



# Supporting Pupils at School with Medical Conditions Policy **Hamstel Junior School**

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Reviewed	January 2024
Date of next review	January 2025



# Supporting Pupils at School with Medical Conditions

## Policy Document at Hamstel Junior School

### 1. Introduction

The Children and Families Act 2014 places a duty on the Portico Academy Trustee Board and Senior Leadership Team to plan for supporting pupils at the school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others.

Some children with medical conditions may be 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 (SEN) and may have a statement or Education, Health and Care (EHC) plan. For children with SEN, this guidance should be read in conjunction with the SEND Code of Practice.

The aim of this document is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role and achieve their potential.

This policy will be reviewed annually and will be readily accessible to parents/carers and staff through the school website.

In addition, we are an Asthma Friendly School (accredited May 2023) and appendix 6. outlines our commitment to those pupils who have asthma.

### 2. Policy Implementation

The overall responsibility for pupils with medical conditions is the Head Teacher's. The successful administering and implementation of this policy has been delegated to Ms Vosper, Assistant Headteacher for Inclusion and SEND, who is responsible for ensuring that staff are suitably trained in supporting those particular medical conditions and the school's safeguarding policy. Staff will ensure cover arrangements in case of staff absence or staff turnover to ensure that someone is always available and for the monitoring of Individual Healthcare Plans. Ms Hall, Deputy Head, will be responsible for briefing supply teachers, risk assessments for school visits, holidays and other school activities outside of the normal timetable.

All staff will be expected to show a commitment and awareness of children's medical conditions. New members of staff will be inducted into the arrangements.

### **3. Pupils with medical conditions**

Pupils with long term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances.

Children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. Reintegration back into school will be properly supported so that pupils with medical conditions will fully engage with learning and not fall behind.

### **4. Roles and Responsibilities**

Supporting a child with a medical condition during school hours is not the sole responsibility of one person. Collaborative working arrangements and working in partnership will ensure that the needs of pupils with medical conditions are met effectively.

- i. The Trustees will ensure that the school develops and implements a policy for supporting pupils with medical conditions. It will ensure that sufficient staff have received suitable training in the medical conditions and the school's safeguarding practices. They will ensure that they are competent before they take on the responsibility to support children with medical conditions. It will ensure that the appropriate level of insurance is in place to cover staff providing support to pupils with medical conditions.
- ii. The Headteacher will ensure that the school's policy is developed and effectively implemented with partners. She will ensure that all staff are aware of the policy and understand their role in its implementation. She will make sure that enough staff are available to implement the policy and deliver against all Individual Healthcare Plans, including in emergency and contingency situations. The Headteacher has the overall responsibility for the development of Individual Healthcare Plans. She will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. A member of staff will contact the school nursing service in the case of any child who does not have a care plan but who has a medical condition to ensure a care plan is in place. The school will also contact the relevant school nursing team if the school needs advice on additional support and measures needed in school.
- iii. School staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach. Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

- iv. Parents/carers are responsible for notifying the school when a child has been identified as having a medical condition which will require support at school. School nurses may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison.
- v. Pupils, where appropriate, will be fully involved in discussions about their medical support needs and will contribute as much as possible to the development of their individual healthcare plan since they know best how their condition affects them. Other pupils in the school will be sensitive to the needs of those with medical conditions.
- vi. Parents/carers will provide the school with up-to-date information about their child's medical needs. They will be involved in the development and review of their child's individual healthcare plan. They will carry out any action they have agreed to as part of its implementation and ensure they or another nominated adult are always contactable.
- vii. Local authorities should work with schools to support pupils with medical conditions to attend full time.
- viii. Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at school.
- ix. Clinical commissioning groups (CCGs) should ensure that commissioning is responsive to children's needs and that health services are able to co-operate with schools supporting children with medical conditions.
- x. Ofsted – Inspectors consider the needs of pupils with chronic or long-term medical conditions and those of disabled children and pupils with SEN. The school will demonstrate that the policy dealing with medical needs is implemented effectively.

