-19 Government, HSE, and Public Health England Guidance

This policy should be read in conjunction with the following school policies – SEN & Disability Policy / SEN Information Report, Safeguarding Policy, Educational Visits policy, Complaints Procedure and school safeguarding policies.

This policy was developed in consultation with Staff and Governors and will be reviewed annually.

Definitions of Medical Conditions

Pupils' medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school because they are on a course of medication

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that the school will provide effective support for their child's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs and disability (SEND) and may have a statement or Education, Health and Care Plan (EHCP). Where this is the case this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND policy / SEND Information Report and the individual healthcare plan will become part of the EHCP.

The statutory duty of the governing body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body of St Modwen's Catholic Primary School fulfils this by:-

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increasing their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and school staff (this policy);

- Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition;
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions;
- Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided;
- Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines;
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records;
- Ensuring that the policy sets out what should happen in an emergency situation;
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so;
- Considering whether to
 - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home- to- school transport
 - Purchase defibrillators and train staff in their use
 - hold asthma inhalers and epipens for emergency use;
- Ensuring that the policy is explicit about what practice is not acceptable;
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk;
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions.

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the governing body. The governing body have conferred the following functions of the implementation of this policy to the staff below, however, the governing body remains legally responsible and accountable for fulfilling its statutory duty.

The overall responsibility for the implementation of this policy is given to the Headteacher. The Headteacher will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

SENDCO, will be responsible for briefing supply teachers, over-seeing risk assessments for school visits (alongside Educational Visits Coordinator) and other school activities outside of the normal timetable and for the monitoring of individual healthcare plans.

School will have a designated lead for Pupils with Medical Conditions who will work with the school SENDCO to coordinate other staff and will be responsible in conjunction with parents/carers, for drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post. Pupil individual health care plans:

- are stored on pupil electronic records (Arbor)
- are securely shared electronically with staff to read immediately
- hard copies of current individual health care plans are stored in classrooms

Success Indicators

The following indicators will demonstrate the level of compliance with this policy and its procedures:

Success Criteria	School Evidence base
All settings who need to manage medicines have effective local procedures in place	Supporting Pupils with Medical Conditions Policy Critical/Non-Critical Incident Planning – Pupils with Medical Conditions Annual full review and termly mini-reviews/checks CPD/Staff Training
Employees who are required to administer medication have received suitable training	School staff identified CPD Training matrix as requiring Administer Medication training. Administer Medication Training records – reference CPD/Training Matrix
Administration of medication is effectively recorded and individual healthcare plans are in place	Individual Health care plans –reviewed annually (Admission & Attendance Officer/SENDCO) with parents and audited by SBT in Autumn term; Copies of Individual Health care plans in all classrooms, Medical room, School Office, securely stored on pupil electronic files Administration of Medication – recorded on STM-MED3 form, stored in children’s buff file
Managers monitor medication arrangements to ensure local procedures are working effectively	Full review of Supporting pupils with medical needs systems, processes and procedures annually (Admission & Attendance Officer/School Business Team) – Learning shared with staff teams and Governors Termly Audit of Medicine Incident Log, Asthma register check, Epilepsy register check and Classroom Medicine Boxes – to ensure all medicines are in-date, school has sufficient emergency medication for pupils
No adverse incidents have occurred and when they do occur they are reported, suitably investigated and action taken to prevent reoccurrence	Reference Medicines Incident Log – Appendix G

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers, and the process to be followed upon reintegration after a period of absence or when pupils' needs change. For children being admitted to St Modwen’s for the first time

with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to St Modwen's mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

St Modwen's does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by Deputy Headteacher, and following these discussion an individual healthcare plan will written in conjunction with the parent/carers by Designated Lead (Pupil Medical Conditions) and be put in place.

Individual Healthcare plans

Individual Healthcare plans will help to ensure that St Modwen's effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Headteacher, is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix A.

Individual Healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which St Modwen's should take to help manage

their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

St Modwen's will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. They will be developed and reviewed with the child's best interests in mind and ensure that St Modwen's assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Appendix B provides a basic template for the individual healthcare plan, and although this format may be varied to suit the specific needs of each pupil, they should all include the following information

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues;
- Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the child's condition and the support required;
- Arrangements for written permission from parents/carer and the Headteacher, for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate eg, risk assessment;
- Where confidentiality issues are raised by the parent/child, the designated individual to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff at St Modwen's.

