Wensley Fold CE Primary Academy

'Make Each Day Count'

Medical Policy

SUPPORTING PUPILS WITH MEDICAL CONDITIONS AT SCHOOL POLICY

Inclusion statement
This policy reflects the School's commitment to inclusion. We believe that all children should have access to an appropriate education that affords them the opportunity to achieve their personal potential.

INTRODUCTION
The Children and Families Act 2014 and the 'Supporting pupils at school with medical conditions' document, from September 2014, places a duty on the school governing body to make arrangements for children with medical conditions. '**Pupils with special medical needs have the same right of admission to school as other children and should have full access to education, including school trips and physical education.'** In the Supporting Pupils at School with Medical Conditions' document it stipulates that a child must have an individual health care plan in place within two weeks of diagnosis or a child starting at school. This means that it is the parents' duty to inform school immediately if a diagnosis is made for their child that would require an individual health care plan or the long-term administration of medication in school.

At Wensley Fold CE Primary Academy, we believe that parents and guardians have prime responsibility for their child's health and should provide the school with information about their child's medical condition. We acknowledge that many pupils at some time will have a medical condition that may affect their participation in school activities and that some children will have long-term medical conditions that, if not managed properly, could limit their access to education. We will endeavour to support these children with the management of such medical conditions during school hours.

Some children with medical conditions may be disabled and where this is the case the governing body must comply with the Equality Act 2010. Some pupils may have SEN and have an Education, Health and Care Plan (EHCP)

AIMS
The school aims to:
- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual pupils;
- liaise as necessary with medical services in support of the individual pupil;
- ensure access to full education (if possible) considering each child's needs individually
- effectively support pupils after absences due to frequent appointments or long-term absences
- monitor and keep appropriate records.

EXPECTATIONS

It is expected that:

- parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- any medication administered would have directions of 'administer 4 + times in a day' as it will be deemed that all medication which is administered 3 times in a day can be administered before school, after school and before bedtime.
- Children who have cream for eczema will self-apply the cream on the fourth application during the school day. Any cream which cannot be self-applied will need to be applied at home. This is to ensure safeguarding of children, staff and appropriate supervision of all other children.
- parents will have confidence in the support provided by school
- there is a commitment that all relevant staff will be made aware of the child's condition
- procedures to be followed to support a pupil's medical condition should be clearly set out in the child's health care plan.
- cover arrangements are in place in case of staff absence or staff turnover to ensure someone is always available to support the child
- school will arrange training for staff who volunteer to support individual pupils;
- school seeks advice from healthcare professionals as well as listening to parents and the child.
- individual health care plans will be reviewed annually each September or earlier if the child's needs change. A message will be sent via the newsletter, asking parents if their child's needs have changed for all medical conditions and if the health care plan needs updating (this is in line with the recommendations from the school nursing team).
- no child should be put at risk.

RESPONSIBILITIES

- the Governing Body is responsible for ensuring this policy is implemented.
- the Headteacher has overall responsibility for the management of medication in school.
- the Headteacher is responsible for ensuring that sufficient staff are suitably trained
- the Headteacher should ensure all staff are insured to support children with medical conditions.
- the SENDCo is responsible for liaising with professionals in order to develop individual health care plans.
- the SENDCo is responsible for ensuring adequate transition arrangements are in place and relevant information is exchanged.
- class teachers supported by SEN TAs will monitor individual healthcare plans
- where staff administer medicines, this is done so voluntarily (e.g. insulin) There is no legal requirement that staff should administer or supervise the administration of medicines. However, where they have agreed to do so, they must ensure this responsibility is upheld or notify the head teacher should this change.
- the school nurse is responsible for notifying the school when a child has been identified as having a medical condition which will require support in school.
- specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes)
- pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs.

