



## Policy Header

<b>Policy Title</b>	<b>Medical &amp; First Aid &amp; Supporting Children with Medical Needs Policy</b> (including Asthma and head injuries)
<b>Version No</b>	<b>Four</b>
<b>Written / Adopted Date</b>	Written July 2016 Reviewed November 2018 Reviewed Jan 2019 Reviewed March 2020 (following LB medication awareness in schools training March 2020)
<b>This policy complies with WBC guidance</b>	<b>Yes</b>
<b>Linked Policies</b>	<b>Safeguarding, H&amp;S</b>
<b>Written By</b>	<b>School</b>
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<b>Review Date</b>	<b>November 2022</b>



**"Growing together at the heart of God's community"**



**Trust Prayer:**

*We thank you, God of Love, for the gift of children,  
bless the work of our Trust, that in all we do  
young people may grow in wisdom and stature,  
and so come  
to know you,  
to love you  
and to serve you,  
as Jesus did.*

*We make our prayer in his name who is God  
with you and the Holy Spirit, now and for ever.*

## Supporting Pupils with Medical Conditions

### Definition

For the purposes of this policy, a medical condition is defined as a disease, illness, injury, genetic or congenital defect or a biological or psychological condition that lies outside the range of normal, age-appropriate human variation, or any physical, mental or emotional condition affecting a person's health, for which a person is receiving medical treatment, for which medical treatment is usually prescribed.

Medication – also referred to as medicine - is defined as a pharmaceutical drug, loosely defined as any chemical substance, active ingredient- or product comprising such which is intended for use in the medical diagnosis, cure, treatment, or prevention of disease. Medication in the UK will be labelled as one of three types:

- General Sales List. Also known as Over the Counter (available to purchase from supermarkets or pharmacies without the need for a pharmacist to dispense), indicated by "GSL" on packaging.
- Pharmacy Medicines. Available from a dispensing pharmacy without the need for a prescription, indicated by "P" on packaging
- Prescription Medicines. Only available from a dispensing pharmacy on presentation of an authorised prescriber, indicated as "POM" on packaging.

### Rationale

The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.

Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.

All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Our school will build relationships with healthcare professionals and other agencies and in order to support effectively pupils with medical condition

Governing bodies **must** ensure that arrangements are in place in schools to support pupils at school with medical conditions.

Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.

This medical policy will also be followed for the administration of non-medical substances, including but not limited to, items such as hand cream, sun lotion, lip balm, soaps etc.

## **Roles and Responsibilities**

The Named Person responsible for children with medical conditions is Katie Prescott assisted by First Aiders.

These people are responsible for:

- Informing relevant staff of medical conditions
- Arranging training for identified staff
- Ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- Assisting with risk assessments for school visits and other activities outside of the normal timetable
- Developing, monitoring and reviewing Individual Healthcare Plans
- Working together with parents, pupils, healthcare professionals and other agencies

The Governing Body is responsible for:

- Determining the school's general policy and ensuring that arrangements are in place to support children with medical conditions.

The Head Teacher is responsible for:

- Overseeing the management and provision of support for children with medical conditions
- Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- Ensuring that school staff are appropriately insured and are aware that they are insured

Teachers and Support Staff are responsible for:

- The day to day management of the medical conditions of children they work with, in line with training received and as set out in the IHCP
- Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- Providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

Pupils are responsible for:

- Providing information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible [at an age-appropriate level](#) to the development of, and comply with, their individual healthcare plan

Parents are responsible for:

- Providing the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition
- Parents are key partners and should be involved in the development and review of

their child's individual healthcare plan and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times

- Both staff and parent/carers sign off the agreed health care plan

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.

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. Wherever possible this should be done before the child starts at our school
- Providing support for staff on implementing a child's individual healthcare plan and providing advice and liaison including with regard to training

### **Procedure When Notification is Received That A Pupil Has A Medical Condition**

- The named person will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child
- Where appropriate, an Individual Health Care Plan (IHCP) will be drawn up
- The child's details will be added to the pupil awareness file - 1) main copy housed in school office 2) copy in class register 3) copy in Breakfast Club
- The child's details will be added along with the IHCP to the pupil awareness file that the office show visitors (ie: supply staff, clubs and coaches) so that all staff/visitors have the relevant information to ensure the child is supported correctly.
- Fire PEEP to be drawn up to include child's individual needs.
- Appendix A outlines the process for developing individual healthcare plans

### **Individual Health Care Plans (IHCPs)**

- An IHCP will be written for pupils with a medical condition that is long term and complex.
- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency clarity
- Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their IHP
- IHCPs will be reviewed annually, or earlier if evidence is provided that a child's needs

have changed

## **Administering Medicines**

- If pupils need regular medication in order to manage a chronic or acute medical condition, information will be collected either when a pupil starts school, or returns to school following a diagnosis. Information may be shared during admission meetings, care planning meetings e.g. with a health care professional or via paperwork issued in the new starter packs.
- Children may also be required to take medication on a short-term basis, for example anti-biotics to control an infection or pain relief for a minor injury.
- Written consent must be provided by parents or guardians with parental responsibility for school staff to administer any medicines. Such consent is given through the Glazebury CE Primary School Medicine Form in Appendix B.
- All medicines - including medication that is also available "Over The Counter" (for example, paracetamol) must be prescribed. It will not be possible to administer OTC medication unless it has been dispensed following a prescription for the named individual. For the purposes of this document, prescribed medication is defined as medication dispensed on the written instruction of a doctor, dentist or nurse. It can also refer to medication supplied on the recommendation of a registered pharmacist whereby the pharmacy label advising of the following accompanies the medication and/or it's packaging.
  - Name of patient
  - Pharmacy details
  - Date dispensed
  - Dosage
  - Any relevant warnings
- Medicine must not be administered unless it has been prescribed for that child only.
- A copy of the Patient Information Leaflet must be retained (photocopies acceptable).