In addition we can refer to the **Community Nursing Team** for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (eg asthma, diabetes, epilepsy)

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Where appropriate, pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions, and can, for example, alert staff to the deteriorating condition or emergency need of pupils with medical conditions.

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

School nurses for maintained schools and academies in Staffordshire are provided by Birmingham Community Healthcare NHS Foundation Trust. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. The School Nurse Team will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, The local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the year) education for children with health needs who cannot attend school.

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 7 2004 (as described above for local authorities). The local Health and Well-being Board provides a forum for the local authority and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff training and support – reference school records Staff Training/CPD Matrix list for current Emergency First Aid at Work (Level 3) and Paediatric First Aid Trained staff and other medically trained staff.

A record will be kept of any staff training for administration of medicines and /or medical procedures.

All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan. We may choose to arrange training themselves and will ensure that it remains up-to-date.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. Headteacher, will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing their own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

On occasion children will be allowed to carry their own medicines and relevant devices or will be able to access their medication for self-medication quickly and easily; these will be stored in the pupils classroom medical box and the First Aid Room to ensure that the safeguarding of other children is not compromised. St Modwen's does also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

No child under 16 should be given prescription or non-prescription medicines without their parents written consent (**Appendix C part 1**) - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

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 will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping - At St Modwen's the following procedures are to be followed :

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- 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 will be informed so that alternative options can be considered.
- With GP and parental written consent (**Appendix D**) St Modwen's will administer non-prescription medicines. Medication, eg for pain relief, should never be administered without first checking maximum dosage and when the previous dose was taken.

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours; St Modwen's will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than its original container;
- **All non-refrigerated medication will be stored safely in the relevant child's classroom so they are on-hand during the school day. All refrigerated medication will be stored in the Medical Room Fridge and staff will administer from the Medical Room.**
- **Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available, in a clearly marked container and not locked away. Parents have a duty to supply school with Asthma inhalers and Adrenalin Auto-injectors (AAI's) for their children and ensure any medication provided for administering in school is in date.**
- **A child who had 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. Otherwise we will keep all controlled drugs that have been prescribed for a pupil securely stored in school and easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in the school;
- **Staff administering medicines** should do so in accordance with the prescriber's instructions. Staff to wear PPE provided by school when administering medicine/First Aid to pupils. St Modwen's will keep a record (Appendix C part 2) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed
- **When no longer required**, medicines should be returned to the parent/carer to arrange safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

Reporting a Medical Incident (HSF 36 and Medicine Incident Log – Appendix G)

Procedures are in place for the reporting of adverse reactions or errors in administration of medication. Staff involved in the incident must complete HSF 36 detailing:

- a. The facts of the incident,
- b. Persons involved,
- c. Reason for the incident,
- d. Details of any ill health or injuries sustained (if this is the case an accident/incident report form must be completed and forwarded to the Health, Safety and Wellbeing Service),
- e. Witness Statement.
- f. Details of persons informed (Parents/Carers, Pharmacist, GP, NHS Direct, Governing bodies CQC/OFSTED),
- g. Corrective and Remedial action taken.
- h. Outcome of investigation by senior manager.

Incident Investigation: The School Business Manager/Nursery Lead/Member of SLT must investigate the incident and complete the Medicine Incident Log (Appendix G) which must then be shared and signed-off by the Head teacher. Learning from the incident will be shared anonymously with staff and reported to Governors as either an exception to or as part of the usual reporting of incidents cycle (termly).

School Emergency AAI's and Asthma Kit.

- **EMERGENCY AAI'S** - school has purchased additional AAI's to be used in school with permission and consent from parents. All AAI's and should be clearly marked with the child's name and kept in their classroom in the class medical box or First Aid cupboard.
- **EMERGENCY ASTHMA KIT** - school has purchased 2 Emergency Asthma Kits to be used in school with permission and consent from parents. School intends to use 1 Emergency Asthma Kit for use in school and the second is solely for use on school trips/residentials.