- parents should provide the school with sufficient and up-to-date information about their child's medical needs.
- the local authority should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- the health service can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

MEDICATION TO BE ADMINISTERED

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent
- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- schools should 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. This will be checked by the HT or DHT as appropriate. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- epi-pens, inhalers and antihistamines creams are be kept in classrooms in the medical bags, any medicines that need to be in a fridge go in the HTs fridge in her office. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held in school. These records will be kept in the medical file for the child in the class (inside the medication bag).
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children (Administration of Medicines form), stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. These records will be kept in the class medical file.
- For conditions where the GP or hospital has prescribed an inhaler for short term use (non-asthma) the step-down guidance will be made available to school and this will be administered according to the guidance for the short time it is permitted. This will need to be in writing from the GP.
- when no longer required, medicines should be collected by the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps
- medication will be checked termly and recorded by the SENCo. This means that school are able to remind parents if medicines are due to expire and need replacing if it has not already been done by the parent.

STORAGE OF MEDICINES

- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to

children and not locked away. This is particularly important to consider when outside of school premises e.g. on school trips

- dates of medication should be checked. Parents are responsible for keeping track of and replacing out of date medication. Reminders may be required.
- all asthma preparations, equipment and a copy of the Administration of Medicines form are to be kept in the classroom readily available to the asthma sufferer and staff concerned at all times.
- medicines which need to be kept in a refrigerator are kept in the Head teacher's office fridge. They should be in a sealed container clearly labelled.
- medication for the emergency treatment of e.g. anaphylactic shock, is kept in the child's classroom. They should be in available for easy and timely dispensation.
- for regular medication, there is to be a dated sheet, split into days to be signed each time / day medication has been administered, to avoid duplication.
- for specific conditions, basic emergency details and a photograph of the child to be available in the classroom inclusion file, staffroom, office, infant kitchen and dining area.

RECORDS

Records will be kept of all children receiving medication. Parents will complete school's 'Administration of Medication' form which gives written instructions on administration and also gives school permission to administer the medication. Long term medication will be administered as instructed by either the parents or school nurse/ G.P / Consultant. Individual Health Care Plans are held centrally by the SENDCo and a copy is kept in the class medical file.
Records will also be kept of any child being given medication which is additional to their usual medication (this must be prescribed medication by a doctor) along with the consent form, including the parental permission form for administering Calpol.
'Administration of Medication' forms are to be kept in the class medical file.

INDIVIDUAL HEALTH CARE PLANS

Individual healthcare plans can help to ensure that school effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the headteacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix1

The format of individual healthcare plans may vary to enable school to choose whichever is the most effective for the specific needs of each pupil. They should be easily accessible to all who need to refer to them, while preserving confidentiality. (Classroom medical file and CPOMS) Plans should not be a burden on a school, but should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have a statement or EHC plan, their special educational needs should be mentioned in their individual healthcare plan.

Individual health care 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 should be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils should also be involved whenever appropriate. The aim should be to capture the steps which a school should take to help the child manage their condition and overcome any potential barriers to getting the most from their education. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school. See Appendix 2 regards the contents of healthcare plan.

STAFF TRAINING AND SUPPORT

Any member of school staff providing support to a pupil with medical needs should have received suitable training. This should have been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. Schools may choose to arrange training themselves and should ensure this remains up-to-date.

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

Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

Whole school staff training should be arranged for some conditions such as anaphylaxis, diabetes, asthma and may be included in induction for new staff. This will usually be provided by the school nurse, specialist nurse or complex needs nurse.

CHILDREN ADMINISTERING THEIR OWN MEDICATION

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within individual healthcare plans.

Where appropriate, children should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Children who can take their medicines themselves or manage procedures may require an appropriate level of supervision.

SCHOOL VISITS

School will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. There will be a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

Adequate supplies of medication (and instructions) for children with long term conditions should be taken. This includes inhalers. All staff on the visit should be aware of children requiring medication.

A list of emergency contact numbers should be taken, or contact details are available in the office. If there is a particular concern, an additional adult should accompany the visit in order to look after the child. (This could be the parent if the child does not have an EHCP).

EMERGENCY PROCEDURES

Health Care Plans should give guidance for an emergency. Where an ambulance is needed, 999 should be called and parents informed immediately. Staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A **defibrillator** is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe. Two defibrillators are located in the reception area of the Space building & the school hall. Trained school staff are able to use this in an **emergency.**

UNACCEPTABLE PRACTICE

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

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. 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;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

SAFEGUARDING

As a measure of safeguarding, school monitor absence and this includes children who have additional medical needs. This is usually carried out by the Pupil Wellbeing Co-ordinator. This may result in letters being sent out to parents and/or unannounced home visits. Home visits may be carried out to ensure that the child is indeed unwell and therefore unable to attend school rather than missing from education. Wensley Fold Academy acknowledges in its Safeguarding policy and procedures that children with medical needs may be vulnerable to abuse and neglect in the same

way as other children without these additional needs. For further information please look at the Safeguarding Policy.