#### **5. Procedures to be followed when Notification is received that a pupil has a medical condition**

The school will follow the correct procedures when it is notified that a pupil has a medical condition. The procedures will also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupil's needs change and arrangements for any staff training or support.

For pupils starting at the school, arrangements will be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new

school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be made about what support to provide based on available evidence which would normally involve some form of medical evidence and consultation with parents.

The school will ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. The school will consider what reasonable adjustments it might make to enable pupils with medical needs to participate in school trips and visits or in sporting activities. In addition to be mindful of any safeguarding implications.

## **6. Individual healthcare plans**

Not all children will require an Individual Healthcare Plan. The school, healthcare professional and parent will agree when a healthcare plan would be appropriate, based on evidence. If consensus cannot be reached, the Headteacher will take the final decision. The procedure for identifying and agreeing the support a child needs and developing an Individual Healthcare Plan can be found at Appendix 1.

Individual Healthcare Plans will often be essential 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 most other cases, especially where medical conditions are long-term and complex.

Individual Healthcare Plans will be accessible to all who need to refer to them, while preserving confidentiality. The plans capture the key information and actions that are required to support the child effectively. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their Individual Healthcare plan. Where a child has a special educational need identified in a statement or EHC plan, the Individual Healthcare Plan should be linked to or become part of that statement or EHC plan.

Individual Healthcare Plans (and their review) may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents and a relevant healthcare professional who can best advise on the needs of the child. (Evidence must be obtained from the healthcare professional). Pupils will also be involved, whenever appropriate. Partners will agree who will take the lead in writing the plan however it is the responsibility of the school to ensure it is finalised and implemented.

The school nursing team will review plans at least annually or earlier if evidence is presented that the child's needs have changed, this is particularly applicable for those children with an asthma care plan.

Class medical list is kept in the classes yellow folder. No additional copies

Appendix 2 provides the information that will be required for an Individual Healthcare Plan (appendix 3).

## **7. Staff training and support**

Any member of school staff providing support to a pupil with medical needs will receive suitable training and be mindful of the safeguarding implications.

Healthcare professionals, including the school nurse can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

The school will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

## **8. The child's role in managing their own medical needs**

Some children are competent to manage their own health needs and medicines. The school, after discussion with parents, will encourage such children to take responsibility for managing their own medicines and procedures. This will also be reflected within Individual Healthcare Plans.

Wherever possible and if appropriate, children will be allowed to carry their own medicines and relevant devices. Children should be able to access their medicines for self-medication quickly and easily. Those children who take their medicines themselves or manage their own procedures may require an appropriate level of supervision. Any dose of medication is always logged by a member of staff.

If a child refuses to take medicine or carry out a necessary procedure, then they should not be forced by staff. The procedure agreed in the Individual Healthcare Plan should be followed and parents informed so that alternative options can be considered.

## **9. Managing medicines on the school premises**

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- Pupils will not be given any medication without their parent's written consent
- The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. (The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pump, rather than in its original container)
- All controlled medicines not considered rescue medication as referred to on Emergency Care Plan will be stored safely in the medical room. Children should always know where their medicines are and be able to access them immediately.

- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away.
- Children with asthma pumps are always stored in a green class bag near the child and are placed on hooks in and around the school site, visible for all. A child who has medication in the bag carries the bag and its contents when the class are around the school. This includes playtimes and lunchtimes. We are an Asthma Friendly School (April 2023) and 85% of school staff have been trained in asthma awareness.
- Children with individual medication e.g. Epi pens carry their own bag from Year 3 upwards.
- During school trips and residential, the member of staff in charge of first aid will carry all medical devices and medicines required
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, however passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. See advice for schools for AAI's <https://www.sparepensinschools.uk/for-schools/supply-storage-and-care-of-aais/>
- Staff administering a controlled drug must do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should also be noted. These procedures are outlined in Appendix 5, Procedure for accepting medicines in school and Appendix 4 (format for noting the administration of the medicine).
- Boxes for sharps should always be used for the disposal of needles and other sharps. When no longer required, medicines should be returned to the parent to arrange for safe disposal.
- Parents are informed that they are responsible for the administration of medicines to their children and as consent is given to the school to administer any medication during the school day the school cannot be liable.

