

## SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY

*Non Sibi Sed Aliis*

Your word is a lamp to my feet and a light to my path.  
Psalm 119, vs 105

"But I will restore you to health and heal your wounds," declares the LORD"  
Jeremiah 30:17

This policy document and the content contained therein remains the responsibility of the Headteacher and Governing Body of the school. No amendments can be made without their express instructions and they remain the final arbiters in any matters relating to it.

Review Date: Autumn Term 2023

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Reviewed By: Mrs A Wilson

APPROVED BY THE HEADTEACHER – Autumn Term 2023

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Excellent School

## **Supporting Students at school with Medical Conditions Policy**

### **Definition**

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

- (a) **Short-term**, affecting their participation in school activities which they are on a course of medication.
- (b) **Long-term**, potentially limiting their access to education and requiring extra care and support

### **School Ethos**

Schools have a responsibility for the health and safety of students in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of students with special medical needs, the responsibility of the school to make sure that safety measures cover the needs of all students at the school. This may mean making special arrangements for particular students so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Balshaw's is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that students with medical conditions (long or short term) may need.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. **Students with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of students have a common law duty to act 'in loco parentis' and must ensure the safety of all students in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected (for example, class mates).

### **The aims of the Medicines policy are to:**

- Ensure regular attendance of all students
- To support students with medical conditions, so that they have full access to education, including physical education and educational visits
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for students who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support
- To keep, monitor and review appropriate records
- Ensure there are effective management systems to support children with medical needs within school, in order that they receive appropriate care and support.

### **Unacceptable Practice**

While school staff will use their professional discretion in supporting individual students, it is unacceptable to:

- Prevent children from accessing their medication
- Assume every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents / carers; or ignore medical advice
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part

### **Entitlement**

Balshaw's High School provides full access to the curriculum for every child wherever possible. We believe that students with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting students with medical needs, as follows:

Employees may:

- Choose whether or not they wish to be involved
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of students with medical conditions.

### **Expectations**

It is expected that:

- Parents will inform school of any medical condition which affects their child.
- Parents will supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that individual
- Balshaw's High School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a student's medical needs and will seek support and training in the interests of the student
- Transitional arrangements between schools will be completed in such a way that Balshaw's High School will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child's receiving school to adequately prepare

- Individual Healthcare plans will be written, monitored and reviewed regularly and will include the views and wishes of the child and parent in addition to the advice of relevant medical professionals.

### **Procedure**

The Governing Body of Balshaw's High School ensures that an appropriate level of insurance is in place and reflects the level of risk presented by children with medical conditions. See Mr Frost for more information on this policy.

### **Information**

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information collated in their Student Passport. These are made available to staff from the SENDCO Marie Rogerson. Children with medical conditions which may require emergency attention, e.g. epilepsy, diabetes, will have their names and an Individual Healthcare Plan clearly accessible to all adults dealing with the child will have their attention drawn to this information. All other medical conditions will be noted from children's SIMs records/HOH medical updates and this information will be provided to class teachers annually.

### **In an emergency**

In a medical emergency, teachers have been appropriately trained to administer emergency paediatric first aid if necessary. If possible, the school's First Aiders will be asked to attend.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate or their parents will be able to accompany them if they can arrive at school prior to the ambulance staff leaving school. Staff cars should not be used for this purpose. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

### **Administration of medicines**

Only essential medicines will be administered during the school day. These will be only those prescribed by a doctor. Parents must submit a written permission slip before any medicine is administered. Medicines to be given during the school day must be in their original container. Controlled drugs can also be administered, subject to all other conditions as described in the Policy.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

A First Aider/Appointed Person will administer medicines in school. Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All doses administered will be recorded in the Administration of Medicines book (located in the Pastoral Hub reception).

All medicines will be stored safely. Medicines needing refrigeration will be stored in the medicine fridge in the school office that is used solely for this purpose. Some medicines (inhalers, etc.) will be kept in the child's bag and carried with the children, for ease of access during outside activities. All medicines must be clearly labelled.

Controlled drugs or prescribed medicines will be kept in the locked cabinet in the Pastoral Hub reception area and in the school office. Access to these medicines is restricted to the named persons. Epi-pens are kept in children's bags if they need it. Staff will record any doses of medicines given in the Medicine book. Children self-administering asthma inhalers do not need to be recorded.

