

# SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS' POLICY

## OUR LADY OF THE VISITATION CATHOLIC PRIMARY SCHOOL



<b>Approved by:</b>	Governing Body	<b>Date:</b> September 2018
<b>Last reviewed on:</b>	Spring 2022	
<b>Next review due by:</b>	Spring 2023	

# Introduction

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*This school is an inclusive community that welcomes and supports pupils with medical conditions so that they can play a full and active role in all aspects of school life, remain as healthy as possible and achieve their academic potential.*

*The Department for Education statutory guidance 'Supporting pupils with medical conditions at school' (2014) states:*

*"Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be 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 their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases."*

*This policy takes into account the school's legal duties under the Children and Families Act 2014 to make arrangements to support pupils with medical conditions, as well as its duties under the Equality Act 2010. This policy details the school's arrangements to support pupils with long term medical conditions. In this document 'medical condition' refers to any physical or mental health condition that requires ongoing health professional input.*

*This policy will be reviewed in September 2020 or earlier if there is any change in the regulations. The effectiveness of these procedures will be monitored by the governing board.*

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## **Glossary**

**Controlled Drug (CD):** Medication that is controlled as part of the misuse of drugs legislation (e.g. methylphenidate/Ritalin or some strong pain killers)

**Education, Health and Care (EHC) plans:** A legal document that describes a child's special educational, health and social care needs, and support required to meet those needs

**General Data Protection Regulation (GDPR):** A data protection regulation from May 2018 intended to strengthen and unify data protection for individuals.

**Individual Healthcare plans:** A document that describes a child's medical needs and support required in school to meet those needs.

**Individual risk assessment:** A risk assessment to determine the risks and controls required for pupils with severe/complex or potentially life-threatening health conditions.

**Medical condition:** For the purposes of this policy, 'medical condition' refers to any physical or mental health conditions that required ongoing health professional input (e.g. from GP, clinic or hospital specialist).

**Medical Conditions Co-ordinators/leaders:** Designated members of staff who lead the implementation of the 'Supporting Pupils at School with Medical Conditions' policy and support pupils with medical conditions.

**Special educational needs or disabilities (SEND):** Special educational needs and disabilities that can affect a child or young person's ability to learn.

**Special Educational Needs Co-ordinator (SENCO):** Designated members of staff who lead the implementation of the SEND policy and support pupils with SEND.

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# Identification, Registers and Individual Healthcare plans

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## **1. *The school identifies all children with medical conditions***

- 1.1. The school asks parents/carers if their child has any physical or mental health condition (under 'any other issues') on the medical questionnaire as part of the enrolment process (Appendix 1), and annually thereafter. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.
- 1.2. The school follows the procedure detailed in Appendix 3 to ensure that every child with a medical condition has an individual healthcare plan in place before they start school (see section 3). Any exception to the requirement to have an individual healthcare plan in place before the child starts school will be at the discretion of the school.
- 1.3. Parents/carers are responsible for informing the school of any new diagnosis, or changes to their child's medical condition, as soon as possible. It is the school's responsibility to act on this information.

## **2. *The school keeps a record of all children with medical conditions***

- 2.1. The school keeps a register of pupils with medical conditions to identify and safeguard these students. This register is held in a central, secure location, with access by staff as appropriate, and includes the child's individual healthcare plan.
- 2.2. The school ensures that the pupil's confidentiality is protected in line with the General Data Protection Regulation (GDPR), and will only share this information with relevant members of staff and healthcare professionals as appropriate.

## **3. *All children with a medical condition have an individual healthcare plan***

- 3.1. The school recognises that needs are specific to an individual pupil. As such, all pupils with a medical condition require an individual healthcare plan.
- 3.2. All pupils with a medical condition will require a meeting to discuss the individual healthcare plan.

This may be as part of the induction or admissions process. For more severe/complex conditions, an additional meeting between relevant school staff (including those who will be providing support to the pupil) and the parent/carer will normally be required to complete the individual healthcare plan, and may also involve health professionals and the pupil if appropriate. This should ideally take place before the start of the academic year or school term if mid-year entry (Appendix 2).