STAFF WITH MEDICAL NEEDS

Employees are not obliged to disclose medical conditions or disabilities to their employer, however, it may be in the employee's best interest to disclose a medical condition where support may be required, for example if the employee has seizures.
If the condition is unlikely to have any impact on other staff or children, the employee may decide against declaring it.

Common sense would suggest that any condition that may put others in danger, such as HIV, should be declared, but that the Equality Act 2010 does not explicitly dictate this.
Once a condition has been voluntarily disclosed, the Equality Act and Disability Act comes into effect and schools must make reasonable adjustments accordingly

Staff with medical needs should ensure the school is aware of their needs and what to do in an emergency and that any necessary medication is kept in school as needed.

Medication (Prescribed and over the counter) for personal use by members of staff must be kept in a locker. e.g. handbags, etc., containing such items must be locked away and not be left in the classroom or any place where pupils could gain access to them.

INSURANCE

The governing Body must ensure adequate insurance is taken to cover all staff supporting pupils with medical conditions.

COMPLAINTS

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

This policy should be read alongside 'Supporting Pupils at school with Medical Conditions' (DFE April 2014) and school policies for Asthma, First Aid

Appendix1 Model process for developing an Individual Healthcare Plan

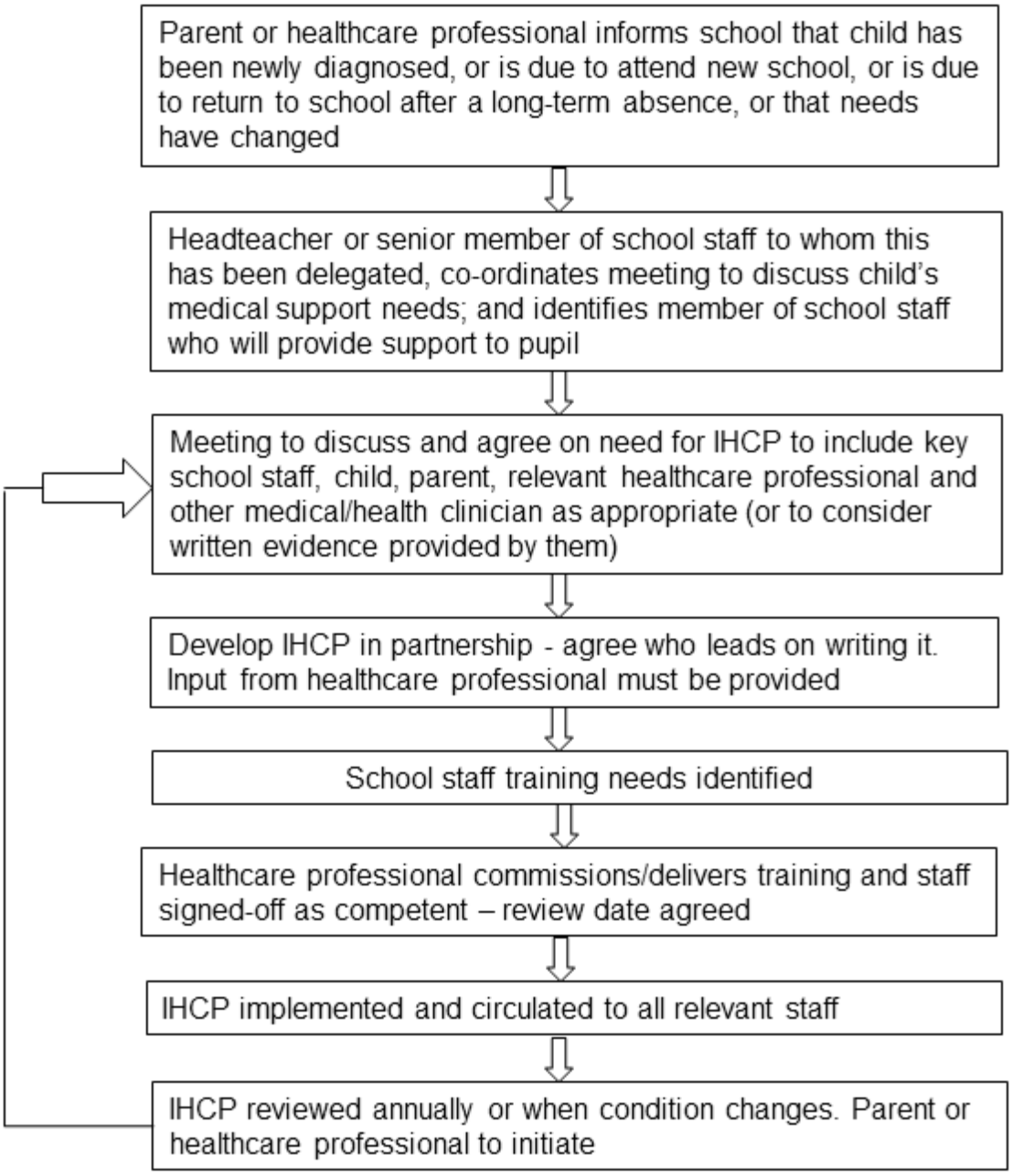
Appendix 2 Individual Healthcare Plans

Approved by the Governing Body November 2019
Reviewed Nov 2025

Signed……Chair of Governors

APPENDIX 1

MODEL PROCESS FOR DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN



APPENDIX 2

INDIVIDUAL HEALTHCARE PLANS

When deciding what information should be recorded on individual healthcare plans, the governing body should consider the following:

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

APPENDIX 3

School Asthma Policy

Asthma School Lead **- Mrs H Lavery – SENDCo**

The asthma friendly schools (AFS) programme sets out clear, effective partnership arrangements between health, education, and local authorities for managing children and young people with asthma at primary and secondary schools.

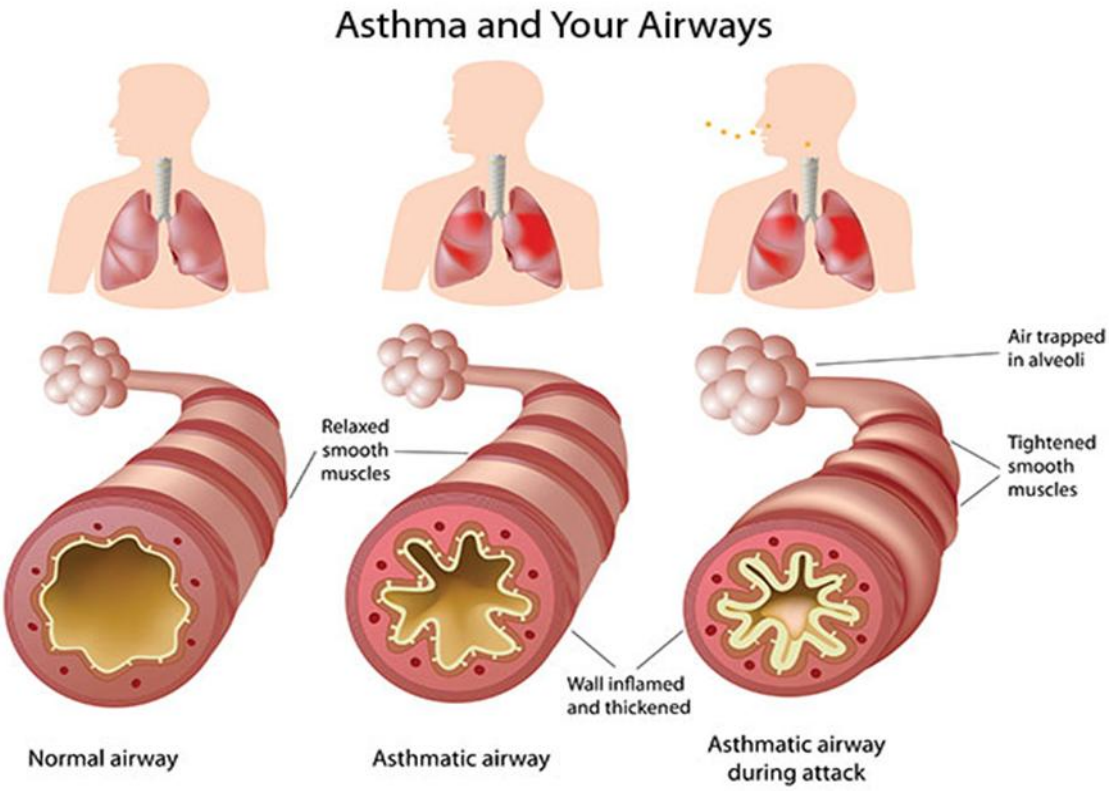
We are an asthma friendly school and have gained asthma friendly status for our care of students with asthma. This means we advocate inclusion, are clear on our procedures and have designated Asthma Leads to ensure these are adhered to. We commit to the audit of our procedures yearly.
We welcome parents 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. This policy was drawn up in consultation with parents, students, School Nurses, Local Authority, School Governors, and health colleagues.