Inhalers are kept in the child's bag. Children have access to these inhalers at all times and will take doses when needed. All inhalers should be marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

### **Epi-pen –**

Key members of staff can administer an epi-pen in an emergency. The pen (cap off) should be pushed against the child's thigh, through clothing if necessary. The pen should be held for a count of 10 seconds before being withdrawn. Ambulances must be called for a child who has difficulty breathing, becomes pale or floppy, suddenly sleepy, collapses or becomes unconscious.

### **Complaints**

Should parents be unhappy with any aspect of their child's care at Balshaw's High School, they must discuss their concerns with the school. This will be with the child's Head of House in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to the attention of the school SENDCO, who will where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using the Balshaw's High School Complaints Procedure.

### **Purpose**

The purpose of this policy outline is to offer some guidance as to the structure and content of a secondary school drug policy. It is based on the most recent DfES guidance for schools and includes local guidance and information relating specifically to Lancashire. (Supporting students at school with medical conditions guidance December 2015)

- To fulfil the governors' duty of care to students and staff
- To promote teaching and learning and high standards of attainment
- To maintain the ethos of Balshaw's High School
- To support the Every Child Matters outcomes
- To give guidance to the Headteacher in drawing up the Supporting students at school with medical conditions policy
- To establish procedures for monitoring and review

Balshaw's High School is an inclusive community which supports and welcome students with medical conditions and which aims to provide all students with all medical conditions the same opportunities as others at school in order to promote the "Every Child Matters" (ECM).

**This policy supports the work of the school to help ensure they can:**

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being.

### **In order for this to happen:**

- The school ensures all staff understand their duty of care to children and young people in the event of an emergency.
- All staff feel confident in knowing what to do in an emergency.
- This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.
- This school understands the importance of medication being taken as prescribed.
- All staff understand the common medical conditions affecting students at our school.
- Staff receive training on the impact medical conditions can have on students
- The policy is understood and supported by the whole school community and acted upon when necessary
- Students with medical conditions are encouraged to take control of their condition and must feel confident in the support they receive from school to help them to do so.
- Parents/carers need to feel secure in the care their children receive at school.
- Parents/carers have the prime responsibility for their child's health and should provide school with information about their child's medical condition.

The policy outlines the responsibilities of the school, parents/carers and students in order to ensure everyone is clear about their respective roles. It is drawn up in consultation with a range of stakeholders, with a reference to 'Medical Conditions at School: a policy resource pack' and 'Medicine Safety and other health related topics: a guidance Document for Services Working with Children and Young People' produced by Lancashire County Council.

### **ROLES AND RESPONSIBILITIES:**

**Members of the school community know their roles and responsibilities in maintaining an effective Supporting students at school with medical conditions policy.**

- Balshaw's High School works in partnership with all interested and relevant parties including the school's governing body, school staff, parents/carers, healthcare professionals and students to ensure the policy is implemented successfully.

### **The Governing Body:**

- Establishes, in consultation with the Headteacher, staff and parents, the Supporting students at school with medical conditions policy and keeps it under review. It ensures that it is communicated to students and parents, and where relevant to external agencies, is non-discriminatory and that expectations are clear. Governors support the school in providing high standards of care.

### **Parents/carers have responsibility to:**

- Tell the school if their child has a medical condition.
- Assist with the Individual Health Care Plan and ensure it is accurate and up to date;
- Work with the SENDCO, if appropriate, to reach agreement on the school's role in supporting their child;
- Inform the school about medication their child needs during school hours;
- Inform the school of any medication or additional assistance their child needs while taking part in activities out of school;
- Tell the school about any changes to their child's condition/medication;
- Follow the Storage of Prescribed Medicines Policy if appropriate;
- Keep their child at home if they are not well enough to attend school;
- Provide confirmation from a health professional of their child's fitness to attend school, if requested to do so by the school.

**Students have a responsibility to:**

- Treat all students equally and with a respect;
- Follow the school's Behaviour for Learning Policy;
- Tell parent, teacher, non-teaching member of staff or Pastoral Support Manager if they are not feeling well;
- Treat all medication with respect;
- Know how to gain access to their own medication in an emergency;
- Know how to take their own medication and take it accordingly;
- Ensure a member of staff is called in any emergency situation;
- Support any student who is not well.