- 3.3. The format of an individual healthcare plan may vary according to the nature and severity of the medical condition. This may range from a school asthma card (see Appendix 3) to a more detailed individual healthcare plan as appropriate. All individual healthcare plans should detail the medication and care requirements at school, what to do in an emergency and details of the child's GP. Appendix 3 shows templates individual healthcare plans for common medical conditions.
- 3.4. For more severe and/or complex medical conditions, the individual healthcare plan should also include an individual risk assessment (Appendix 4) and an assessment of how the condition may impact on the child's learning, behaviour, performance and wellbeing, and plans to mitigate these risks and minimise disruption.
- 3.5. If a pupil has special educational needs or disabilities (SEND), these needs should be made clear in the individual healthcare plan and linked to their SEN or Education, Health and Care (EHC) plan if they have one.
- 3.6. The school recognises that needs change over time. As such, individual healthcare plans should be updated annually, or whenever the pupil's needs change. It is good practice to meet with parents annually to review the individual healthcare plans and the school considers ways of doing this, such as during parents' evenings.
- 3.7. A copy of the individual healthcare plan is maintained and updated by the school and is easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

# Medication

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## **4. *The school has clear guidance on administering medication at school***

- 4.1. Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day, ie three times a day. At breakfast, at home time and at bedtime.
- 4.2. If medication is required at school long term, this will only be given as detailed in the pupil's individual health care plan, and when parents/carers fill out a medication consent form. (Appendix 5).
- 4.3. *If there is a short-term need to take medication in school, eg antibiotics, anti-histamines or eye drops for hay fever or a prescribed cream for eczema, parents/carers should contact the school to discuss and the Medication Administration, Consent and Storage form must be completed by parents/carers. (Appendix 6).*
- 4.4. Pupils who are able to self-administer medication are not allowed to keep the medication in their belongings. All medicines should be given to the school office who will give it to the named person (Claire Rice), (in the absence of Claire it will be Katy Clarke) who will ensure it is kept in the medical room or medication fridge in the office.
- 4.5. The school keeps an accurate record of all the medication administered, including the dose, time, date and supervising staff (Appendix 6.1). Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

## **5. *The school supports staff who administer medication***

- 5.1. The school ensures that there are members of staff trained to administer routine and emergency medication and undertake procedures to meet the care needs of an individual child (see section 11).
- 5.2. All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation.
- 5.3. Staff who may be regularly expected to administer medication and undertake medical procedures should have this responsibility recognised in their job description. Staff are encouraged to volunteer for this role as part of their duty of care.
- 5.4. The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk.

## **6. *The school has clear guidance on storing medication and equipment at school***

- 6.1. The school ensures that all medication is stored safely, and that pupils with medical conditions and staff know where they are at all times.
- 6.2. The parent/carer must ensure that medication is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature. This will be periodically checked by the school.
- 6.3. The school keeps controlled drugs (e.g. methylphenidate [Ritalin], some strong painkillers marked CD on container) stored securely, but accessibly, with only named staff having access.
- 6.4. Parents/carers must ensure medication is in date and provide new and in-date medication when the medication is out of date.
- 6.5. The school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication.

## **7. The school has clear guidance on emergency inhalers and adrenaline pens**

7.1. The school stores securely and accessibly all inhalers and adrenaline pens.

7.2. *The school's emergency asthma inhalers and adrenaline pens are available for pupils whom written parental consent and medical authorisation for use has been given. They are stored in a secure location but not locked away (see Appendix 7 for more details).*

# Training

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## **8. The school promotes staff training in supporting pupils with medical conditions**

8.1. The school recognises that different levels of training are required for different members of staff in order to meet the school's duties to support pupils with medical conditions.

## **9. Level 1 – All staff are aware of the medical conditions policy, emergency procedures and are encouraged to undergo further training**

9.1. The school ensures that all staff, including temporary staff, are aware of this 'Supporting Pupils with Medical Conditions' policy and their role in implementing the policy as part of induction. *All staff will be required to sign up to this policy. This will be recorded in the staff file.*

9.2. All staff know which named members of staff should be called on in the event of a medical emergency and are familiar with the procedure for calling the emergency services. All staff are aware that if a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with them until a parent or carer arrives. Pupils should not be taken to hospital in staff cars.

9.3. The school has posters on display in the staff room and school office that reiterates the steps to take during an emergency.

9.4. The school encourages all staff to undertake awareness raising opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules tailored for schools around managing asthma and anaphylaxis (Appendix 9). The school keeps a record of staff training.