The parent must complete a school administering medicine form (see appendix C) completed. Medicines will only be accepted for administration if

- The prescription label is intact (Box and Bottle to be the same)
- It is in-date, i.e. the expiry date has not passed/ (It is the parents responsibility to ensure the medicine if stored in school long term is in date).
- The container / bottle is labelled with child's name
- It is provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

- The exception to this is insulin which must be in date but will generally be available inside an insulin pen or pump, rather than in its original container.

Parent must also use the administering medicine form to record the following information:

- Time medicine was first administered
- How many days the medicine has being taken for
- Time to be given and frequency
- Duration of course.
- Possible side effects of medication.
- Does this medicine contain paracetamol?
- How much medication is being provided – e.g. is the bottle full,  $\frac{3}{4}$  full,  $\frac{1}{2}$  full or  $\frac{1}{4}$  full. Staff will document how much medication is left when it is handed back to parent/carers.

Parents must give the first dose of any new course of antibiotics. If parents request their child is to be given paracetamol, details of dosages given in the past 24 hours must be provided.

- When administering medicine or inhaler – TWO staff members must sign the reverse of the medicine request log. Detailing: Time / dose/ who administered. One member of staff to complete the other to administer but both must sign.
- This form must also be signed if child refuses the medicine and if this is the case the parent/carers must be contacted.
- If a dose is missed then this must be recorded and parent/carers must be notified.
- A double up dose must never be taken.
- Any changes to medication dose can only be accepted when given in writing from a prescriber or consultant.
- School will review these medicines on an annual basis (end of academic year) and send out of date medicine home and write to request replacement medicine for start of new term in September.

### **Disposal of needles and other sharps.**

- Step 1: Place all needles and other sharps in a sharps disposal container (usually a yellow container) immediately after they have been used.
- Step 2: Dispose of used sharps disposal containers are arranged via our local medical centre in Culcheth.

### **Guidelines for the treatment of Asthma**

A detailed section on management of asthma can be found in Appendix C. These

comprehensive guidelines have been produced and issued by Warrington Borough Council in partnership with local NHS trusts.

### **Storage of medicines:**

1. Refrigerated medicines (including insulin) to be kept in the locked medicine fridge in the staff room (key is stored on hook and MUST BE OUT OF SIGHT)
2. Medicine fridge to have temperature gauge in *there and this needs recording on a weekly basis or when medicine is being stored.*
3. Unrefrigerated medicines and needles/sharps to be kept in the locked medicine cupboard in the staff room. (key is stored on hook and MUST BE OUT OF SIGHT)
4. Used Sharps to be kept in the sharps box which is kept in the staff room or the sharps box which is used for school trips in the school trip first aid box and then disposed of when required via our local medical centre in Culcheth.
5. KS2 children will have their inhalers on them at all times (either on the desk in front of them or in their pockets at playtime. (Name will be on them). This will encourage responsibility to manage their own condition.
6. KS1 children will have their inhalers stored in the medical box which the teacher has.
7. If children are attending our BC/ASC – this information should be passed to ASC staff from the class teacher/TA.
8. If a child uses an inhaler this must be taken to ASC with the child.
9. *Oral or “internal” medicines are to be stored separately from external only medicines*



## Record keeping

- Written records will be kept of all medicines administered to children. This will be done either on Appendix B or C (As above). These forms will be housed in the class pupil awareness file.
- At the end of the academic year, these completed forms are passed to the school office for archiving in the Medical File (Blue lever arch file) **or in pupil yellow folders as records must stay with pupils throughout the duration of their education.**
- It is the parent's responsibility to ensure the medicine is in date if stored in school.
- While we have the medicine on the premises, it will be stored either in the lockable fridge or lockable cabinet in the staff room. The form will be in the classroom housed in the pupil awareness file.
- Governing bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.
- Children that have insulin administered for "Carb Counting" should have an individual record kept with their "Daily Insulin Dose Diary" which is their personal diary. Staff must annotate and initial the diary whenever a dose has been administered.

## Action in Emergencies

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
  1. The school's telephone number: 01925 763234
  2. Your name:
  3. Your location: Glazebury C.E Warrington Road, Warrington WA3 5LZ
  4. Provide the exact location of the patient within the school
  5. Provide the name of the child and a brief description of their symptoms
  6. Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient. (i.e. Hurst Lane and not gates on Warrington Road)
- Ask office staff to open relevant gates for entry and guide ambulance crew to patient.
- Member of school staff to stand on Warrington Road to guide ambulance to carpark.
- Contact the parents to inform them of the situation
- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of

staff should accompany the child in the ambulance.

Please note an emergency defibrillator is housed in the main corridor outside the hall.  
Emergency Salbutamol Inhaler is kept alongside this.

### **Staff Training and Support**

- Staff Training matrix for first aid is monitored termly.
- Or when deemed necessary as roles and responsibilities change. Individual training needs are identified specifically at the time of a new responsibility.
- Relevant healthcare professionals will normally lead on identification, type and level of training.
- Staff supporting children with medical needs will be trained through a combination of school nurse, parent and NHS hospital staff. Bespoke training needs will be identified as appropriate to individual pupil needs.
- Whole school pupil awareness training is a part of the school's annual CPD safeguarding training which takes place at the start of the school year.
- Staff who start part way through the school year will receive this training as part of their induction in accordance with the schools induction policy.
- Supply staff training is supported by middle leader and admin staff induction.
- Training matrix is in place and is monitored for refresher training required.
- All staff are made aware when new pupils join who may have additional needs.

