Glazebury C E Primary School

Policy Header

Policy Title	**Medical & First Aid & Supporting Children with Medical Needs Policy (including Asthma)**
Version No	**Three**
Written / Adopted Date	**Written July 2016** **Reviewed November 2018** **Reviewed Jan 2019** (following JP medication awareness in schools training December 2018)
This policy complies with WBC guidance	**Yes**
Linked Policies	**Safeguarding, H&S**
Written By	**School**
Date shared with Staff	**January 2019**
Date Ratified by Governors	**14/03/19**
Review Date	**January 2021**

Supporting Pupils with Medical Conditions

RATIONAL

- 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.

ROLES AND RESPONSIBILITIES

The Named Person responsible for children with medical conditions is Katie Prescott (Sendco) 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 Headteacher 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 IHPS
- 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 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 Healthcare Plan 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 ASC.
- The child's details will be added along with health care plan 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 HEALTHCARE PLANS (IHCPS)

- An ICHP 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

- This information will be collected when a pupil starts school, either at admission meetings or via paperwork issued in the new starter packs. See Appendix B
- 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.
- If a child requires medicine (temporary basis) administering during the school day. School can do this for

prescription medicines. This means written instructions from a Doctor/Dentist/Nurse or pharmacist. The medicine must not be administered unless it has been prescribed for that child only.

- There must clear written instructions and the child's name (in the form of an official printed prescription label)
- The parent must complete a school administering medicine form (see appendix C) completed. Medicines will only be accepted for administration if they are:
    1. Prescription Label in tact (Box and Bottle to be the same)
    2. Expiry Date and that In-date (It is the parents responsibility to ensure the medicine if stored in school long term is in date).
    3. Container / bottle labelled with child's name
    4. Provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.
    5. 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.
    6. Disposal of needles and other sharps- Step 1: Place all needles and other sharps in a sharps disposal container immediately after they have been used. Step 2: Dispose of used sharps disposal containers are arranged via our local medical centre in Culcheth.
    7. Parent must complete time medicine was first administered /how many days being taken medicine.
    8. Time to be given and frequency and duration of course.
    9. Possible side effects of medication.
    10. Does this medicine contain paracetamol.
- 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.

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 – MUST BE OUT OF SITE)
2. Medicine fridge to have temperature gauge in there and these needs recording
3. Unrefrigerated medicines and needles/sharps to be kept in the locked medicine cupboard in the staff room. (key is stored on hook – MUST BE OUT OF SITE)
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.

- 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).
- It is the parents responsibility to ensure the medicine is in date if stored in school.
- While we have the medicine, which is 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. (Ie: 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.
- First aid training records are monitored by office to ensure refresher training is carried out.
- First aid books are kept – 1) office 2) ASC 3) in each classroom
- The first aid books are in triplicate
    - White copy goes home with pupil
    - Yellow copy comes into office for recording and trending at joined up care meeting.
    - Green/pink – 3rd 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.
- If the injury is a Head injury, 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/carer at the end of school day
- 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 HT/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.
- Trips and Residential and out of school act ivies, information is collated and a Risk assessment is put in place. This information is reviewed and entered onto Evolve (if applicable).
- The BC/ASC in operation at school is managed and run by school staff. So our usual daytime school procedures are replicated and followed in this extended service.