## **10. Level 2 – The school has a sufficient number of trained first aiders**

10.1. The school ensures they carry out risk assessments as appropriate and have sufficient numbers of trained first aiders, taking into account factors such as the size of the school (Appendix 10).

10.2. The first aiders (*including paediatric first aiders as appropriate*) are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR). This should be refreshed at least every three years.

10.3. The school has an Automatic External Defibrillator (AED) on site which all staff are aware of (Appendix 10). Named members of staff are responsible for maintaining this.

## **11. Level 3 – the school supports staff who take on specific responsibilities for supporting pupils with medical conditions**

11.1. The school has a named member of staff (Claire Rice) who is 'Medical Conditions Co-ordinator', a role that should be recognised in their job description. These staff are trained on managing medical emergencies and supporting the implementation of this 'Supporting Pupils with Medical Conditions' policy. These staff are clear about the support they can receive and included as part of their annual appraisals.

11.2. Some children with medical conditions require more specific training for named members of staff. The school ensures that this training is provided by appropriate professionals (see supporting document- levels of training guidance on Ealing Grid for Learning).

11.3. The school ensures that there are sufficient numbers of staff trained to support pupils with specific medical conditions, taking into account

staff absences, staff turnover and other contingencies.

- 11.4. Training should be sufficient to ensure that these members of staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual healthcare plans.

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

# Whole School Environment

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## **12. *The whole school environment is inclusive***

- 12.1. Children with medical conditions are entitled to a full education and have the same rights of admissions to school as any other child. No child will be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However the school, in line with safeguarding duties, have a duty to ensure pupils are not put at risk from unnecessary risk, and therefore do not have to admit a child in school at times where it could be detrimental to the health of that child or others to do so. This includes essential medication such as epi-pens or asthma pumps being out of date.
- 12.2. The school is committed to providing an accessible physical environment for pupils with medical conditions. This includes out-of-school activities.
- 12.3. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any issues.
- 12.4. The school uses opportunities such as personal, social, health and economic education (PSHE) and science lessons to raise awareness of medical conditions to help promote a positive environment.
- 12.5. The school recognises that any measures to identify pupils with medical conditions for their safety should be proportionate and take into account confidentiality and emotional wellbeing.

## **13. *The school ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible***

- 13.1. The school ensures that the needs of pupils with medical conditions are adequately considered so that they can participate fully in all structured and unstructured activities, extended school activities and residential visits.
- 13.2. The school understands the importance of all pupils taking part in physical activity (including out-of-school clubs and team sports). All relevant

staff should make reasonable adjustments to physical activity sessions in accordance with a pupil's individual healthcare plan. This may involve ensuring that pupils have the appropriate medication/equipment/food with them during physical activity.

- 13.3. Where necessary the school will provide additional support for pupils who have sustained an injury that limits their mobility. This may include but is not exclusive to the following; Stay in at playtime with a buddy, crutches to be easily accessible; withdrawal from PE, Sit on a chair at a table to be comfortable and to avoid weight bearing on leg when standing, elevate where necessary, Buddy to carry lunch tray, Leave the classroom first with a buddy (to help with doors) to ensure he/she isn't tripped, Ensure where possible, no obstacles in way. Children with mobility issues should follow their classmates out of the building so as not to slow exit. Named adult to ensure exit from building is safely done during fire evacuation. Adults responsible for checking rooms are responsible for any children who cannot exit easily.
- 13.4. Staff will be aware of those pupils who may become wheezy during exercise. Breathlessness during an activity will result in the pupil withdrawing from the activity for that lesson and being monitored by school's staff trained in first aid.
- 13.5. After school clubs run by outside agencies will be made aware of medical conditions by the parents. For outside activities staff should also be aware of pupils who have been prescribed Epi-pens for severe reactions to bee/wasp stings. In the event that an epi-pen is needed when outside send for the spare epi-pen in the school office to prevent delay.
- 13.6. The school makes sure that a risk assessment is carried out before an educational visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. This will require consultation with parent/carers and pupils and may require advice from the relevant healthcare professional to ensure that pupils can participate safely. *The school uses Ealing Council's [educational and recreational visits handbook](#) with relevant health and safety templates to complete.*



## **14. *The school understands the impact a medical condition may have on attendance and learning***

- 14.1. School staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- 14.2. Where a pupil has frequent absences or a prolonged absence due to a medical condition, it is expected that parents/ carers will work with the school and healthcare providers to ensure relevant information is available as part of a coordinated care/support approach.
- 14.3. The school will refer pupils with medical conditions who are finding it difficult to keep up educationally to a relevant member of staff (e.g. the Special Educational Needs Co-ordinator) who will liaise with the pupil (where appropriate) parent and the pupils' healthcare professional.
- 14.4. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and educational provider to ensure that the child receives the support they need to reintegrate effectively. This may include updating their individual healthcare plan where necessary.