### **First Aid/Accident/Incident Recording Procedures**

- First aiders are identified on posters around school showing names and photographs so all aware.
- First Aid training matrix is in place and first aid training records are monitored by office staff to ensure refresher training is carried out.
- First aid books are kept – 1) Office 2) Breakfast Club 3) In each classroom
- The first aid books are in triplicate:
  - The white copy goes home with pupil
  - The yellow copy comes into office for recording and trending at joined up care meeting.
  - The green/pink – 3<sup>rd</sup> copy gets taken out of book at time by first aider and archived in storage in photocopier room.
- The yellow copy is recorded by first aider on Accident/Incident Talley record at the time of the accident.
- Half Termly – a member of the safeguarding joined up care team, collates terms accidents and reports in meeting of their findings. This is to see if there are any trends that can removed.

- These yellow copies along with terms analysis sheet are archived in box in storage box.

### **First Aid Involving Head Injuries**

- If a pupil is involved in an accident or incident that results in an injury to the **head (including forehead, eyes, nose, cheeks or chin)** the First aider will telephone the parents to advise (even if not serious) just to inform.
- The accident slip along with a head bump letter is given to the parents/carers at the end of school day. **See appx D for copy of letter to be attached.**
- The child has a head bump sticker applied to their jumper as a visual reminder to the staff to monitor and also will be an alert to the parent.
- If the accident is more serious then the Head Teacher/Office Manager to be informed immediately
- A HSA1 accident investigation / HSA2 Physical Verbal attach / HSA3 Work related reportable illness / HSA4 near miss form is completed.
- An investigation is carried out, the paperwork is given to Office Manager who if needed will:
  - Report to H&S Education Compliance. Dependent on severity of accident, this will either be done verbally or via email.
  - Record on Spread sheet for reporting to Governors

If more serious accident/injury then the following reporting would apply:

- If a child goes directly to hospital and remains for 24 hours or is off sick from school for 7 days following an accident in school then this needs to be reported to Riddor.
- If there is a serious accident to an early years child (under 5 years of age) then this needs reporting to OFSTED. Refer to Ofsted 110009 published Feb 2011 – copy on G:Drive and in Accident report box file in office.

### **Activities Beyond the Usual Curriculum**

- Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate.
- All clubs/coaches/teachers/staff are made aware of all pupils (& staffs) medical needs. This file is shown as part of induction/signing in safeguarding procedure.
- Where pupils are to participate in school trips and residential/out of school activities, information is collated and a Risk Assessment is put in place. This information is reviewed and entered onto Evolve (if applicable).
- The Breakfast Club, EYFS Extended Provision and After School Curriculum Clubs in operation at school is managed and run by school staff. The usual daytime school procedures are replicated and followed in these extended services.

## Unacceptable Practice

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- preventing children from easily accessing their inhalers / medication and administering their medication when and where necessary.
- assuming 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)
- sending 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, sending them to the school office or staff room unaccompanied or with someone unsuitable
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Requiring parents, or otherwise making 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
- preventing 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
- Secondary dispensing – i.e. asking someone else to give a medicine you have prepared.

## Complaints

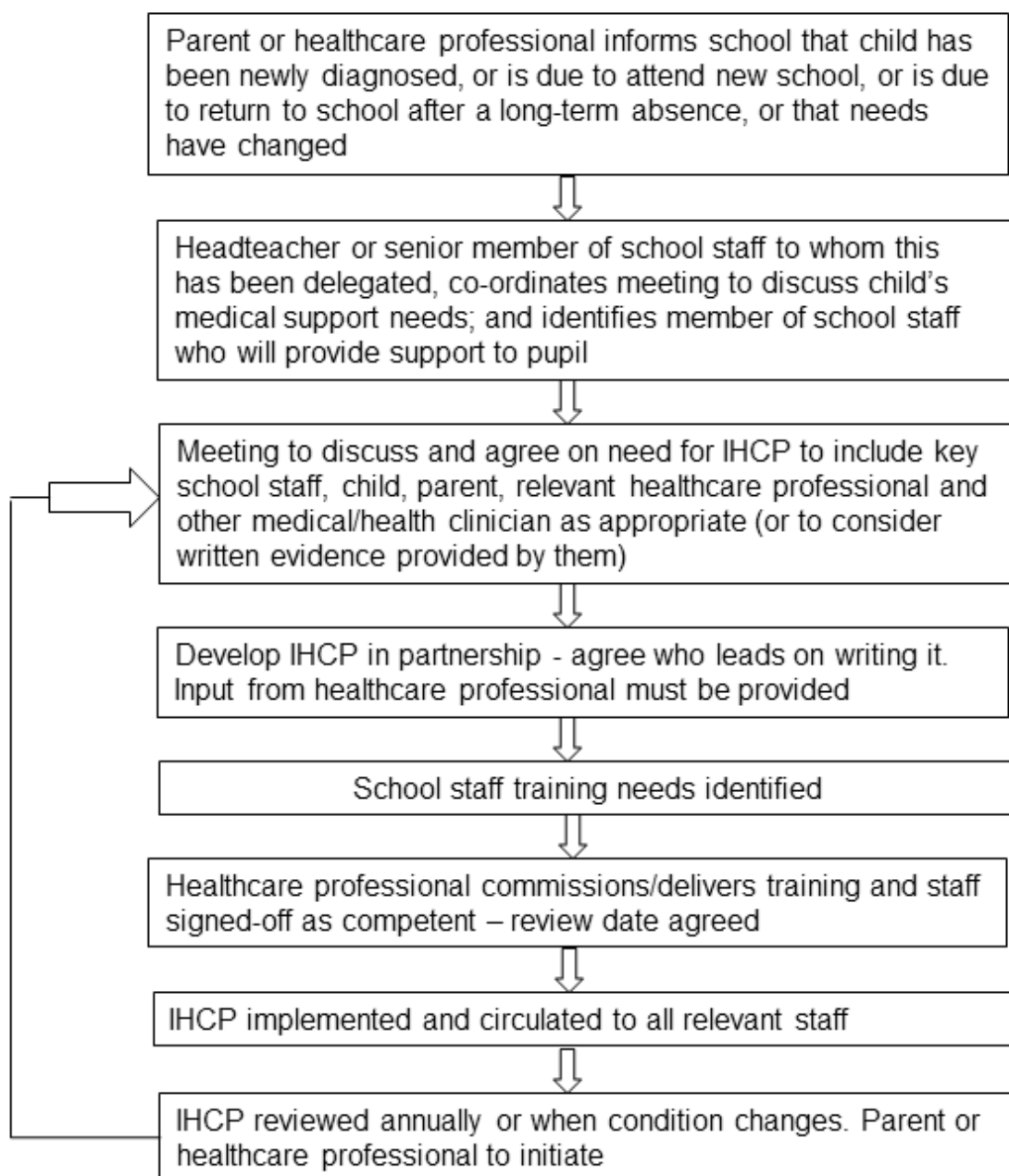
- An individual wishing to make a complaint about actions regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance
- If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out on the school website.