During school trips the first aid trained member of staff will carry all medical devices and medicines required, including emergency AAI and Asthma kit;

Asthma

This school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school positively welcomes all pupils with asthma. This school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers and pupils. Supply teachers and new staff are also made aware of the policy. All staff who come into contact with pupils with asthma are provided with training on asthma.

ASTHMA MEDICINES

- Immediate access to reliever medicines is essential. Reliever inhalers are kept in the classroom .
- Parents/carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. The class teacher will hold this separately in case the pupil's own inhaler runs out, or is lost or forgotten. All inhalers must be labelled with the child's name by the parent/carer.
- School staff are not required to administer asthma medicines to pupils (except in an emergency), however many of the staff at this school are happy to do this. School staff who agree to administer medicines are insured by the local education authority when acting in agreement with this policy. School staff to wear PPE if administering asthma medicines to pupils in school. All school staff will let pupils take their own medicines when they need to.

ASTHMA RECORD KEEPING

- Periodically each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma.

- All parents/carers of children with asthma are consequently sent an:

- Asthma UK School Asthma Card
- School Nut Allergens form
- STM-MED3 part 1- parental consent to administer medication in school

Parents/carers are asked to return them to the school. From this information school collates and maintains its Asthma register, which is available to all school staff.

Parents/carers are required to:

- **immediately update the above information with school if their child's medical needs/prescription detailing medication and dosage required changes during the year**
- **provide school with medication to administer which is in-date**

EXERCISE AND ACTIVITY – PE AND GAMES

• Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register.

• Pupils with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind pupils 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. It is agreed with PE staff that each pupil's inhaler will be

labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

- Classroom teachers follow the same principles as described above for games and activities involving physical activity.

OUT-OF-HOURS SPORT

- 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 pupils with asthma as much as possible in after school clubs.
- PE teachers and classroom teachers are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack. The school seeks assurances from external providers that their sports coaches have received asthma training.

SCHOOL ENVIRONMENT

- The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

WHEN A PUPIL IS FALLING BEHIND IN LESSONS

- If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs.
- The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

ASTHMA ATTACKS

- All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack.

EMERGENCY PROCEDURES

Headteacher and Educational visits coordinator will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

DAY TRIPS, RESIDENTIAL VISITS, AND SPORTING ACTIVITIES

We will actively support pupils with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety guidance on school trips.

OTHER ISSUES FOR CONSIDERATION

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the local authority.

UNACCEPTABLE PRACTICE

Although staff at St Modwen's should use their discretion and judge each case on its merit with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment;
- Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or without someone suitable;
- Penalise children for their attendance record if their absences are related to their medical condition, eg hospital appointments;
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

Adrenaline Auto-Injectors

BRANDS OF ADRENALINE AUTO-INJECTOR(S) KEPT AS SPARE WITHIN SCHOOL

The adrenaline injectors prescribed in the UK at present are Emerade[®], EpiPen[®] and Jext[®]. The decision as to how many AAls and what brands to purchase will depend on the individual circumstances within your school. However, the Department of Health guidance advises:

“Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI. If two or more brands are currently held by the school, the school may wish to purchase the brand most commonly prescribed to its pupils.”

The place where the adrenaline is administered is the same for all three injectors; Emerade[®], EpiPen[®] and Jext[®] are injected into the muscle in the front quarter of the outer thigh. However, there is some variation in operating each AAI and training on each device should be given to all school staff who might be required to administer adrenaline in an emergency.

The Anaphylaxis Campaign provide online anaphylaxis awareness training through our FREE AllergyWise for Schools course and a “train the trainer” AllergyWise for Healthcare Professionals course.

STORAGE OF THE SPARE ADRENALINE AUTO-INJECTOR(S)

Children’s individual AAI devices are accessible to them at all times, securely kept out of the reach and sight of other children. AAI’s in Emergency Kit are stored in Medical Room. **All AAI is kept out of the reach and sight of children.**

All AAI’s in school must not be locked away in a cupboard or an office where access is restricted. AAI(s) must be accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed.

ADMINISTERING ADRENALINE AUTO-INJECTOR(S)

In line with the recommendation from the Commission on Human Medicines the school’s spare AAI should only be used on pupils known to be at risk of anaphylaxis and for whom both medical authorisation and written parental consent for use of the spare AAI has been provided. The school’s spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

In line with good clinical practice all pupils who are prescribed an AAI(s) should have an appropriate management plan. The pupil’s allergy management plan should incorporate both medical authorisation and parental consent for the use of the school’s spare AAI(s) and a copy should be shared with the pupil’s school.