## **15. *The school learns from incidents and complaints***

- 15.1. The school investigates all serious incidents related to this policy and reports these to the Schools Health and Safety Advisor (Ealing Council Corporate Health and Safety). Learning from these incidents is shared with staff and used to inform any subsequent revisions to this policy.
- 15.2. The school responds to all concerns and complaints related to implementation of this policy, in line with the school's complaints policy.



## Your Child's Health Record

Your child's  
**SURNAME**

**CHRISTIAN NAME/S**

**DATE OF BIRTH**

### 1. BREATHING:

Is your child asthmatic?

YES ☐ NO ☐

If YES your child should be taking regular medication at home.

Which medication? .....

How often? .....

If YES, your child will need a BLUE RELIEVER inhaler and spacer device in school at all times.

If NO, has your child been prescribed an inhaler for any other reason?

YES ☐ NO ☐

Reason? .....

When? .....

### 2. ALLERGIES:

Does your child have any allergies? Eg pollen, food, animals?

YES ☐ NO ☐

If YES, what is your child allergic to? .....

Is the reaction?

MILD ☐ MODERATE ☐ SEVERE ☐

Please describe the reaction.....

What medication is needed to stop or slow down the reaction?

.....

### 3. INTOLERANCES

Does your child have any intolerances? Eg food

YES ☐ NO ☐

If YES, what is your child intolerant to?

.....

Is the intolerance?

MILD ☐ MODERATE ☐ SEVERE ☐

Please describe the symptoms?

.....

What medication if any is used to alleviate the symptoms?

.....

.....

### 4. HEARING:

Does your child have any hearing problems? Eg glue ear

YES ☐ NO ☐

Please describe .....

.....

Do you know of any permanent hearing loss?

YES ☐ NO ☐

If YES is the loss in:

RIGHT EAR ☐ LEFT EAR ☐ BOTH EARS ☐

Is the loss: SLIGHT ☐ SEVERE ☐

Does your child have grommets?

YES ☐ NO ☐

### 5. SIGHT:

Does your child wear glasses?

YES ☐ NO ☐

Do you know of any problems with colour vision?

YES ☐ NO ☐

If YES, please detail

.....  
.....  
.....  
.....

### 6. SPEECH:

Does your child have any known speech problems?

YES ☐ NO ☐

If YES, please detail

.....  
.....

Has your child attended speech therapy?

YES ☐ NO ☐

If YES, when? .....

### 7. OTHER:

Does your child have a medical problem that requires them to go to the toilet frequently?

YES ☐ NO ☐

If YES, please detail

.....  
.....

Does your child have any other issues/conditions?

YES ☐ NO ☐

If YES, please detail

.....  
.....  
.....

Has your child been vaccinated against Measles (MMR)?

YES ☐ NO ☐

Please list any illnesses that your child has had e.g. chicken pox, tonsillitis

.....  
.....

Is there anything else that you feel is important that the school should know? e.g. recent bereavement, moving house etc.

.....  
.....  
.....

### 8. CHILD'S DOCTOR:

Name of Doctor

.....

Address of Doctor

.....  
.....

Telephone Number of Doctor's Surgery

.....

### 9. SIGNATURE OF PARENT/S

.....

.....

Date .....

*Please note that parents are expected to inform the school immediately should there be any changes to the information provided on this form.*

*This form will be updated annually.*

## Appendix 2: Procedure following notification that a pupil has a medical condition (flow chart).



## Appendix 3: Individual healthcare plans templates

Please note that these are some suggested documents to use. The pupil may have a different individual healthcare plan from their health professional which would be acceptable.