## Outcomes

Pupils at this school with medical conditions will be properly supported so that they have

full access to the education we offer, including school trips and physical education. They will thrive and do well in our supportive and caring ethos. They will make friends and be fully integrated and valued members of our school community.

APPENDIX A: PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS



## Appendix A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

### **Family Contact Information**

Name

Relationship to child

Phone No: (landline)

Phone No: (mobile)

Name

Relationship to child

Phone no. (landline)

Phone no: (mobile)

### **Clinic/Hospital Contact**

Name

Phone no.

### **G.P.**

Name

Phone no.

Who is responsible for providing support in school

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

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements



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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Signed: ..... (Staff Member)

Signed: ..... (Parent Carer)

Date: .....

To be reviewed annually or prior to that if medical condition changes.

Dear Parent

## DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition.

I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

## Appendix B

Information gathered in relation to the administering of medicines.

# ASTHMA

**Does your child have Asthma?**

**Does your child need to use an inhaler?**

**Are you helping your child to manage his/her Asthma effectively?**



*On average 2 children in every classroom in the UK have Asthma and every 16 minutes a child is admitted to hospital because of the condition. It is therefore essential that we are able to support your child with their Asthma and help them reach their full potential.*

- All children with diagnosed Asthma must have the correct medication in school – as well as at home, even if they do not use it on a regular basis.
- All inhalers and spacers, marked with your child's name and class, should be brought into school on the first day of each new school year and a medication form completed at the time of handing these into the school office.
- It is the responsibility of parents to ensure that medication is in date and to dispose of any out of date medication.

**Further information about Asthma can be found at  
[www.asthma.org.uk](http://www.asthma.org.uk)**

Childs Name: \_\_\_\_\_

Does NOT have asthma ☐

Does have asthma and uses - \_\_\_\_\_

Signed \_\_\_\_\_ parent/carers Date: \_\_\_\_\_

**GLAZEBURY C.E. PRIMARY SCHOOL & Nursery - Asthma medical form**  
**Request for school, after school club and breakfast club to administer Inhaler(s).**

Dear Head Teacher,

I request that my child ..... be given the following inhaler(s) whilst  
in School/ Afterschool club / Breakfast club.

I confirm my child is aware how to correctly administer their own inhaler

<b>Name of inhaler</b>	<b>Expiry date of inhaler</b>	<b>Date prescribed</b>	<b>Dose prescribed</b>	<b>Maximum daily dose</b>	<b>Time to be given</b>

- I agree that the following complies with the school Medical & First Aid Policy:
- The above medication has been prescribed by the doctor, dentist, nurse or pharmacist
- It is clearly labelled indicating contents, dosage and child's name in full.
- I agree it is the parent's responsibility to ensure the inhaler is in date.
- I agree to inform School, ASC and Breakfast club of any change in dose immediately.

Name of parent/guardian: .....

Signed:..... Date: .....

Please note: Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child.

The Governors and Head Teacher reserve the right to withdraw this service.

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The inhaler will be returned to you at the end of the academic year or during the year if expiry date is met.

Signature of parent to confirm receipt of inhaler

Date of inhaler returned to parent

.....

.....

### GLAZEBURY C.E. PRIMARY SCHOOL- Medicine form.

Request for school, after school club and breakfast club to administer Medicine(s).

(This includes lip balms, cough sweets, sun cream)

Dear Head Teacher,

I request that my child ..... be given the following medicine(s) whilst in School/Breakfast club/EYFS Extended Provision/After School Curriculum Clubs

I confirm my child has had this medicine administered at home. The last occurrence was on

Date ..... at .....

Name of medicine	Expiry date of medicine	Check Dispensing Pharmacy name and contact on bottle	Dose prescribed	Date prescribed	Time to be given /Frequency	Any warnings?	Duration of course	Quantity of medication provided to school (eg half bottle, 12 tablets etc)

I agree that the following complies with the schools Medical & First Aid Policy:

- The above medication has been prescribed by the doctor, dentist, nurse or pharmacist
- It is clearly labelled indicating contents, dosage and child's name in full.
- Medication will only be given if it requires administering four times a day.
- I agree to inform school, ASC and Breakfast club of any change in dose immediately (accompanied by documentation from a relevant health care professional)
- Check the name & dosage on the bottle corresponds with the name on the box.
- It is the parents responsibility to ensure the medicine is in date and not past its bbe expiry date.

Does this medicine need to be stored in a Fridge? YES/NO

Does this medicine contain paracetamol? YES / NO

Doses of paracetamol given in last 24 hours -----

How many days has your child been taking this medicine (to date)? .....

Name of parent/guardian: .....

Signed:.....

Date: .....

Please note: Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child.

The Governors and Head Teacher reserve the right to withdraw this service.

Pupil's Name .....

Class .....