#### **10. Managing medicines during off site visits**

- Medication for each child is taken by the first aider. It should be clearly labelled with the child's name, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. It should be accompanied by the appropriate, completed consent form which will be used to record when medication has been given.
- It is the responsibility of the trip leader and accompanying first aider to ensure that medication is available when required. If this is likely to cause a problem, for example, because of the lack of refrigeration, this should be discussed with the parent.
- On returning to school, the medication and form will be returned to the school office and parents will be required to collect remaining medication.

### **11. Managing medicines during residentialials**

- The appropriate 'Hamstel Medicines Form' needs to be completed for either prescription or non-prescription medication and handed in to the office before the trip is due to depart.
- Medication must be handed in to the member of staff responsible for first aid. It should be in the original package, clearly labelled with the child's name and be accompanied by the appropriate, completed consent form.
- Receipt of non-prescription medication will only be administered by the member of staff responsible for first aid during a residential trip.
- It is the responsibility of the trip leader and accompanying first aider to ensure that medication is available when required. If this is likely to cause a problem, for example, because of the lack of refrigeration, this should be discussed with the parent.
- On returning to school, the medication will be returned to the child or adult collecting the child.

### **12. Emergency procedures**

As part of general risk management processes, the school has arrangements in place for dealing with emergencies. Pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. A pupil taken to hospital by ambulance will be accompanied by a member of staff who will stay with the child until the parent arrives.

### **13. Unacceptable practice**

Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however 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 medical evidence or opinion (although this may be challenged) or ignore the views of the child or their parents
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in the Individual Healthcare Plan
- if the child becomes ill send the child to the school office or medical room unaccompanied or with someone unsuitable
- 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 or other breaks whenever they need to in order to manage their medical condition effectively



- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trip, eg by requiring parents to accompany the child

#### **14. Liability and indemnity**

- The Portico Academy Trustee Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

At Hamstel Junior School we will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

#### **15. Safeguarding requirements**

Staff will be aware of the safeguarding requirements as set out in the school's safeguarding policy and especially mindful of when a child needs support of staff in toileting, washing, dressing and other personal needs. These need to be administered sensitively and thus ensuring the child with the medical condition is always safe.

#### **16. Links to other policies**

This policy links to the following policies:

- Accessibility plan
- Complaints
- Intimate care and toileting policy
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

#### **17. Complaints**

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If the issue is not resolved, a formal complaint via the school's complaint procedure should be made. After other attempts at resolution have been exhausted, a formal complaint can be made to the Department for Education only if it comes under the scope of section 496/497 of the Education Act 1996.

## **Appendix 1: The procedure for identifying and agreeing the support a child needs for an Individual Healthcare Plan**

- A parent or healthcare professional informs the school that a pupil has a medical need or that a known medical need has changed
- A meeting is arranged between the parent/carer, school staff and when appropriate a health care professional
- A meeting takes place to agree the need for an Individual Health Care Plan. This may be attended by parent/carer, school staff, health care professional and if appropriate, the pupil.
- IHC Plan is written and staff training needs identified
- All relevant staff notified
- The IHCP will be reviewed annually or earlier if needs change

## **Appendix 2: Information to be included in an Individual Healthcare Plan**

### **Identification Details**

Name of the child:

Date of birth:

Address:

School setting (Class, year etc):

### **Medical Details**

Medical condition:

Treatment regime:

Medication prescribed (dose and method of administration) or otherwise:

Triggers, symptoms and side effects of medication;

Action to be taken in event of emergency or crisis:

### **Contact details**

Parents/carers (Home, work and mobile):

Alternative Family contact:

Doctor/paediatrician:

Doctor/paediatrician contact details:

Any other relevant health professional:

### **Facilities required**

Equipment and accommodation:

Staff training/management/administration:

Date of consent for medication and sharing of information:

Specific information relevant for out of school activities:

Review and update:

**Appendix 3: Individual Healthcare Plan**  
**Individual Health Care Plan**



**Hamstel Junior School**

Child's name

Class

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

**Family Contact Information**

1<sup>st</sup> Contact Name

Phone no. (work)

(home)

(mobile)

2<sup>nd</sup> Contact Name

Relationship to child

Phone no. (work)

(home)

(mobile)

**Clinic/Hospital Contact**

Name

Phone no.