### **Asthma UK school asthma card**

[https://www.asthma.org.uk/globalassets/health-advice/resources/schools/school\\_asthma\\_card\\_september\\_2014\\_ver\\_b.pdf](https://www.asthma.org.uk/globalassets/health-advice/resources/schools/school_asthma_card_september_2014_ver_b.pdf)

### **BAS allergy action plans**

<http://www.bsaci.org/about/download-paediatric-allergy-action-plans>

### **Diabetes UK sample individual healthcare plan**

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/ihp-a-childs-individual-healthcare-plan>

### **Young Epilepsy sample individual healthcare plan**

<http://www.youngepilepsy.org.uk/dmdocuments/IHP-child-form.pdf>

### **Health Conditions in School Alliance generic individual healthcare plan**

[http://medicalconditionsatschool.org.uk/documents/Individual%20Healthcare%20plan\\_Part%202.pdf](http://medicalconditionsatschool.org.uk/documents/Individual%20Healthcare%20plan_Part%202.pdf)

### **Bladder and Bowel conditions individual healthcare plan**

<http://medicalconditionsatschool.org.uk/documents/IHP-Bowel-Bladder-conditions.pdf>

## Appendix 4: Individual pupil risk assessment form

Hazard	Risk			Existing control measures	Recommendations/further actions required
	Likelihood of occurrence	Severity of harm	Overall risk		

## Appendix 5: Medicines consent form for pupils with medical conditions (long term medication)

In line with this school's 'Supporting Pupils at School with Medical Conditions' Policy, the school will not give your child medicine unless you complete and sign this form.

Name of school/setting	
Date	
Pupil's name	
Group/class/form	
Name and strength of medicine	
Reason for use	
Expiry date	
How much to give (i.e. dose to be given)?	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

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

Daytime phone no. of parent/carer	
Name of GP, GP practice name and phone number	
Agreed review date to be initiated by	

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

Parent/carers signature .....

Print name .....

Date .....

Designated member of staff's signature .....

Print name .....

Date .....

## Appendix 6: Medication records

**Record of medicines administered to an individual child (short term medication).**

**Medicine Administration, Consent and Storage**

**Child's Name:** \_\_\_\_\_

**Child's Class:** \_\_\_\_\_

**Medicine:** \_\_\_\_\_

**Reason for medicine:** \_\_\_\_\_

**\*Dosage:** \_\_\_\_\_

**Times of Dosage:** \_\_\_\_\_

**My child is able to self-administer the medication / I will come to school to administer the medication.** *Please delete as appropriate.*

**Parent / Guardian name:** \_\_\_\_\_

**Parent / Guardian signature:** \_\_\_\_\_

***\*Liquid medication needs to be measured out by a parent before handing in to office staff.***

**Note: Medicines must be in the original container as dispensed by the pharmacy including prescription label. Medication prescribed for three times a day, will not be administered by school staff.**



Appendix 6.1

Record of medicines administered to all children

Name of school/setting

Our Lady of the Visitation Catholic Primary School

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

## Appendix 7: Emergency Inhalers and Adrenaline Auto-Injectors (AAIs)

This section needs to be read in conjunction with the following Department of Health guidance:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Schools are not required to hold an inhaler or AAIs – this is a discretionary power enabling schools to do this if they wish. However, keeping an inhaler and/or AAIs for use in an emergency prevents unnecessary and traumatic trips to hospital for a child and potentially saves their life. Schools that choose to hold an emergency inhaler and/or AAIs need protocols for their use to protect staff by ensuring they know what to do in the event of a child having an asthma or anaphylactic attack.

The protocol should include:

- Arrangements for the supply, storage, care, and disposal of the inhaler, spacers and AAI devices, in line with this 'Supporting Pupils with Medical Conditions' policy
- Having a register of children in the school who have been:
  - Diagnosed with asthma or prescribed a reliever inhaler. A copy of the register should be kept with the emergency inhaler
  - Prescribed AAIs (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- Having written parental consent for use of the emergency inhaler and/or for use of the spare AAI(s), included as part of a child's individual healthcare plan. This should be signed in the school asthma card or the allergy action plan (Appendix 4).
- Ensuring that the emergency inhaler and spare AAIs are only used by children with written parental consent for their use or as advised by a paramedic or 999 operator.
- Appropriate support and training for staff is provided in the use of the emergency inhaler and spare AAIs in line with this 'Supporting Pupils with Medical Conditions' policy
- Keeping a record of use of the emergency inhaler and/or AAIs as required by this 'Supporting Pupils with Medical Conditions' policy (Appendix 7) and informing the parent/carers when their child has been administered an inhaler/AAI and whether this was the school's spare inhaler/AAI or the pupil's own device (Appendix 9). This should include where and when the attack took place, how much medication was given and by whom.
- Having at least two volunteers responsible for ensuring the protocol is followed