Inhaler / medicine name: .....

Staff administering medicine must always wash hands with soap and water not gel.

Disposable gloves must be worn when handling creams and ointments.

[illegible]

**If a child refuses to take medication –**

**Please record and the parent/carer must be verbally informed.**

## **Appendix C**

### **Asthma Guidelines**





# Warrington Schools

## Asthma

## Guidelines





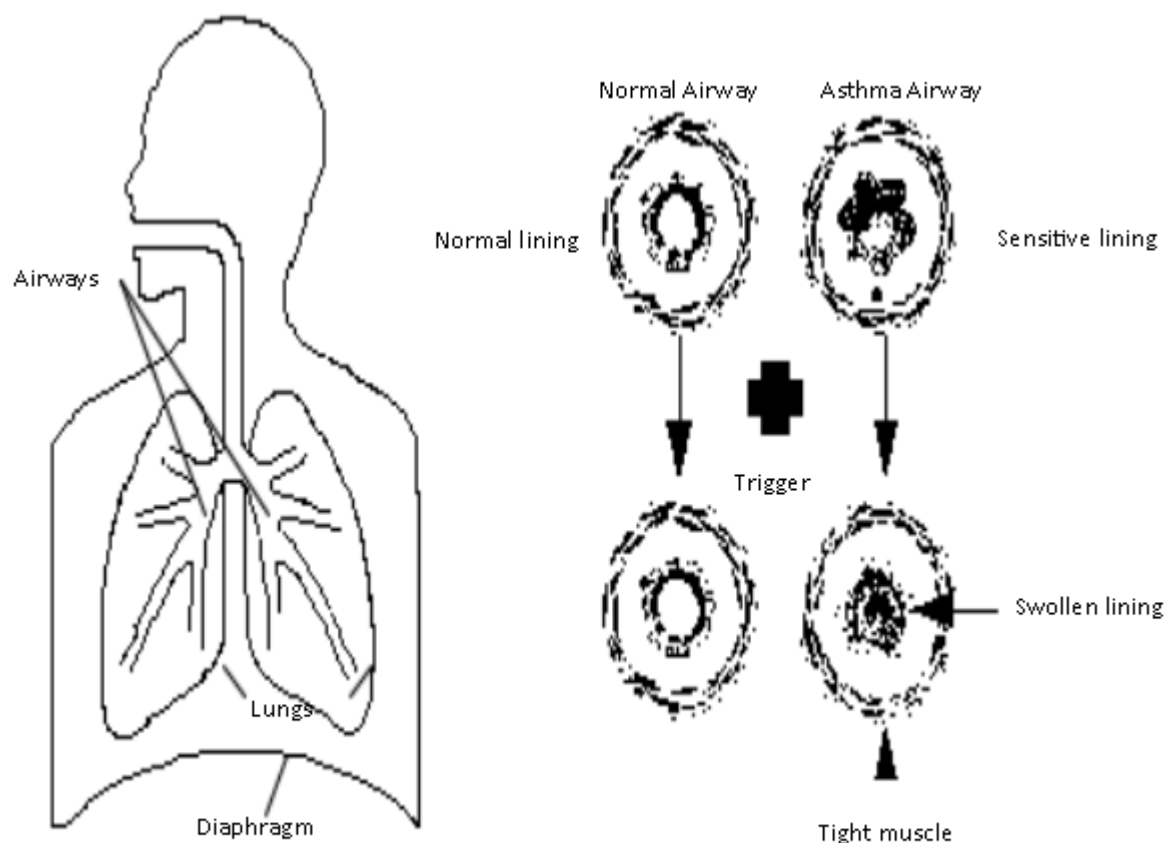
## Asthma Information

Asthma is a common, chronic, childhood disorder, affecting many school children.

With correct treatment and management the majority of children with asthma can lead a normal life, have less time off school and enjoy full participation in sport and other school activities.

### What is Asthma?

The airways in children with asthma are almost always inflamed and sensitive and are therefore quick to respond to anything that triggers (irritates) them. The muscles around the airways tighten and the lining becomes inflamed and narrow, making it difficult to breathe.



## **Cough**

Cough, especially after exercise, laughing, or breathing in cold air. The younger child may vomit, usually due to coughing.

Coughing most commonly occurs at night and with colds.

## **Wheeze**

Noisy breathing

## **Tight chest**

Older children may say that their chest feels tight. Younger children may describe the feeling as a tummy ache or a headache.

## **Breathlessness**

Breathlessness, especially after exercise

### **If asthma symptoms are getting worse, the child may:**

- Be unable to finish a sentence and find it harder to breathe out than in
- Be irritable, lethargic and unwilling to exercise
- Not achieve their full potential due to tiredness and absenteeism
- Be small for their age due to severe or poorly controlled asthma

Not every child with these symptoms has asthma but it is important to be aware that asthma could be the underlying cause of some children's problems.

## **Triggers**

A child with asthma may be affected by any one or more of these triggers:

- 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
- Fumes and cigarette smoke
- Pollution.
- Occasionally:
- Certain foods
- Some drugs e.g. Aspirin, Ibuprofen.



## Treatment

In the majority of cases asthma can be controlled with the appropriate medication and the correct use of inhalers and devices. There are two main types of inhalers.

### Relievers

These are usually blue. They quickly open the narrowed airways and therefore help the child to breathe more easily. They should be given for asthma symptoms of cough, wheeze or breathlessness. Some children take these 10 minutes before exercise or when they come into contact with known trigger factors.

**All children with asthma should have a reliever inhaler in school**

### Preventers

These are taken daily, usually morning and evening. They make the airways less sensitive to trigger factors by reducing the inflammation in the airways.

### **Other Medication**

Some children may require other medication by inhaler, nebuliser or by mouth.