**The Headteacher has a responsibility to:**

- Designate a key person (SENDCO and Deputy Headteacher Pastoral Care and Guidance) to oversee the overall implementation of the Policy;
- Ensure the policy promotes inclusion and is in line with local and national guidance;
- Ensure liaison between interested parties;
- Ensure the policy is put into action and communicated to all concerned, and that information sharing systems regarding Individual Health Care Plans are effective;
- Ensure student confidentiality within the remit of the Confidentiality Policy;
- Assess, and address as appropriate, the training and development needs of staff;
- Ensure staff, including new staff, know the Administration of Medicine and Drug Policy;
- Monitor and review the policy annually and update it in accordance with review recommendations and recent local and national guidance and legislation.
- Report to the governing body on the implementation of the policy.

**Staff with responsibility for students have a responsibility to:**

- Understand the school's Administration of Medicine and Drug Policy;
- Know which students in their care have a medical condition and be familiar with their Individual Health Care Plan;
- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency;
- Know the school's Contacting Emergency Services Guidelines;
- Ensure students who carry their medication have it with them when they go on a school visit;
- Allow students to have access to their emergency medication if needed;
- Ensure students with medical conditions are included in activities as far as practicable.

**Teaching staff have a responsibility to:**

- Be aware that medical conditions can affect a student's learning, provide extra help as appropriate in order for students to catch up on work missed;
- Liaise with parent/carer via HoH if a student is falling behind with their work because of their medical condition;
- Use opportunities such as PSHE and other areas of the curriculum to raise students' understanding about medical conditions.

**Staff with First Aid Training have a responsibility to:**

- Assist casualties with common injuries or illnesses;
- When necessary, ensure that an ambulance or other professional medical help is called.

**SEND colleagues have a responsibility to:**

- Implement the Supporting Students at School with medical Conditions Policy;
- Assist with the creation of Individual Health Care Plans;
- Know which students have a medical condition and have special educational needs as a result, and advise teaching colleagues;
- Ensure the necessary arrangements are made regarding special consideration or access arrangements in exams or coursework in liaison with the Examinations Officer.

**PROCEDURES**

The procedures arising from this policy will make the school's provision clear to stakeholders and will have a clear rationale which is shared with staff, students and parents. The procedures will be consistently followed, with regard to individual circumstances, and promote the idea of personal responsibility and that every member of the school has a responsibility towards the whole community.

**Balshaw's High School ensures that the whole school environment is inclusive and favorable to students with medical conditions.**

- See Equality Policy.

**Training**

The school will ensure that appropriate training on aspects of medical issues, emergency procedures and inclusive practice is provided to support the implementation of the policy.

**Involvement with outside agencies**

The school works positively with outside agencies. It seeks support from them to ensure that the needs of all students are met by utilising the range of external support available.

**Review**

The Headteacher, in consultation with the staff, will monitor and review the Supporting students at school with medical conditions policy and procedures and evaluate them to ensure that the operation is effective, fair and consistent. The Headteacher will keep the Governing Body informed via Governors meetings. The policy and procedures will be reviewed to ensure their continuing appropriateness and effectiveness. The review will take place in consultation with the Headteacher, Governing Body, staff and focus groups.



## **SUPPORTING STUDENTS AT SCHOOL WITH MEDICAL CONDITIONS POLICY PROCEDURES AND GUIDELINES**

**The Supporting students at school with medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders.**

- Students are informed about the policy: through School Council, in PSHE lessons, in assemblies;
- Parents/carers are informed about the policy: by including the Rationale and Purpose on the school's website and signposting access to the policy, via Synergy; when communication is sent out about Individual Health Care Plans; when their child joins the school;
- School staff are informed about the policy: through INSET sessions; at scheduled medical conditions training; by the policy being displayed in staff areas and in the Staff Handbook; when staff join the school;
- For an overall view, the school has a medical concerns list with condition details;
- Copies of the information is given to all staff;
- The School Nurse is informed about the policy: via a hard copy of the policy and is consulted on care plans, guidance and implementation.

**Staff understand what to do in an emergency for the most common serious medical conditions.**

- Staff are aware of our students' most common serious medical conditions: diabetes, epilepsy, asthma, anaphylaxis
- Staff understand their duty of care to students in the event of an emergency. In an emergency situation staff have a common law duty to act like any reasonably prudent parent, which may in exceptional circumstances extend to administering medication.
- Staff who work with groups of students know what to do in an emergency for the students in their care with medical conditions, and follow the 'Ambulance Request Guidelines' as necessary.
- Action for staff to take in an emergency for the common serious medical conditions and emergency procedures for students in their care.
- A copy of the student's Individual Health Care Plan is sent to the emergency care setting wherever possible.