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

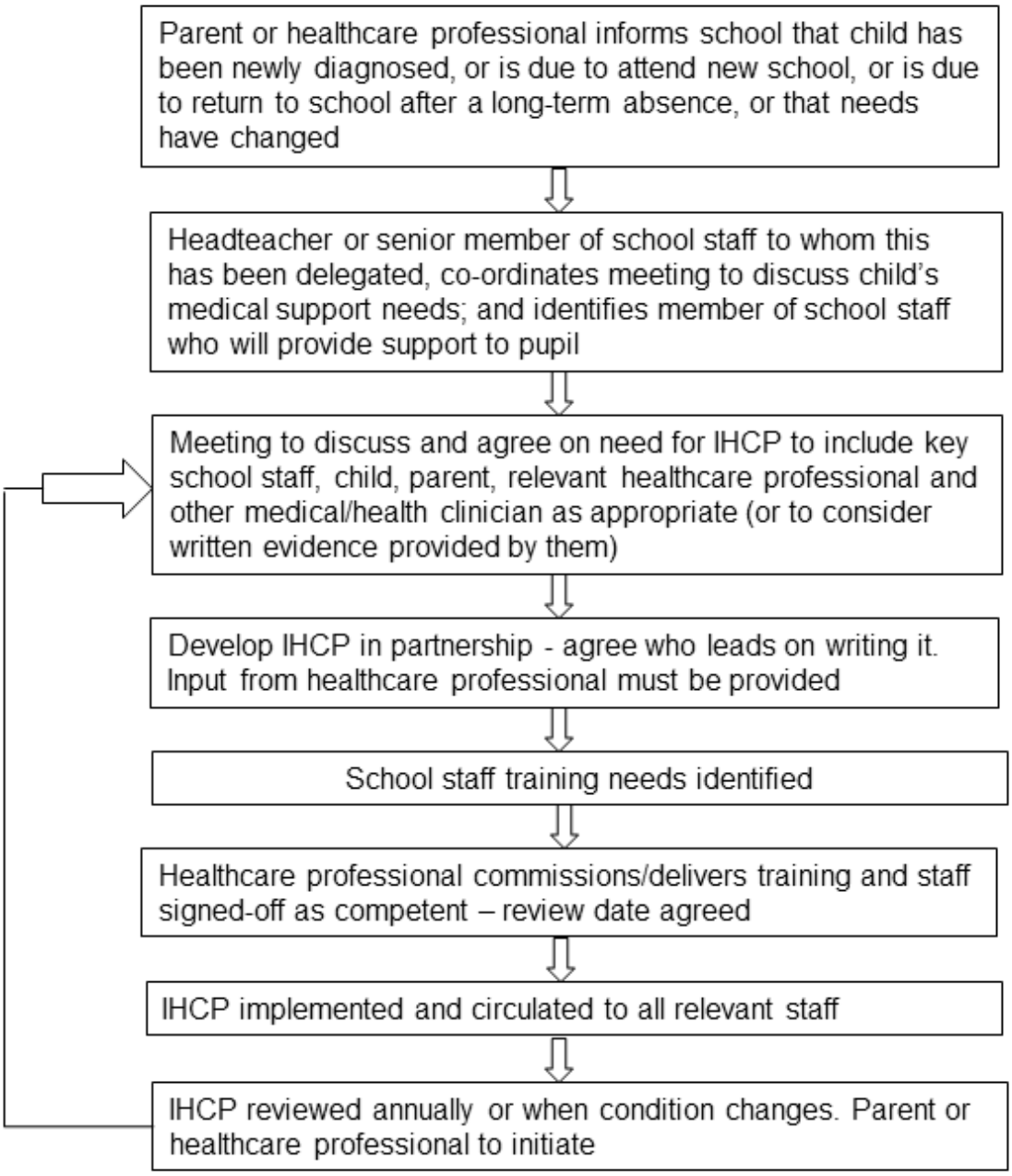
COMPLAINTS

- 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 in [as appropriate]

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 1: 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.

Appendix B: Asthma information / declaration form
(See below for NHS Asthma Policy)

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

Childs Name: _____

Does NOT have asthma ☐

Does have asthma and uses - _____

_____

Signed _____ parent/carer Date: _____

Appendix C:
Record of Administration of medication that is given on a permanent basis i.e. Asthma/Eczema

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

Name of inhaler	Expiry date of inhaler	Date prescribed	Dose prescribed	Maximum daily dose	Time to be given

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.
- Medication will only be given if it requires administrating four times a day.
- I agree it is the parents 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.

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

…… ……

Appendix D: Record of Administration of prescribed medication

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 / Afterschool club / Breakfast club.

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	Duration of course

Possible side effects _____

(Ensure information leaflet is with medicine which will detail warnings & side effects)

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 administrating four times a day.
- I agree to inform school, ASC and Breakfast club of any change in dose immediately.
- 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
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.

Date	Dosage	Time	Two Staff Signatures (must be obtained)

If a child refuses to take medication –
Please record and the parent/carer must be verbally informed.

Templte : model letter inviting parents to contribute to individual healthcare plan development