## ASTHMA GUIDELINES

These guidelines have been produced locally, in partnership with Warrington Borough Council, Bridgewater Community Healthcare NHS Foundation Trust, Warrington Clinical Commissioning Group (CCG), Primary Care, Public Health, Education, Warrington and Halton Hospitals NHS Foundation Trust. They have been written to assist staff in providing a consistent approach to the care of children with asthma in school.

**These guidelines supersede all previous local asthma guidelines which should be destroyed.**

### A POSITIVE APPROACH

Pupils with asthma will be encouraged to fully participate in all school activities.

### ASTHMA EDUCATION

- The school has a responsibility to advise its staff (teachers, office staff and lunch time supervisors) on practical asthma management.
- Guidelines for the management of an acute asthma attack are included in this document. Schools should display in a prominent position.
- The School Nurses can play an important role and their involvement is encouraged. They can provide support for staff and liaison with parents/carers.
- Pupils who appear to be over-reliant on their reliever inhalers, are falling behind with their school work, or appear tired, may have poorly-controlled asthma. They may need to consult their doctor and, as such, their parents or carers should be informed by teachers.

### COMMUNICATION WITH PARENTS

1. It is recommended that a record of all pupils with asthma will be maintained and updated annually by the school.
2. It is the parent's/carer's responsibility to inform the school of details of treatment and any changes as they occur. This should be recorded on the asthma record.
3. Details of treatment should include specific guidance on the correct use of inhalers, (relievers, preventers) as well as any devices such as spacers.
4. Inhalers should be clearly labelled.

5. If a child has been given extra doses of their reliever in school, parents should be informed.
6. Parents should inform school if their child has increased symptoms or is on extra treatment such as steroids.
7. Children with severe asthma should have an asthma action plan, and be encouraged to display a photograph in school for identification purposes. If schools use this approach to identify pupils with medical conditions, confidentiality guidance needs to be maintained.

## **INHALERS**

- Reliever inhalers (often blue inhalers) are used to relieve asthma symptoms, especially in an acute attack. It is recommended that a spacer device should be used with a metered dose inhaler
- Preventer inhalers (often brown/orange/ purple/ red) are usually given at home, but occasionally a preventer inhaler may need to be taken in school.

**Preventer inhalers will not help in an acute asthma attack.**

## **ACCESS TO INHALERS**

- At school, the issue of access to inhalers is very important.
- Schools are advised to involve parents/carers in the decision of whether the inhaler(s) are held by the pupil or school.
- For younger children, the inhaler(s) will normally be kept by a named person, a spacer device is needed for use with their metered dose inhaler.
- Parents should be encouraged to provide an inhaler for school use.
- Inhalers should be stored away from extremes of heat.
- Parents to be aware of the expiry date of the inhalers.
- School need to inform parents when the child is unwell.

**IT IS ESSENTIAL THAT PUPILS WITH ASTHMA HAVE IMMEDIATE ACCESS TO THEIR RELIEVER INHALER AT ALL TIMES.**

**Delay in taking reliever treatment can lead to a severe attack and, in rare cases, could even prove fatal.**



## **EMERGENCY SALBUTAMOL INHALERS IN SCHOOL (DOH September 2014)**

Following guidance from the above document schools will be allowed to keep a salbutamol inhaler/s with spacer device, for use in an emergency if a child does not have their own inhaler available (for example if it has been lost, is empty or out of date). This will only be used for those children who have been diagnosed with Asthma or have been prescribed a salbutamol inhaler and parents have given written consent.

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

Parents are likely to have greater peace of mind about sending their child to school.

Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

Schools will develop their own policy/protocol.

## **PHYSICAL EDUCATION**

- Normal activity should be the goal for all but the most severely affected pupil with asthma. However, some young people with asthma may cough, wheeze or become breathless with exercise.
- Teachers should be aware that a number of pupils with asthma take a dose of their reliever inhaler BEFORE exercise. This helps to prevent exercise induced asthma. If the pupil develops asthma symptoms of cough, wheeze, breathlessness or chest tightness they should use their reliever inhaler again. Pupils should not be required to participate in games or sports if they say they are unable to do so, due to their asthma symptoms.
- The pupil/teacher should ensure that the reliever inhaler is taken to the sports field.

## **PETS**

Pets in the classroom (hamsters, guinea-pigs etc.) may trigger asthma symptoms in some children with asthma. If kept at school, pets should be housed away from the classroom.

## **SCIENCE LABORATORIES**

Fumes from science experiments may trigger symptoms or attacks in pupils with asthma. Fume cupboards should be used to avoid this.

## **ART MATERIALS**

Aerosols and similar products may trigger symptoms for children with asthma. A well-ventilated area may minimise the risk.

## **PASSIVE SMOKING**

Although all schools have a no smoking policy, staff and pupils should be aware that inhaling someone else's cigarette smoke may trigger asthma symptoms

## **OUT OF SCHOOL ACTIVITIES**

It is the responsibility of the parent/carer to ensure that the school is fully informed of any medication that may be required. Provision should be made by parents for medication to accompany the child.

Details of trips should be made known to parents and activities assessed as to the suitability for the individual child, and adapted if necessary.

## **SUCCESS INDICATOR**

The positive approach to the management of asthma by school staff, parents and pupils will enable the majority of pupils with asthma to participate fully in the life of the school.