Schools can purchase small quantities of inhalers, spacers and AAIs from a community pharmacy. The pharmacy will need a request signed by the principal or head teacher on headed paper stating:

- The name of the school for which the product is required;
- The purpose for which that product is required, and
- The total quantity required

## ASTHMA

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

An Emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler;
- At least two plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions 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 as detailed in their individual healthcare plans;
- A record of administration (i.e. when the inhaler has been used). This should include where and when the attack took place how much medication was given and by whom.

Schools can consider keeping more than 1 kit if they cover more than 1 site.

It is recommended that at least 2 volunteers from school staff should have responsibility for ensuring that:

- On a monthly basis, the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- Replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned so that replacements are available if necessary.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's inhalers and the inhaler(s) labelled to avoid confusion with a child's inhaler.

The plastic spacer should not be reused and can be given to the child to use at home. The inhaler can be reused provided it is cleaned after use.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

*See also: Healthy London Partnership pharmacy guidance:*

<https://www.healthylondon.org/wp-content/uploads/2017/10/Pharmacy-guidance-for-supply-of-salbutamol-to-schools.docx>

## ANAPHYLAXIS

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of-date).

**Schools may administer their “spare” adrenaline auto-injector (AAI), obtained for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where 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 severe cases the allergic reaction can progress within minutes into a life-threatening reaction. Severe reactions can require much more than an adrenaline injection and it is therefore vital to contact Emergency Services as early as possible.**

**In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.**

**SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.**

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.

AAIs are available in different doses depending on the manufacturer. Schools should hold a single brand to avoid confusion in training and administration. ‘EpiPen’ is the most well-known and likely to be the brand used by most pupils.

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer’s information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- An administration record.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children’s AAIs and the labelled to avoid confusion. The kit should be located not more than 5 minutes away from where it might be needed.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), emergency services (999) MUST be called without delay, even if they have already used their own AAI device, or a spare AAI.

- When dialling 999, give clear and precise directions to the emergency operator, including the location’s postcode.

- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
  - If the child is known to have an allergy
  - What might have caused this reaction e.g. recent food;
  - The time the AAI was given.

## CONSENT FOR USE OF EMERGENCY ADRENALINE AUTO – INJECTOR

I can confirm that my child has been diagnosed with ANAPHYLAXIS and has been prescribed an adrenaline auto – injector.

My child has **TWO** working, in–date adrenaline auto–injectors in school. One in the school office and one in the classroom.

In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto–injector is not available or is unusable,

- **I CONSENT FOR MY CHILD TO RECEIVE AN ADRENALINE AUTO – INJECTOR HELD BY THE SCHOOL FOR SUCH EMERGENCIES (ON THE ADVICE OF A 999 OPERATOR OR PARAMEDIC).**

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

Name (print): \_\_\_\_\_

Child's name: \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Class: \_\_\_\_\_

Parent's address: \_\_\_\_\_  
\_\_\_\_\_

Phone numbers

Mother mobile: \_\_\_\_\_

Father mobile: \_\_\_\_\_

Home: \_\_\_\_\_

Any other people and numbers which would be useful in the event of an emergency where main carers cannot be contacted.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

## Appendix 8: Letters to inform parents/carers of their child's use of the school's emergency inhaler\*

School name:.....

Child's name:.....

Child's class:.....

Date:.....

Dear.....

This letter is to formally inform you that.....has had problems breathing today.

This happened when.....

They did not have their own inhaler with them so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ....puffs.

Although they soon felt better, we would strongly advise you that your child is seen by their own doctor as soon as possible.

Please provide a new unopened replacement spacer as soon as possible.

Please can you ensure that your child brings in a working in-date inhaler and spacer for use in school. Both should be clearly labelled with your child's name and date of birth.