**G.P.**

Name

Phone no.

Who is responsible for providing support in school

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 with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe 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



## Appendix 4: Procedure for accepting medicines in school office

Child's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Class \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_ (you may be contacted to confirm when a previous dose was administered)

Person giving permission for the administering of the medicine listed below:

Name \_\_\_\_\_ Parent / Carer / other adult (please specify) \_\_\_\_\_ Signature \_\_\_\_\_

Date	Name of person who brought medication in	Medical condition or illness	Name / type of medication (as described on the container)	Expiry date	Dosage and method	Timing	Special precautions / other instructions	Any side effects that the school should be aware of	Self-administer Yes / No	Procedures to take in an emergency (if applicable)	Received by:

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

The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and that include instructions for administration, dosage and storage. (The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pump, rather than in its original container). This form is to be completed when any medication is presented to school. It must be completed in ink, errors must not be written on or covered over. Dosage instructions must not be tampered with and must be presented in their original state. Parents cannot alter the dosage. The medication must have the full name and date of birth of the person it is intended for.

### **INHALERS/PIRITON/ AUTO-INJECTOR (Adrenalin)**

*Please only complete this part of the form if your child has their own prescription for the medicines listed*

**In the event of an emergency, and my child's medication as indicated below is not available, I give permission for the school to administer the School's own**



AAI (Auto Injector- Adrenalin)  Inhaler  Piriton

Signed.....

Overleaf, is the Hamstel Junior School form for accepting medicines.

Please complete the form if your child has prescribed medication they need to take whilst in school. The form should be returned to school along with the relevant medication at the start of the autumn term.

Staff will be available to collect forms and medication at the start of the day on the first two days of term.

Please be aware, medication must be in date and provided in its original container as dispensed by a pharmacist. Your child's name and date of birth should be on the label together with clear instructions for administration, dosage and storage.

The school office now has a Ventolin/Salbutamol inhaler and an epi-pen available; please provide permission overleaf if your child can use these in the event of an emergency. *Please note, this only applies to children who have their own prescription for an inhaler and / or epi-pen.*





## **Appendix 6: Asthma Friendly School**

### **Asthma Friendly School Statement**

We are an Asthma Friendly School and have audited our school practices and procedures in line with the recommendations in this policy. This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to.

We welcome parents/carers' and students' views on how we can continue to improve and build upon our standards. The school recognises that asthma is a prevalent, serious but manageable condition and we welcome all students with asthma.

We ensure all staff are aware of their duty of care to students. We have a 'whole school' approach to regular training, so staff are confident in carrying out their duty of care, and students know what to do if a child with asthma feels unwell.

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;
- an up-to-date asthma policy;
- an asthma lead/champion;
- all pupils always have immediate access to their reliever inhaler; always
- all pupils with asthma have an up-to-date asthma action plan;
- an emergency salbutamol inhaler and spacer;
- ensure all staff have regular asthma training; and
- promote asthma awareness with pupils, parents and staff.

### **Asthma Register**

We have an asthma register of children within the school, which we update regularly. 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 we request:

- An up-to-date copy of their personal asthma action plan.
- Their reliever (salbutamol/terbutaline) inhaler and spacer 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.

### **Asthma Lead/Champion**

The school has an asthma lead/champion. It is the responsibility of the asthma lead/champion to:

- Manage the asthma register.
- Update the school's policy on supporting children with medical conditions including Asthma.
- Share the asthma register with staff and the School Nursing Service.
- Ensure all children on the register have opt out consent status recorded for use of emergency salbutamol inhaler, their own inhaler and spacer and personal asthma plan shared with the school.