## **ACUTE ASTHMA ADVICE**

Refer to advice sheet in pack: **"What To Do in an Asthma Attack"**

## **REFERENCES & RESOURCES**

Asthma UK [www.asthma.org.uk](http://www.asthma.org.uk)

Department for Education and Skills and Department of Health (2005) Managing medicines in schools and early years settings [online]. Available at:

[https://webarchive.nationalarchives.gov.uk/20130124065832/http://www.dh.gov.uk/prod\\_c\\_onsum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4108490.pdf](https://webarchive.nationalarchives.gov.uk/20130124065832/http://www.dh.gov.uk/prod_c_onsum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4108490.pdf)

Department for Education (2015) Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England [online]. Available at:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

Department of Health (2015) Guidance on the use of emergency salbutamol inhalers in schools [online]. Available at:

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

Health Conditions in School Alliance [www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk)

Scottish Intercollegiate Guidelines Network (SIGN) and the British Thoracic Society (2019). British guideline on the management of asthma: a national clinical guideline (SIGN 158) [online]. Available at:

<https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>

Reviewed	July 2010
Reviewed	October 2014
Last Reviewed	December 2019
Next Review	December 2021

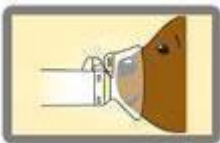
# How to use the Aerochamber Plus with a face mask



- Remove cap from the inhaler. Look inside the Aerochamber Plus to make sure there is nothing inside



- Shake the inhaler 4 to 5 times and place the mouthpiece of the inhaler into the back of the Aerochamber Plus



- Place the mask gently over the child's nose and mouth making sure a good seal is formed.



- Press the inhaler once only. Keep the mask in place on the child's face for 5 to 6 breathes of the child's normal breathing.



- Remove the mask. If a further dose is required wait 30 seconds and then repeat the above steps 2 – 5. After use remove inhaler from Aerochamber Plus and replace the cap.

## IMPORTANT

NEVER squirt the inhaler directly into your child's mouth as most of the drug will be wasted. ALWAYS give one dose into the Aerochamber plus at a time this will ensure that the correct dose is delivered.

### To clean

Remove the back of the aerochamber plus (do not remove mask). Soak both parts for 15 minutes in lukewarm water with mild liquid detergent.

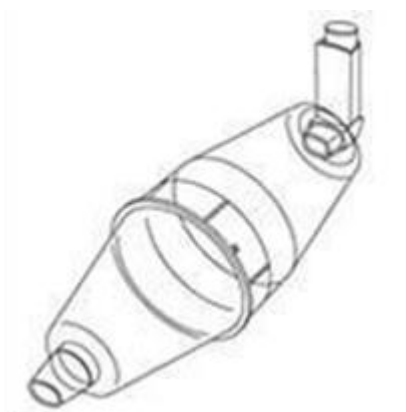
Shake out excess water. **Do not rub dry.** Air-dry in an upright position. Replace the back of the Aerochamber plus once completely dry. Clean before first use then clean monthly as recommended by British Thoracic Society (BTS) guidelines 2011.

## How to use a Volumatic

1. Fit the two halves of the Volumatic together by lining up the notch on one half with the slot on the other.
2. Remove the cap from the inhaler.
3. Shake the inhaler 4 to 5 times and insert it into the back of the Volumatic.
4. Place the mouthpiece of the Volumatic into your mouth and seal your lips around it.
5. EITHER – Press the inhaler once and breathe in and out slowly and deeply for 5 breaths.

OR – Breathe out gently into the Volumatic, then press the inhaler once. Take a deep, slow breath in and hold the breath for 10 seconds. Then breathe out through the mouthpiece. Take a second deep breathe in but do not press the inhaler.

6. Remove the Volumatic from your mouth.
7. If another puff is required, wait 30 seconds and repeat steps 3 – 7.



**IMPORTANT:** NEVER put the inhaler directly into your child's mouth as most of the drug will be wasted. Use only one puff in the Volumatic at a time this will ensure that the correct dose is delivered

**To clean:** Wipe the mouthpiece after each use. Once a month (as recommended by British Thoracic Society and SIGN guidelines 2011) take the Volumatic apart and wash in warm soapy water, rinse, do not rub dry, allow it to dry naturally.

# What to do in an Asthma Attack

## Signs of an asthma attack are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Tummy ache (sometimes in younger children)

## What to Do

- Keep Calm, Reassure the child
- Encourage the child to sit down in the position they find most comfortable
- Assist the child to immediately take 1 puff of their reliever inhaler (usually blue), preferably through a spacer. Please note that for each puff, the child should breathe in and out slowly for 5-6 breaths.
- Continue to assist the child to take 1 puff of their reliever inhaler every 30 to 60 seconds (up to 10 puffs) until symptoms improve.

**(Reliever medicine is very safe)**

**If there is No Immediate Improvement or signs of a Severe Attack:  
(see below: Red Box)**

## Call 999 Urgently if:

- There is no improvement
- The child is too breathless / exhausted to speak
- The child's lips are blue
- The child says they are having a 'bad' attack
- The child is frightened by the attack
- You are in any doubt about the child

**Continue to give the child 1 puff of their Reliever inhaler every 30-60 seconds until the ambulance/help arrives.**

## After a Minor Asthma Attack

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

# What to do in an Asthma Attack

## Important things to remember in an Asthma Attack

- **Never leave a pupil having an asthma attack**
- If the pupil does not have their reliever inhaler and/or spacer with them, send another teacher or pupil to get it from the designated room/area.
- In an emergency situation, if the child does not have their own inhaler in school, use the emergency salbutamol inhaler and spacer (according to school policy).
- **Reliever medicine is very safe.** During an asthma attack do not worry about a pupil overdosing.
- If an ambulance is called state that the child is having an asthma attack.
- Contact the pupil's parents or carers.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent or carer arrives.
- Generally staff should not take pupils to hospital in their own car, however, in some situations it may be the best course of action.
- Another adult should always accompany anyone driving a pupil having an asthma attack to emergency services.



Name .....

# Asthma/Wheeze Management Plan

## Asthma

Asthma is a condition that affects the small airways of the lungs, making them swollen and sensitive. These sensitive airways can react to certain 'triggers' such as viral infections ('catching a cold'), cigarette smoke, house dust mite, pets, pollen and exercise.