If a child is having anaphylaxis but does not have a plan with medical authorisation and parental consent, schools should immediately call 999 and seek advice. If spare AAIs are available, mention this to the call handler/emergency medical dispatcher, as they can authorise use of the spare AAI if appropriate.

Any member of staff may volunteer to take on this role. In school we have identified multiple designated members of staff who can administer an AAI to avoid any delay in treatment and ensure cover when staff are on leave. Staff administering AAI must wear PPE provided by school.

School ensures staff have appropriate training and support, relevant to their level of responsibility. The statutory guidance “Supporting pupils with medical conditions at school” requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support.

The Department of Health has indicated it would be reasonable for ALL staff to:

- be trained to recognise the range of signs and symptoms of an allergic reaction
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)
- be aware of the anaphylaxis policy
- be aware of how to check if a pupil is on the register of pupils at risk of anaphylaxis
- be aware of how to access the AAI
- be aware of who the designated members of staff are, and the policy on how to access their help
- The Anaphylaxis Campaign provide online anaphylaxis awareness training through our FREE AllergyWise for Schools course and a “train the trainer” AllergyWise for Healthcare Professionals course.

You can also obtain trainer pens containing no needle or adrenaline from the manufactures. More details about supplier websites and administering adrenaline are in our adrenaline factsheet.

Should school need to administer emergency school Adrenaline Auto-Injector school will inform parents/carers in writing (Please reference below template letter)

Template Letter: Emergency Administration of School Adrenaline Auto-Injector Letter to Parents:

Date:

Name of Child:

Registration Group:

Dear Parent/carers

Your child has today been administered the following medication from our Emergency School Adrenaline Auto-injector:

Medication name	Dose (administered and time)	When taken Reason for administration

In line with school policy parents/carers will always be informed in writing if their child has used the emergency School Adrenaline Auto-Injector, so that this information can also be passed onto the GP.

Yours sincerely,

Mrs A Sherratt
Headteacher

DISPOSING OF ADRENALINE AUTO-INJECTOR(S)

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs 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.

DOES THE LEGISLATION CHANGE MEAN OUR PUPILS DON'T HAVE TO BRING THEIR OWN ADRENALINE AUTO-INJECTOR(S) TO SCHOOL?

The spare AAI is a spare or back up device and not a replacement for a pupil's own medication.

This is emphasised in the Department of Health guidance, which states:

“Children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.

It is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school.”

Current advice from the Medicines and Healthcare products Regulatory Agency “Adrenaline auto-injector advice for patients” recommends that people with allergies and their carers should carry two adrenaline auto-injectors at all times, especially if they also have allergic asthma as they are at increased risk of experiencing a severe anaphylactic reaction.

The MHRA guidance. We actively campaign for people to be prescribed two AAIs and firmly recommend that once prescribed they should always be kept with the patient so they have access to them at all times. The reasoning behind two devices always being available is in case one is broken or misfires, or a second injection is needed before emergency help arrives.

Risk Assessment: pupil who is at risk of anaphylaxis goes on a school trip or attends a different school to take part in a sporting activity

School to conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding.

Pupils at risk of anaphylaxis should have their AAI(s) with them, and there should be staff trained to administer AAI(s) in an emergency. School considers it appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

LIABILITY AND INDEMNITY

Insurance cover is provided through Staffordshire County Council.

COMPLAINTS

Should parents\carers be unhappy with any aspect of their child's care at St Modwen's, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns

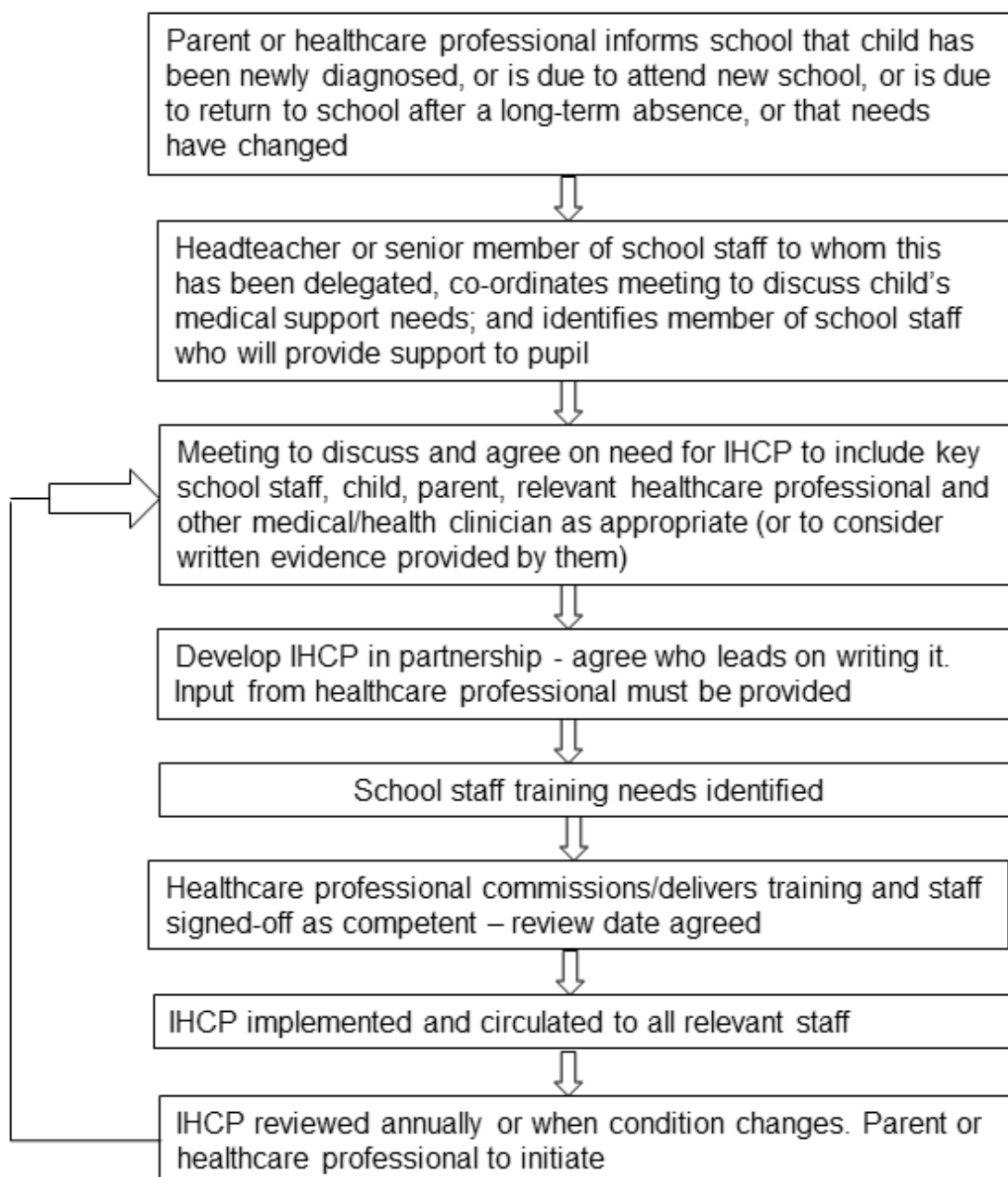
to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the St Modwen's Complaints Procedure.

FURTHER SOURCES OF INFORMATION

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

Appendix A

STM-MED1 Model Process for Developing Individual Healthcare Plans



Appendix B - STM-MED2 Individual Healthcare Plan (IHCP)

Name of School/Setting	St Modwen's Catholic Primary School
Child's Name	
Class/Form	
Date of Birth	
Child's Address	
Medical Diagnosis or condition	
Date	
Review Date	

Family Contact Information

Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered

Daily Care requirements

Specific support for the pupils, educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describes what constitutes an emergency, and the action to take if this occurs

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

Plan developed with

Staff training needed/undertaken –who, what, when

Form copied to

All staff/Parents/School Nurse

Appendix C Part 1 – STM-MED3 Part 1 Parent/Carer agreement for setting to administer medicine.