**Staff understand and are trained in the school's general emergency procedures.**

- All staff know the school's Contacting Emergency Services Guidelines are displayed in key areas: PE, Design Technology, staffroom, school office, Faculty Offices/workrooms, kitchens and in the Staff Handbook.
- If an ambulance is required to attend school in an emergency, the call should usually be made by the school office – First Aider.
- The ambulance should only be called by other members of staff when it is deemed extreme or urgent situation in which any time delay may have an adverse effect on the student's/adult's condition or if extra advice from the ambulance services is urgently required. If another member of staff makes the emergency call, they must immediately contact the school office, so that they can inform the parent/carer.
- Information needed to make the emergency call: name, age and location of casualty.
- First Aider (or the member of staff making the call) will give the emergency service details of the best route by which the casualty can be reached.
- First Aider will advise Main Reception to contact parent/carer and inform them of their child's condition and what action has been taken. In the case of a member of staff, Office First Aider will contact next of kin if the casualty is unable to do so, or is medically unable to give permission.
- Parent/carer or next of kin will be asked to go to Main Reception where they will be met by a member of staff who will escort them to the casualty, unless it is more expedient for them to meet the casualty at the hospital.

- When First Aider is notified of the emergency, any stored medication, the student's Individual Health Care Plan (if applicable) and a mobile phone (if required) will be sent to the casualty's location.
- It is advised that any student with an Individual Health Care Plan carries a copy with them so it is easily accessible for any first aid and for emergency information.
- The Individual Health Care Plan may also be of use to the paramedics on their arrival.

**The school has clear guidance on the administration of medication at school.**

- All students are encouraged to administer their own medication.
- Parents of students with long term medication needs must liaise with the Learning Support Department if their child needs assistance or supervision in administering medication.
- No child under the age of 16 can be given medicines without their parent/carer's written consent.
- If in any doubt, staff will not administer the medication but will check with the parent/carer or a health care professional before taking action.
- If staff have concerns relating to the medication needs of a student, parent/carer will be contacted for guidance.
- All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a student taking medication unless they have been specifically contacted to do so.
- Training is given to all staff members who agree to administer medication to students, where specific training is needed. The LA provides full indemnity.
- Parents/carers must understand that if their child's medication changes or is discontinued, they should inform school immediately.
- Staff leading off-site visits are aware of any students with medical conditions through the Individual Health Care Plans. They carry information about the type of condition and what to do in an emergency.
- If a student misuses medication, either their own or another student's, parent/carer is informed and the school's usual disciplinary procedures apply.
- If a parent/carer wishes to provide pain relief for their child they may bring it into school and inform the office who will collect the child from class in order for the parent to administer the medication themselves. At no point are school staff permitted to administer/oversee students taking pain relief or pass on pain relief given to them by parents/carers.

**The school has clear guidance on the storage of medication in school.**

- If a student's emergency medication is stored in school, it is readily available during the school day or at off-site activities.
- Most students carry their own emergency medication at all times and must keep their medication securely.
- All non-emergency medication is kept securely in the Pastoral Hub at reception.
- Whilst it is the parent/carer's responsibility to ensure medication is in date, First Aider checks expiry dates for all medication stored in school, and notifies parents/carers via students when medication is about to expire. Documentation is kept of these checks.
- Medication is stored according to instructions, refrigerated as necessary.
- Sharps boxes are used for the disposal of needles. Parents/carers obtain sharps boxes from their child's GP or paediatrician on prescription and are responsible for the disposal of such boxes when full.

### **Updates to information**

Parents are responsible for supplying school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child's condition and medication is known.

The school will automatically request an annual update at the beginning of each academic year, which parents are required to complete. However, the parent must inform the school in writing, signed if a GP or consultant alters their child's prescribed medication during the course of the academic year.

### **Medicine Safety**

All medicines may be harmful to anyone for whom they are not appropriate. The Governing Body has a responsibility to ensure that, where medicines are administered at school, the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

### **Storing medicines**

The school will not store large volumes of medication. Staff will only store, supervise, and administer medicine that has been prescribed for an individual child.

Medicines will be stored in accordance with product descriptions (paying particular note to temperature) and in the original container in which dispensed, clearly labelled with the name of the child, the name and dose of the medicine, and the frequency of administration; as dispensed by a pharmacist in accordance with the prescriber's instructions.

All medicines including emergency medicines, such as asthma inhalers and epi/adrenaline pens, will be stored in a locked cupboard in the school office. Some medicine needs to be refrigerated. These medicines will be stored in the refrigerator in the school office. Access to the school office refrigerator is restricted to staff only.