- Manage the school's emergency salbutamol inhalers (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.
- Ensure that medication in school is monitored and check expiry dates of medications every half term and advise parents if new medication is required. It is the responsibility of parents/guardians to ensure all medication is in date as advised by the asthma lead/champion.
- Ensure that empty out of date inhalers are disposed of appropriately.
- Ensure that all school staff training is up to date (including their own).
- Ensure parents/carers are notified if a student is using their inhaler an additional 3 times per week, over what is stated on their care plan.
- Ensure parents/carers are informed if a student refuses to use their inhaler or spacer.
- Arrange school-based asthma support sessions, these can be through assemblies, parent updates, form time or PSHE time.
- Arrange annual asthma training for staff via the local school nursing service.
- Ensure emergency kits are checked regularly and contents replenished immediately after use;
- Ensure that procedures are followed.
- Be confident to support in an emergency.
- School staff are not obliged to administer medication at school; however, some may be happy to do so. School staff are insured to administer medication under the school's liability insurance policy.

#### School asthma lead/champions are detailed below

Head teacher/Principal	Mrs Farrell
Asthma Lead/Champion	Mrs Etherington

#### 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 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 their preventer 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.

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 wellbeing 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 an urgent review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

### **Asthma Action Plans**

Asthma UK evidence shows that if someone with asthma uses a 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 Essex Partnership University NHS Foundation Trust Specialist Asthma & Allergy Service – email: [epunft.paediatric.asthmaallergy@nhs.net](mailto:epunft.paediatric.asthmaallergy@nhs.net).

### **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 encounter 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 will carry their inhaler with them in the class medical bag which also contains their Care Plan and the means to record the usage. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. (Source: Asthma UK)

### **When asthma is affecting 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 identify that asthma is impacting on the 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 a 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.

As a school we can purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We have 3 emergency kit(s), which are kept in the Office, 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; and
- A record of administration of the inhaler.

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 and 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 school's asthma lead/champion will ensure that:



- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has enough doses available. It is recommended that puffs should be documented so that it can be monitored when the inhaler is running out. Salbutamol 100mcg has 200 puffs, so when it gets to 150 puffs having been used it will need to be replaced or before the expiry date (whichever comes first).
- 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.
- Ensure that all spacers are cleaned, dried and returned to storage following use or replacements are ordered or requested, as necessary.
- Any spacer in the emergency kit cannot be reused. We will replace spacers following use. The emergency kit inhaler can be reused, so long as it hasn't met 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 recorded on the Asthma Register and a list of the children with consent to use the emergency kit will be kept with each kit. The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

### **Common 'day to day' symptoms of asthma**

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; and/or
- 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 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 Main Office.

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;
- has a blue/white tinge around lips;
- is going blue;
- 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 mask securely over the nose and mouth ensuring a good seal.
- 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 5 to 7 above 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.

**Essex Partnership University**  
NHS Foundation Trust

**How to manage an asthma attack in children**

**T**

**Think ?**

Any of these signs:

- Coughing
- Wheezing
- Hard to breathe
- Tight chest
- Cannot walk
- Cannot talk
- Are they having an asthma attack?

Remember: stay with the child at all times

**I**

**Intervene +**

- Keep calm
- Reassure child
- Sit them up and slightly forward
- Ask someone to get blue inhaler and spacer
- Administer inhaler (see blue box)
- Note time of using inhaler

**M**

**Medicine**

- Use blue inhaler
- Shake inhaler
- Place in spacer
- Spray one puff
- Take five breaths
- Repeat the above up to 10 times if needed
- If no improvement, it is safe to repeat the above 10 more times


**E**

**Emergency 999**

- If no improvement, or if you are worried or unsure, call 999
- If ambulance takes longer than 15 mins, repeat Medicine steps
- Note time of calling 999

Postcode

Has child taken their inhaler?



**When asthma strikes, it's TIME to act**

Materials developed by   