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.

Asthma

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



As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children to participate 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,
- ✓ all pupils with immediate access to their reliever inhaler at all times,
- ✓ all pupils with asthma have an up-to-date asthma action plan,
- ✓ an emergency asthma kit with salbutamol inhaler
- ✓ all staff have regular asthma training,
- ✓ promotion of asthma and management of the condition to pupils, parents, and staff.

Asthma Register

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

- an up-to-date copy of their personal asthma action plan,
- their reliever (BLUE) inhaler in school,
- Consent from the parents/carers to use the emergency salbutamol inhaler if they require it. (see Appendix 1)

Asthma Lead

This school has an asthma lead who is named above. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, and to ensure children have immediate access to their inhalers. The lead will also manage the emergency asthma kits *(please refer to the*

Department of Health Guidance on the use of emergency salbutamol inhalers in schools. March 2015).

Medication and Inhalers

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

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

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

For younger children, reliever inhalers are kept in the classroom in red medical bags.

School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines.

Personalised Asthma Action Plans (PAAP)

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 and Lung UK)

Staff training

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

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where this is 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 and Lung 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 potential asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where this is 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 and Lung 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, where this is known to be a trigger and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged and supported to do so.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE. (Source: Asthma and Lung 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 recognise that asthma is impacting on their life as 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 Personalised Asthma Action Plan, to improve their symptoms. However, the school recognises that Pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in school

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015) We have summarised key points from this policy below.

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

We have 6 emergency kit(s), which are kept in the office, staffroom, SENDCo office (x2), dining room and SPACE building so it is easy to access.

Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;

- Instructions on how to use the inhaler and spacer;
- Instruction on cleaning and storage of the inhaler and spacer;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- A list of children permitted to use the emergency inhaler:
- A record of administration

We understand that salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.
We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.
The school's asthma lead will ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

Any puffs should be documented so that it can be monitored when the inhaler is running out. The inhaler has 200 puffs, so when it gets to 50 puffs having been used we will replace it.
The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.
Spent inhalers will be returned to the pharmacy to be recycled.
The emergency salbutamol inhaler will only be used by children:

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

The name(s) of these children will be clearly written on our Asthma register and listed in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

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

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

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

Asthma Attacks

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

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

The DOH Guidance on 'The use of emergency salbutamol inhalers in schools' (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

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

*Appears exhausted *is going blue

*Has a blue/white tinge around lips *has collapsed

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.(1 puff to 5 breaths)
- If there is no improvement, repeat these steps* 30-60 seconds between doses, 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.
- The Call handler will advise on further treatment whilst the ambulance is on its way.
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

References

- www.asthma.org.uk/
- Department of Health (2015) Guidance on the use of emergency salbutamol inhaler in schools

Associated legislation

- The Children and Families Act 2014
- The Education Act 2002
- Section 3 of the Children Act 1989
- Legal duties on local authorities
- Section 17 of the Children Act
- Section 10 of the Children Act 2004
- Section 3 of the NHS Act 2006
- Equality Act (2010)