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

Warrington

Schools

Asthma

Guidelines



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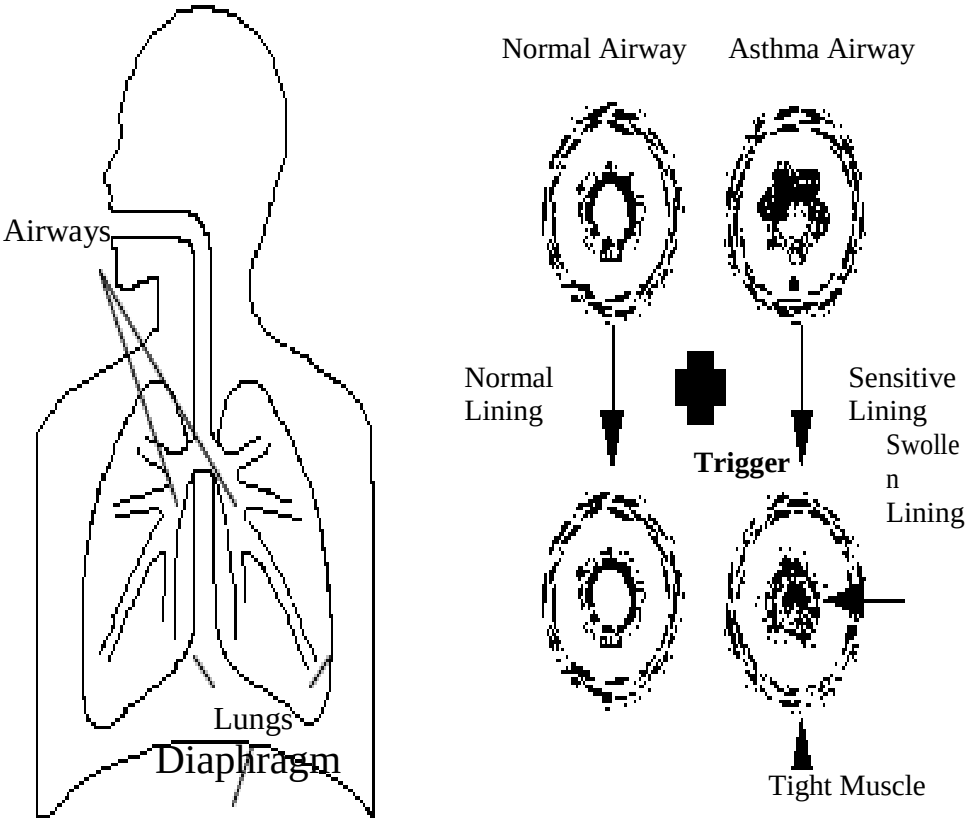
Asthma Information

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.



Symptoms of Asthma

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 will 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.

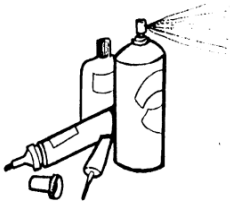
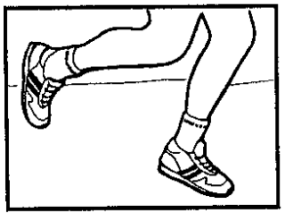
- Colds and infection
- Dust and house dust mite
- Pollen, spores and moulds
- Feathers
- Furry animals

- Exercise, laughing
- Stress
- Cold air, change in the weather
- Chemicals, glue, paint, aerosols
- Fumes and cigarette

smoke 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 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

- It is recommended that a record of all pupils with asthma will be maintained and updated annually by the school
- 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
- Details of treatment should include specific guidance on the correct use of inhalers, (relievers, preventers) as well as any devices such as spacers
- Inhalers should be clearly labelled
- If a child has been given extra doses of their reliever in school, parents should be informed
- Parents should inform school if their child has increased symptoms or is on extra treatment such as steroids

- 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

- 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 September2014)

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

- BTS & SIGN ASTHMA GUIDELINES
  BTS / SIGN asthma guideline 2009

- ASTHMA UK
  www.asthma.org.uk

- ASTHMA UK Asthma Guidelines
  2014 Asthma UK guide 2010

- MEDICAL CONDITIONS IN SCHOOL
  www.medicalconditionsatschool.org.uk

- MANAGING MEDICINES IN SCHOOLS & EARLY YEARS SETTINGS
  http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4108490.pdf

- GUIDANCE ON THE USE OF EMERGENCY SALBUTAMOL INHALERS IN SCHOOLS DOH SEPTEMBER 2014

This document has been adapted from Asthma UK & BTS guidance

Date of origin	October 1997
Reviewed	August 2003
Reviewed	July 2010
Last Reviewed	October 2014

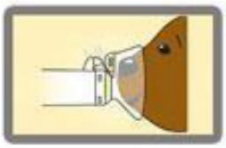
How to use the Aerochamber Plus with a face mask



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



2) Shake the inhaler 4 to 5 times and place the mouthpiece of the inhaler into the back of the Aerochamber Plus.



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



4) Press the inhaler once only. Keep the mask in place on the childs face for 5 to 6 breathes of the childs normal breathing.



5) 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 luke warm 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.

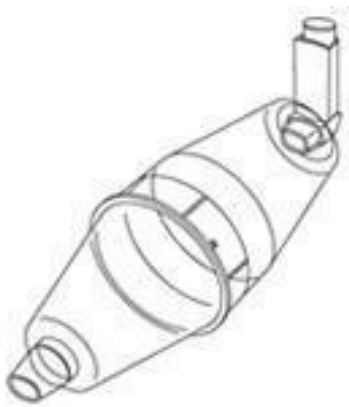
4) Place the mouthpiece of the Volumatic into your mouth and seal your lips around it.

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 require, 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 2 puffs, (1 puff at a time) of their reliever inhaler (usually blue) – preferably through a spacer
- Continue to assist the child to take 2 puffs of their reliever inhaler every 2 minutes (1 puff at a time) until symptoms improve

(**Reliever medicine is very safe**)

If there is No Immediate Improvement or signs of a Severe Attack:

(See below: Red Box)

Never leave a pupil having an asthma attack

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 2 puffs of their Reliever inhaler (1 puff at a time) every 2 minutes until the ambulance 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.