### **Disposal of medicines**

Staff will not dispose of medicine. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. Parents should collect any medicines held in school at the end of each term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

### **The school has clear guidance about record keeping.**

- Admissions forms: parents are asked if their child has any health conditions or health issues including allergies.
- **Individual Health Care Plans:** the school draws up a plan to record important details about individual students' medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Individual Health Care Plan if required.
- **Individual Health Care Plans:** to inform staff about the needs of students with a medical condition, to identify common or important individual triggers for students with medical conditions; to ensure emergency services have a timely and accurate summary of a student's current medical management and healthcare in the event of an emergency; to remind parents and students to ensure any medication kept at school is within its expiry date.
- The Individual Health Care Plan is based on the information provided by parent/carers, healthcare professional if appropriate and the student.
- A draft copy is sent home for student and parent to check and return to school.
- Individual Health Care Plans are used to create a central register of students with medical needs.

- The SENDCO has responsibility for the Individual Health Care Plans.
- Parents are regularly reminded to update their child's Individual Health Care Plan as necessary.
- Individual Health Care Plans will be sent home at the end of each school year, in order for families to make any changes.
- Parents and students are provided with a copy of their child's Individual Health Care Plan. Students should keep their copy in their Planner.
- Individual Health Care Plans are also kept in a central location in school.
- All members of staff who work with groups of students have access to the Individual Health Care Plans for students in their care.
- The school ensures that all staff protect student confidentiality.
- The school will provide emergency services with a copy of the Individual Health Care Plan.
- The school seeks permission from the student and parent before sharing any medical information with any other party.
- Staff leading off-site visits take copies of any relevant Individual Health Care Plans.

**A full list of trained First Aiders is available in the staffroom, downstairs kitchen, School Office, Pastoral Hub, Staff Drive and Induction Pack.**

Medicine Policy previously in place until February 2017

Policy written: February 2017

Policy ratified: February 2017

## **Appendix 1 – Asthma Guidance for School staff**

### **INTRODUCTION:**

#### **What is Asthma?**

Children and young people with asthma have airways which narrow due to a reaction to various triggers. The triggers vary between individuals but the most common ones include grass pollen, animal fur, house dustmites, cold air and viral infections. Exercise and stress can also cause an asthma attack.

School acknowledges that asthma is one of the most prevalent conditions in children, and recognises that a number of Students on roll in our school will have the condition. Asthma sufferers should not be isolated by their condition; therefore asthma awareness should involve **ALL** members of the school community. The school operates an Equality Policy, which ensures that no child will be discriminated against on the grounds of this condition.

#### **OUR SCHOOL:**

- Recognises that asthma is a widespread, serious but controllable condition, and the school welcomes all students with asthma
- Ensures that students with asthma can and do, participate fully in all aspects of school life, including Art lessons, PE, Science, Educational Visits, Outdoor Residential Educational v Visits, Field Trips and Extra Curricular activities
- Recognises that students with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all students with asthma and the medicines they take. This list is held in The main Office i/c Mrs Leyland and staff are made aware of Students with asthma through the Medical Concerns booklet.
- Ensures that the whole school environment, including the physical, social, sporting and Educational environment, is favourable to students with asthma
- Ensures that all students have an understanding of asthma (age appropriate)
- Ensures that all staff (including supply teachers and support staff) who come into contact with students with asthma know what to do in an asthma attack
- Will work in partnership with all interested parties including the School's Governing Body, all School Staff, School Nurses, Parents/Carers, the Local Authority, Doctors, Nurses and Students to ensure the policy is planned, implemented and maintained successfully.

#### **Medicine and Control**

Advice should be sought from the appropriate health professional such as the GP, community paediatrician, school nurse, health visitor or the asthma nurse. There are two main types of medicines used to treat asthma: relievers, and preventers. Usually relievers will only need to be used during the day.

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken immediately to relieve the onset and/or during an asthma attack. They are sometimes taken before exercise. Preventers (brown, red, orange and purple inhalers, sometimes tablets) are usually used in the morning and/or evening. For young children and some children and young people with disabilities a spacer device (with or without a mask) may be used to dispense the medicine Children and young people with asthma need to have immediate access to their reliever inhalers when they need them.

Children and young people who are able to use their inhalers themselves should be allowed to carry them with them. If they are too young or immature to take personal responsibility for their inhaler the person

acting in loco parentis should ensure that it is stored in a safe but readily accessible place, clearly marked with the child or young person's name. Inhalers should always be available during physical education, sports activities and educational visits. It is important that inhalers prescribed for one child are not used to treat another; medication is only to be used by the person it has been prescribed for.