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

St Modwen's Catholic Primary School	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

	Medicine 1	Medicine 2	Medicine 3
Name/type of medicine (as described on the container)			
Expiry date			
Dosage and method			
Timing			
Special precautions/other instructions			
Are there any side effects that the school needs to know about?			
Self-administration – y/n			
Procedures to take in an emergency			

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

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

Signature(s) _____

Date _____

Appendix D Part 2 – STM-MED3 Part 2 Record of Medicine Administered to an Individual Child.

Date			
Time given			
Dosage given			
Name of staff			
Staff initials			

Date			
Time given			
Dosage given			
Name of staff			
Staff initials			

Date			
Time given			
Dosage given			
Name of staff			
Staff initials			

Date			
Time given			
Dosage given			
Name of staff			
Staff initials			

Date			
Time given			
Dosage given			
Name of staff			
Staff initials			

Appendix E - STM-MED4 GP Consent Form -Over the Counter Medication

Service User/Pupil	Date of Birth
Address	
GP Name	GP Telephone Number

I consider that the above named person is able to use the following over the counter medication..

Description of OTC Medication	Please Tick		Special Instruction	Comments
	Yes	No		

Signature of GP _____

Date _____

GP stamp

Appendix F

School Asthma Policy

School Name: St Modwen's Catholic Primary School

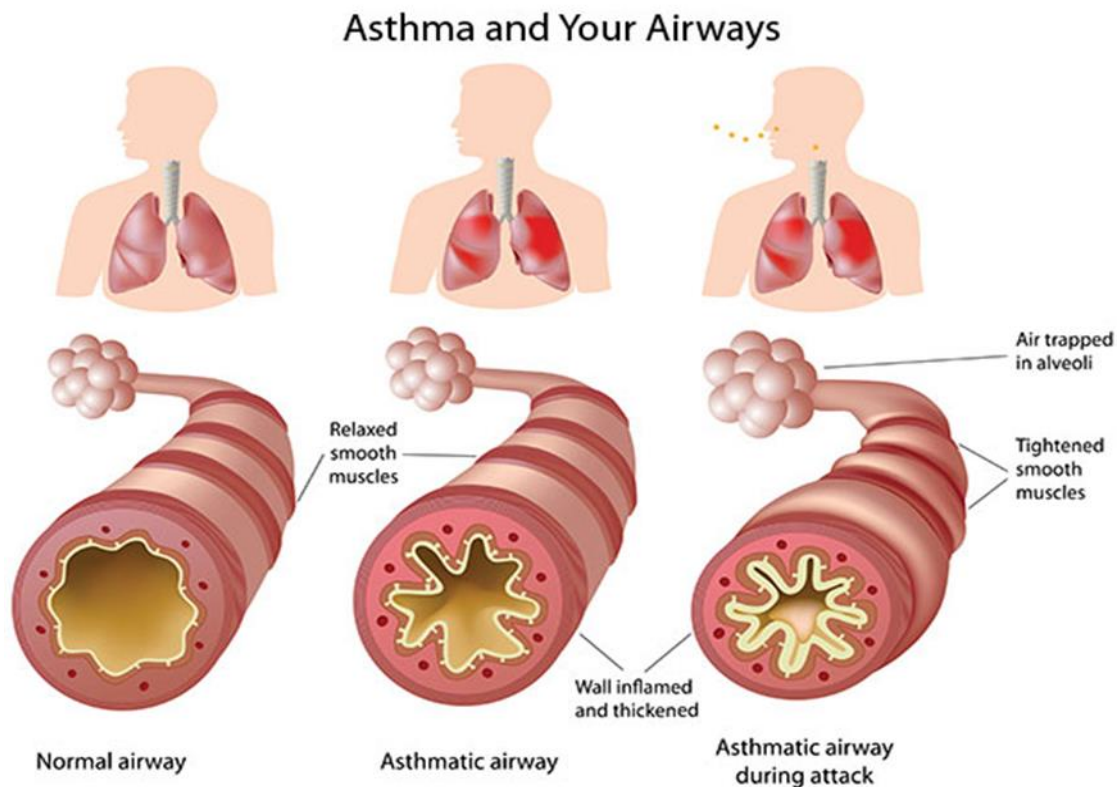
Headteacher: Mrs Andrea Sherratt

Asthma Lead: Admission and Attendance Officer

School Nursing team: Staffordshire

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 (Source: Asthma UK).