Yours sincerely

*\*Please note that parents will be informed immediately when a child has used the school's emergency adrenaline autoinjector (and emergency services called).*

## Appendix 9: Training resources for Ealing school staff

### Online

#### **Anaphylaxis Campaign AllergyWise Online Course**

Free online anaphylaxis training course AllergyWise for Schools is designed to ensure that key staff in schools are fully aware of the signs and symptoms of anaphylaxis, how to provide emergency treatment and the implications for management of severely allergic children from Key Stages 1 to 5 in an education setting.

<https://allergywise.org.uk/course-login/>

#### **Supporting Children's Health Asthma Online Course**

Being aware of asthma and its triggers can help to ensure children with asthma in your care are safe and can get involved in the same activities as any other child without issue or harm.

This module aims to help you support children who have asthma by:

- Raising your awareness of the condition and how it's managed
- Exploring plans, you may need to ensure that children with asthma in your care are supported

<https://www.supportingchildrenshealth.org/asthma-module/>

#### **MindEd**

MindEd is a free educational resource on children and young people's mental health for all adults.

<https://www.minded.org.uk>

### Face to face

School nursing service training (includes management of medical emergencies training for schools):

<https://www.egfl.org.uk/services-to-schools/ealing-school-nursing-service-201819>

Ealing Health and Safety training (includes First Aid training for schools):

<https://www.egfl.org.uk/facilities/health-and-safety/health-and-safety-training>



## Appendix 10: First aid training guidance

First-aid can prevent deaths and can also prevent minor medical problems and injuries from escalating into major ones. Guidance exists for schools on the subject of first aid and this section of the 'Supporting Pupils at Schools with Medical Conditions' policy draws and refers to these accordingly.

### **First aid in schools:**

The Department for Education good practice guidance titled [Guidance on First Aid for Schools](#) explains that the numbers of first aid personnel required in schools is not an exact science. A suitable and sufficient risk assessment needs to be carried out taking into account the school's specific circumstances such as: the size and location of the school, any specific hazards on-site, any specific needs and any historic accident data. Schools should consider the risks to employees, pupils and visitors as part of this risk assessment.

The Department for Education [Statutory framework for the early years foundation stage](#) sets out mandatory standards for the learning, development and care for children from birth to 5 years old. In this, it is mandated that all Schools and Ofsted registered early years providers must have at least one person who has a current paediatric first aid (PFA) certificate available at all times when children are present, and must accompany children on outings. This framework also mandates the PFA Certificate course criteria.

In addition, HSE document [L74](#) (Third edition-2013) details useful guidance on first aid matters in the workplace including: first aid courses content, suggested numbers of first aid personnel, first aid kits and training provider selection. This document is a valuable resource to help schools complete their first aid risk assessment.

Ealing Council has a page on [EGfl](#) dedicated to first aid which is also a useful resource for schools. This page includes a blank template that Schools can use to carry out their first-aid risk assessment.

### **Automatic External Defibrillators (AEDs) in schools:**

Ealing Council purchased the Powerheart® G5 AED for schools in the Borough in 2017. This was the most appropriate unit for schools as advised by the London Ambulance Service.

The Department for Education guide for schools on [automated external defibrillators \(AEDs\)](#) provides guidance on the purchase, use, installation, training, maintenance and additional considerations (such as the development of a resuscitation plan and safety considerations) of AEDs. This guidance explains that AEDs are designed for use by people who can simply follow the step-by-step instructions provided on the AED at the time of use, without any specific training. This guidance also explains that it should be sufficient for schools to circulate the manufacturer's instructions to all staff and then to provide a short general awareness briefing session in order to meet their statutory obligations. Any awareness briefing could be incorporated into any wider training on CPR and the chain of survival.

Ealing Council has a page on [EGfl](#) dedicated to AEDs which is also a useful resource for Schools. This page includes a video that demonstrates the use of the Powerheart® G5 AED.