#### **What to do in an asthma attack:**

- Keep calm.
- Encourage the child or young person to sit up and slightly forward.
- Make sure the child or young person takes two puffs of reliever inhaler (usually blue) immediately – preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.
- Ring the office and ask for a first aider to come to the student. If there is no immediate improvement
- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve. Call 999 or a doctor urgently if:
  - The child or young person's symptoms do not improve in 5–10 minutes.
  - The child or young person is too breathless or exhausted to talk
  - The child or young person's lips are blue.
  - You are in doubt. Ensure the child or young person takes one puff of their reliever inhaler every minute until the ambulance or doctor arrives. It is essential for people who work with children and young people with asthma to know how to recognise the signs of an asthma attack and what to do if they have an asthma attack.

#### **EXPLANATION OF THE CONDITION:**

People with asthma have sensitive air passages which are quick to respond to anything that irritates them (triggers). This results in the air passages of the lungs becoming narrow, making it difficult to breathe in and out. Narrowing of air passages produces ONE or ALL of the following:

- coughing
- breathlessness
- wheezing

Common signs of an asthma attack are:

- coughing
- shortness of breath
- wheezing
- tightness in the chest
- being unusually quiet
- difficulty speaking in full sentences
- sometimes younger children express feeling
- tight in the chest as a tummy ache.

After a minor asthma attack

- Minor attacks should not interrupt the involvement of a student with asthma in school.
- When the student feels better they can return to school activities.
- The parents/carers must always be told if their child has had an asthma attack.

Important things to remember in an asthma attack

- Never leave a student having an asthma attack.
- If the student does not have their inhaler and/or spacer with them, send another teacher or student to their classroom or assigned room to get their spare inhaler and/or spacer.

- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent.
- Reliever medicine is very safe. During an asthma attack do not worry about a student overdosing.
- Send another student to get another teacher/adult if an ambulance needs to be called.
- Contact the student's parents or carers immediately after calling the ambulance/doctor.
- A member of staff should always accompany a student taken to hospital by ambulance and stay with them until their parent or carer arrives.

### **TREATMENT:**

This consists of two main forms:

- Reliever inhalers (usually Blue) & preventer inhalers (usually Brown)
- In most cases, only blue inhalers should be in school, although this could be flexible depending on GP guidance. Children should have access to their relief inhalers (usually blue) at all times.
- Students have free access to their inhalers at all times

### **If there is no immediate improvement**

- Continue to make sure the child or young person takes one puff of reliever inhaler every minute for five minutes or until their symptoms improve.

### **TREATING WORSENING SYMPTOMS OF ASTHMA:**

- A reliever inhaler (blue) should be given:
  - If requested by the child
  - If the child is coughing, wheezing or breathless
- If this is effective, the child can return to normal classroom activity.
- Support the child to inhale once or twice with the blue inhaler. Wait for 5 minutes - the inhaler should have been effective. Using the inhaler with a spacer device may be easier when the child is having an attack. This should be made available in school by the parents of the child with the condition.

If this does not work, then the child may be having a severe asthma attack. This constitutes an emergency situation. An emergency situation is recognisable when:

- Blue inhaler does not work,
- Or
- The child has difficulty speaking - e.g. can only say 2 or 3 words before taking a breath.
- Or
- The child is breathing quickly.
  - Child can look pale - lips can turn blue.

### **Plan of action - Call 999 and ask for a paramedic ambulance if:**

- The child or young person's symptoms do not improve in 5-10 minutes
- The child or young person is too breathless or exhausted to talk
- The child or young person's lips are blue
- DIAL 999 - telephone for an ambulance, and notify the parents. In the meantime, a blue inhaler can be given every 5 minutes.
- You cannot overdose the child by doing this.
- DO inform the paramedic how much inhaler has been used.

**Continue to give the child one puff of their reliever inhaler every minute until the ambulance or doctor arrives.**

If a child collapses, basic life support should commence until paramedics arrive

## **Important things to remember in an asthma attack**

- **Never leave a Student having an asthma attack**
- If the student does not have their inhaler and/or spacer with them, send another teacher or student to their classroom or assigned room to get their spare inhaler and/or spacer
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent
- Reliever medicine is very safe. During an asthma attack do not worry about a student overdosing
- Send another student to get another teacher/adult if an ambulance needs to be called
- Contact the student's parents or carers immediately after calling the ambulance/doctor
- A member of staff should always accompany a student taken to hospital by ambulance and stay with them until their parent or carer arrives

### **PREVENTION:**

- It is important to be aware that many factors provoke narrowing of the air passages. Some of these factors are avoidable within the school environment, therefore appropriate steps should be taken.
- Trigger factors include:- coughs & colds, cigarette smoke, furry animals, cold weather, chemical paints - sprays and vapours, grass pollens and spores, extremes of emotion and exercise.