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

- ✓ an asthma register
- ✓ up-to-date asthma policy,
- ✓ an asthma lead,
- ✓ all pupils with immediate access to their reliever inhaler at all times,
- ✓ all pupils have an up-to-date asthma action plan,
- ✓ an emergency salbutamol inhaler
- ✓ ensure all staff have regular asthma training,
- ✓ promote asthma awareness pupils, parents and staff.

Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan, Nut Allergens Consent Form and STM-MED3 Part 1 Parent/Carer agreement for setting to administer medicine
- their reliever (salbutamol/terbutaline) inhaler in school,
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost. (see back of policy)

Asthma Lead

This school has an asthma lead. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe.(Source: Asthma UK).

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 pupil 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. (Source: Asthma UK).

Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler. For Younger children, reliever inhalers Medical Boxes in Medical Room which need to be available at all times.

School staff are not required to administer asthma medicines to pupils 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. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse.

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions. (Source: Asthma UK)

Staff training

Staff will need regular asthma updates. This training can be provided by the school nursing team.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil'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 (Source: Asthma UK)*

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 pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK)

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils 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. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK)

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 pupils 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. (Source: Asthma UK)

When asthma is effecting a pupil'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 a pupil, 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, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil 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 Pupils 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). We have summarised key points from this policy below.

Following a review of supporting children with medical needs across school January 2019, school decided to purchase an Asthma Emergency Inhaler kit for use in school.

We have 2 emergency kit(s), which are kept in the School Medical Office, 1 is for use during normal school day and 1 is to be retained for use for School trips/residentials 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 checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler:
- A record of administration

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 by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The schools asthma lead and team will ensure that:

- Half-termly 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

Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 100 puffs having been used we will replace it.

The spacer cannot be reused. We will replace spacers following use, school will also hold a stock of disposable spacers for 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 by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler **AND** for whom written parental consent for use of the emergency inhaler has been given.

The name(s) of these children will be clearly written in our emergency kit(s). 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.

Sample: Emergency Administration of School Asthma Kit Letter to Parents:

Date:

Name of Child:

Registration Group:

Dear Parent/carer

Your child has today been administered the following medication from our School Asthma Emergency Kit:

Medication name SALBUTAMOL	Dose (number of puffs administered and time)	When taken Reason for administration

In line with school policy 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.

Yours sincerely,

Mrs A Sherratt
Headteacher

Common ‘day to day’ symptoms of asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child’s asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year. This needs to be returned immediately and kept with our asthma register.

However, we also 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 DOH 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 pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition guidance will be displayed in the staff room.

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’ (younger children may express this as tummy ache)

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 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 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 or carer arrives

REFERENCES

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

Medication Incident Report Form

Service User/Pupil		Date of Birth
Address		
Details of Incident		
Date of Incident –		Time of Incident-
Member of Staff Reporting Incident-		
Detail of Incident-		
Reason for Incident (Pharmacy Error, Wrong Medication Administered, Overdose, Missed Medication, etc) -		
Detail of any injuries/ill health effects-		
Detail of any Treatment Given-		
Admission to Hospital Yes/No If yes what was the outcome-		
Who has been informed of the incident (Carers, Pharmacist, GP, NHS Direct, CSCI) –		
Any Additional Information		
Statement Taken from relevant Parties – Detail whom and attach a copy.		
Corrective/Remedial Action Taken-		

This incident must be reported to the Headteacher immediately, and a copy of the report forwarded.

Signature Reporting Officer_____

Date _____

Medicine Incident Log

Medicine Incident Log	Incident	Incident	Incident	Incident
Pupil/Service user				
D.O.B				
Year Group and Class				
Date of Incident				
Time of Incident				
Reason for Incident (brief description from HSF 36 form)				
Details of any injuries/ill health effects				
Admission to Hospital (Yes/No). If Yes please ensure details are recorded on HSF36				
Who has been informed of incident (carers, pharmacist, GP, NHS, CSCI)				
Investigation findings/Lessons learned				
Corrective/Remedial Action Taken (brief description from HSF 36)				
Investigating Officer				
Head teacher				
Date				