When your child comes into contact with one or more of these triggers, the muscles in the airways tighten up and the lining swells causing the airways to become narrow. Sticky mucus (phlegm) may also be produced.

## Symptoms of Asthma

- Cough
- Wheeze
- Shortness of breath
- Chest tightness

## Known Trigger Factors

**You/your child has been reviewed by ..... On ...**(Please destroy any previous management plans you have been given and retain this for reference)

**Your Treatment is:**

Reliever (usually Blue).....

Preventer.....

(wash your child's face after each use, clean teeth and rinse mouth if possible)

Prednisolone.....

Other medication.....

Usual Peak Flow:

Predicted Peak Flow:

- If your child's condition gets worse or does not seem to be improving contact your GP, NHS 111 or A&E.
- Please take your medication and this leaflet with you.
- Please make your child's school aware of this plan.

## Asthma/Wheeze Management Plan

This plan may be used to help you to manage any future asthma/wheezy episodes. Step 1 should be followed everyday but if your child's symptoms are not improving or are getting worse go to the next stage of the plan and/or contact your GP.

Stage	Symptoms	Action
Green	<ul style="list-style-type: none"> <li>Well</li> <li>No cough, wheeze, breathlessness</li> <li>Doing normal activities</li> </ul>	Continue using usual preventer medicine each day. Use reliever only when necessary
Yellow	<ul style="list-style-type: none"> <li>Unwell</li> <li>Getting a cold</li> <li>Coughing, wheezing, breathless day and/or night</li> <li>Reliever (blue) inhaler is working via spacer (with or without mask)</li> </ul>	Give usual medication  And also  2-5 puffs Reliever inhaler 4-6 times a day for 5-7 days
Amber	<ul style="list-style-type: none"> <li>Coughing, wheezing, breathless getting worse, especially at night</li> <li>Reliever (blue) inhaler not lasting 4 hours or not working within 15 minutes</li> </ul>	Give medication as step 2  And  See GP Urgently
Red	<ul style="list-style-type: none"> <li>Very unwell</li> <li>Reliever (blue) inhaler not helping at all</li> <li>Using tummy or neck muscles to breathe</li> <li>Breathing hard and fast</li> <li>Too breathless to talk or eat</li> <li>Tired and lethargic</li> <li>Lips or fingers looking blue</li> <li>Peak Flow below 50% of usual</li> </ul>	<b>Call 999</b> Or go to Accident and Emergency Dept  Give reliever inhaler (usually blue) 1 puff every 30-60 seconds up to 10 puffs  If symptoms remain severe, continue to use the reliever as stated until help arrives

## Contacts and further information

It is important to monitor your child's asthma regularly. This can be done by keeping a record of symptoms e.g. cough, wheeze, breathlessness and/or keeping a record of your child's peak flow readings (if you have been shown how to use one).

### Contact numbers

For further advice about your child's asthma contact:

- Your GP or Practice Nurse
- NHS 111
- Paediatric Acute Response Team (PART TEAM) 01925 843639
- Asthma UK: 08457 010203

### Useful websites and documents

 **Asthma UK** [www.asthma.org.uk/](http://www.asthma.org.uk/)

- BTS & Sign 2019 Guidelines Last reviewed November 2019**

**Appendix D**  
**Head Injury Leaflet**

## Advice for **Child Head Injury**

If you are unsure about any other symptoms  
or need further advice contact:-

- **NHS Direct on 0845 4647**
- Your Local GP
- Warrington GP Out of Hours **01925 650999**

**Useful Websites:-**

NHS Direct:  
[www.nhsdirect.nhs.uk](http://www.nhsdirect.nhs.uk)

Child Accident Prevention Trust:  
[www.capt.org.uk](http://www.capt.org.uk)

The Royal Society for the Prevention of Accidents ROSPA:  
[www.rospace.co.uk](http://www.rospace.co.uk)



Produced by Warrington Public Health

This leaflet is designed to take  
the fear out of head injuries

It is quite natural to panic when your child suffers a head injury resulting in long fretful hours in A & E. However, the majority of head injuries are not serious. We hope this leaflet will explain the common symptoms, what you can do and when to seek medical help. After a head injury your child may feel tired, dizzy and/or sick, this is a very normal and common reaction.

### What you can do at home

- Keep calm and reassure your child
- After a head injury children often feel tired. It is alright for them to go to sleep as long as you keep an eye on them and check them regularly.
- They can eat and drink normally but they may also feel and be sick
- It is alright to give your child a children's painkiller, but do not give them more than is recommended on the packet.
- Let your child be as active as he or her wishes

Most patients recover uneventfully after a head injury but a few have complications, which may need prompt treatment. Certain symptoms may warn of a potentially more serious head injury, in some cases this may occur several days later.

If your child starts to suffer from any of the symptoms on the opposite page, please take them to the nearest Accident & Emergency Department as soon as possible.

### When do you need to go to hospital?

#### Children

- Severe headaches which do not respond to a children's painkiller
- Problems with eyesight (e.g. blurred vision)
- Repeated vomiting
- Appearing confused
- A fit or convulsion
- Problems understanding or speaking
- Problems walking or loss of balance
- Weakness in one or both arms or legs
- Clear fluid coming out of the ears or nose
- Bleeding from or deafness in one or both ears

To check if your child is responding:

Let your child go to sleep at the normal time and check every half hour before you go to bed. Shake them gently and make sure that they stir in response. There is no need to wake them unless you do not get a response.

#### Babies

- Inconsolable or high pitched crying
- Any fitting or twitching
- General irritability
- Increased drowsiness
- Repeated vomiting
- Change in colour – pale or waxy
- Floppiness

If your child has been admitted to Accident and Emergency you should avoid:-

- Leaving your child unattended for the first 48 hours after leaving hospital
- Giving your child sleeping tablets, sedatives or tranquilisers unless prescribed by their doctor