## Appendix 11: Checklist: responsibilities of parents/carers

- ✓ Informing the school if your child has a 'medical condition' (as defined in the 'Supporting Pupils with Medical Conditions' policy) and providing consent to share this information with relevant healthcare professionals including the school nursing service.
- ✓ Liaising with the school to complete an individual healthcare plan, ideally before the start of the school year. The individual healthcare plan requires health professional input, either by the school nursing service (arranged by the school), or by appointment with your health professional (GP, practice nurse or specialist).
- ✓ Completing a medicines permission letter if your child requires medication during school hours.
- ✓ Completing an individual pupil risk assessment form during a meeting with school staff if your child's needs are severe, complex or potentially life threatening.
- ✓ Informing the school of any medicines the child requires during visits, field trips and other out-of-school activities.
- ✓ Ensuring your child's medicines and medical devices are labeled with their full name and date of birth, in the original pharmacy packaging.
- ✓ Ensuring that your child's medicines are within their expiry dates.
- ✓ Ensuring that new and in date medicines come into school on the first day of the new academic year, to collect all medication back at the end of the school year, and to dispose of any out-of-date medication.
- ✓ Ensuring that your child catches up with any school work they have missed if they are off school due to their medical condition or healthcare appointments.
- ✓ Providing the school with supporting information from your healthcare professional if your child has frequent or prolonged absence(s) from school.
- ✓ Informing the school of any changes to your child's condition
- ✓ Liaising with the school annually to ensure that the individual healthcare plan is up to date (even if just to say 'no changes').

## Appendix 12: Other key reference documents

### Department for Education guidance

Supporting pupils at schools with medical conditions guidance:

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

### Healthy London Partnership resources

Asthma schools' guidance:

<https://www.healthylondon.org/wp-content/uploads/2017/11/London-schools-guide-for-children-and-young-people-with-asthma.pdf>

<https://www.healthylondon.org/resource/london-asthma-toolkit/schools/>

Diabetes schools' guidance:

<https://www.healthylondon.org/resource/london-guide-teachers-parents-children-young-people-diabetes/>

Epilepsy schools' guidance:

<https://www.healthylondon.org/resource/london-epilepsy-guide-schools/>

Bladder and Bowel guidance:

<https://www.eric.org.uk/healthy-bladders-and-bowels-at-school>

# COVID-19 update June 2020.

## Signs and Symptoms.

Staff, parents and pupils could become infected with COVID-19.

If so, they are likely to experience mild symptoms such as :-

**High temperature** feeling hot to touch on your chest or back (you do not need to take your temperature) new continuous cough and or loss of taste and smell.

Normal body temperature is typically **36.5-37.5°C / 97.7-99.5°F**.

**New, continuous cough** this means coughing for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, this may be worse than usual).

**Loss or change to your sense of smell** or taste this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal. [www.nhs.uk](https://www.nhs.uk)

## First Aid.

First aid for minor accidents/injuries should be dealt with immediately in the usual way, by a member of staff in the classroom/ playground.

<https://www.sja.org.uk/get-advice/first-aid-advice/covid-19-advice-for-first-aiders/>

In line with government advice, make sure you wash your hands or use an alcohol gel, before and after treating a casualty also ensure that you don't cough or sneeze over a casualty when you are treating them.

The Resuscitation Council (UK) provides some useful advice of how to keep yourself safe when providing CPR. **You can read their full advice on their website here.**

Don't lose sight of other cross contamination that could occur that isn't related to COVID-19.

- Wear gloves or cover hands when dealing with open wounds
- Cover cuts and grazes on your hands with waterproof dressing
- Dispose of all waste safely
- Do not touch a wound with your bare hand
- Do not touch any part of a dressing that will come in contact with a wound.

## **CPR – DO NOT give rescue breaths.**

The Resuscitation Council (UK) provides useful advice of how to keep yourself safe when providing CPR.

<https://www.sja.org.uk/get-advice/first-aid-advice/unresponsive-casualty/how-to-do-cpr-on-an-adult/>

## **First Aid Kits.**

To make sure all 'bubbles' remain isolated from other 'bubbles', each room should have its own first aid bag. Welfare Officer (Katy Clarke) is responsible for checking each room has a kit, and that each kit is maintained, checking contents weekly. In addition to the usual supplies, each kit should contain a disposable cold compress, hand sanitiser and basic PPE. (A plastic apron, gloves and a mask to use with suspected COVID-19). If anything is used during the day, email Katy to let her know and she will replace as soon as she can.

If a reusable cold compress has had to be used, it needs to be washed in hot soapy water before it is put back into the freezer.

## **PPE.**

Watch government guidance on 'how to put on PPE correctly' here.

<https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>

Team leaders will check and record that team members have watched the video.

In case of emergency, a full first aider must be called for, even if this means they are to come out of their own 'bubble'. Full first aiders are Claire Rice and Katy Clarke.