When drawing up the child's individual health care plan, it is important to agree with parents how to recognise when their child's asthma gets worse and what action should be taken.

### **IDENTIFICATION OF STUDENTS/ADULTS AFFECTED:**

All parents must notify school of current medication for their child. These should be entered onto the Asthma Cards, which are available in the Main Office, and accompany all children on any visits out of school. It is the responsibility of the parents to ensure that medication is in school, that it is clearly marked with the child's name and dosage, and is in date. Parents need to notify school of any changes to their child's treatment. Inhalers are stored in the office or with each child. Many Students administer their own medication, but exceptions may be made depending on the age appropriateness, and guidance given from the GP.

It is the responsibility of all staff and other adults working in school, to notify school if they suffer from asthma. Relevant controls will be implemented where necessary, to ensure that Health & Safety of all adults in the workplace is maintained.

### **PE & EXTRA CURRICULAR ACTIVITIES:**

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 students with asthma as much as possible in after school clubs. Students with asthma may need to use their reliever inhaler prior to exercise, particularly if they have a cold or when there has been a sudden change in weather conditions.

### **SCHOOL ENVIRONMENT:**

The school does all that it can to ensure the school environment is favourable to students and all adults with asthma. Our school has a definite 'No Smoking' policy. As far as possible, the school does not use chemicals in Science and Art lessons that are potential triggers for students with asthma. Aerosols are banned in school.



## **WHEN A STUDENT IS FALLING BEHIND IN LESSONS:**

If a student is missing a lot of time at school, or is always tired because their asthma is disturbing their sleep at night, the Head of House will initially talk to the parents/carers to work out how to prevent their child from falling behind. This may indicate the need for an asthma review at the G.P. surgery. If appropriate, the teacher will then talk to the School Nurse and Special Education Needs Coordinator about the student's needs. Students with severe asthma may need a referral to ACERS for alternative provision. The school recognises that it is possible for students with asthma to have special educational needs due to their asthma.

## **ACCESS AND REVIEW OF Guidance**

The Asthma Guidance is accessible to all Governors, Staff and Parents/Carers. A hard copy is also available in the Main School Office.

The Health & Safety team for the authority have confirmed that there is no official policy for Asthma at the present time. This guidance has been compiled following consultation with the School Nurse, who confirmed that only in extreme circumstances would an Individual Care Plan be drawn up. If parents have any concerns, the family GP should be consulted immediately.

For further information, Asthma UK is a very helpful website. [www.asthma.org/uk](http://www.asthma.org/uk)

This policy will be reviewed as necessary, and at such a time should more up to date information become available.

## **Appendix 2 – Anaphylaxis Awareness**

Symptoms of allergic reactions:

### **Ear/Nose/Throat - Symptoms:**

- runny or blocked nose,
- itchy nose,
- sneezing,
- painful sinuses,
- headaches,
- post nasal drip,
- loss of sense of smell/taste,
- sore throat/swollen larynx (voice box),
- itchy mouth and/or throat and blocked ears.

### **Eye - Symptoms:**

- watery,
- itchy,
- prickly,
- red,
- swollen eyes.
- Allergic 'shiners' (dark areas under the eyes due to blocked sinuses).

### **Airway - Symptoms:**

- wheezy breathing,
- difficulty in breathing and or coughing (especially at night time).

### **Digestion – Symptoms:**

- swollen lips,
- tongue,
- itchy tongue,
- stomach ache,
- feeling sick,
- vomiting, constipation and or diarrhoea.

### **Skin - Symptoms:**

- Urticaria - wheals or hives-bumpy,
- itchy raised areas and or rashes.
- Eczema -cracked, dry,
- weepy or broken skin.
- Red cheeks.
- Angioedema - painful swelling of the deep layers of the skin.

### **Symptoms of Severe Reaction/ Anaphylaxis**

These could include any of the above together with:

- Difficulty in swallowing or speaking.
- Difficulty in breathing -severe asthma
- Swelling of the throat and mouth

- Hives anywhere on the body or generalized flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness (drop in blood pressure)
- Alterations in heart rate (fast Pulse)
- Sense of Impending doom (anxiety/panic)
- Collapse and unconsciousness

#### **TREATMENT**

- Ring the office and ask for first aider to come to the classroom/location.
- Send a member of staff to the school office to collect 2nd EpiPen and to ask them to ring for an ambulance and parents.
- If the child is conscious keep them in an upright position to aid breathing.
- If unconscious then place in recovery position.
- If the child is conscious and alert ask them to self-administer their EpiPen – where appropriate.
- If the child is unconscious, trained member of staff to administer EpiPen as per training.
- Record time of giving.
- If no improvement within 5 minutes then 2nd EpiPen to be administered.
- Keep used EpiPens and give to paramedics when they arrive.

## Appendix 3 – Epilepsy Awareness for School Staff

### What is Epilepsy?

Children and young people with epilepsy have repeated seizures sometimes called fits, turns, blackouts and convulsions and can happen to anyone at any time. A seizure is a clinical event in which there is a sudden disturbance of neurological functions, usually in association with an abnormal or excessive neuronal discharge. Epilepsy is a very individual condition and affects male and females equally.

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individuals experience.

**Partial Seizure** Not all seizures involve loss of consciousness. A person may remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles.

**Complex Partial Seizure** Where consciousness is affected; a child or young person may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

**Generalised – Tonic, Clonic Seizure** In some cases a child or young person may lose consciousness. Such seizures might start with a person crying out, then the muscles becoming stiff and rigid. The person may fall down. This may be followed by jerking movements as muscles relax and tighten rhythmically. During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some may bite their tongue or cheek and may be incontinent.

After a seizure the child or young person may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some may feel better after a few minutes while others may need to sleep for several hours.

**Absence Seizure** Another type of seizure involves a loss of consciousness for a few seconds. A person may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Parents and health care professionals should provide information to the setting to be incorporated into the individual health care plan.

### **Details which should be recorded on the Health Care Plan should include:**

- Any factors which might possibly have acted as a trigger to the seizure, for example, visual/auditory stimulation, emotion (anxiety, upset);
- Any unusual 'feelings' reported by the child or young person prior to the seizure;
- Parts of the body demonstrating seizure activity, for example limbs or facial muscles;

### **Complex partial seizures - Common symptoms:**

- The person is not aware of their surroundings or of what they are doing
- Plucking at their clothes
- Smacking their lips
- Swallowing repeatedly
- Wandering around

Ring the office and ask for a first aider to come to the student

**Call 999 for an ambulance if:**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- The person is injured during the seizure
- You believe the person needs urgent medical attention

**Do...**

- Guide the person from danger
- Stay with the person until recovery is complete
- Be calmly reassuring

**Don't...**

- Restrain the person
- Act in a way that could frighten them, such as making abrupt movements or shouting at them
- Assume the person is aware of what is happening, or what has happened
- Give the person anything to eat or drink until they are fully recovered
- Attempt to bring them round
- Explain anything that they may have missed

**Tonic-clonic seizures - Common symptoms:**

- the person goes stiff,
- loss of consciousness
- falls to the floor

**Do...**

- Protect the person from injury (remove harmful objects from nearby)
- Cushion their head
- Look for an epilepsy identity card/identity jewellery
- Aid breathing by gently placing the person in the recovery position when the seizure has finished
- Stay with them until recovery is complete
- Be calmly reassuring

**Don't...**

- Restrain the person's movements
- Put anything in their mouth
- Try to move them unless they are in danger
- Give them anything to eat or drink until they are fully recovered
- Attempt to bring them round

**Call 999 for an ambulance if...**

- You know it is the person's first seizure
- The seizure continues for more than five minutes
- One seizure follows another without the person regaining consciousness between seizures
- The person is injured
- You believe the person needs urgent medical treatment

#### Appendix 4 – Record of Transfer of Medical Documents to a New Setting

##### Transfer Form for Medical Needs Records between Educational Establishments (Please print all information)

Name of Child ..... Date of Birth .....

Unique reference number (schools only) .....

Home address .....

Name of originating establishment .....

Address of originating establishment .....

Name of current Lead Adult .....

Date file exchanged by hand ..... **OR**

Date file posted by special delivery ..... **OR**

Date information received electronically .....

Name of receiving establishment .....

Address of receiving establishment .....

Name of receiving Lead Adult .....

Date file received by hand ..... **OR**

Date received by recorded delivery ..... **OR**

Date information received electronically .....

Signature of receiving Lead Adult: ..... Date: .....