



**Saint Paul's Catholic High School**

*Moving forward together. Achievement for all!*

# MEDICAL CONDITIONS IN SCHOOL POLICY



**Journeying together with Jesus Christ, we learn to love and love to learn.**

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## **Introduction**

This policy puts in place effective management systems to support children with individual medical needs at St Paul's school. It is based on advice and guidance from SUPPORTING STUDENTS AT SCHOOL WITH MEDICAL CONDITIONS (September 2014).

It provides a basis for ensuring that children with medical needs receive proper care and support at St Paul's. This guidance is not a definitive interpretation of the law. Interpreting the law is a matter for the courts alone.

## **Children with Medical Needs**

St Paul's is a fully inclusive school where children with medical needs have the same rights of admission as other children. The whole school environment is inclusive and favourable to students with medical conditions; this includes the physical environment, as well as social, sporting and educational activities. St Paul's makes sure the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits. We make sure that students with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

Most children will at some time have short-term medical needs, perhaps finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

Medical Profiles and Individual Health Care Plans can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

## **Attendance**

All St Paul's staff understand that frequent absences may be due to a student's medical condition. St Paul's will not penalise students for their attendance if their absences relate to a genuine medical condition which can be evidenced upon request.

Students with medical conditions who are finding it difficult to keep up educationally will be referred to the SENDCO, Medical co-ordinator or attendance team who will liaise with the student, parent and healthcare professional as appropriate. This may require a referral to The Hospital School for further advice and guidance.

## **Support for Children with Medical Needs**

St Paul's staff are aware of the common triggers that can make medical conditions worse or can bring on an emergency and have been given training and written information on medical conditions which

includes avoiding/reducing exposure to common triggers. Individual Medical Profiles and Individual Health Care Plans detail triggers and how to make sure the student remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, considering the needs of students with medical conditions. St Paul's reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Parents have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Parents, and the child, if appropriate, should obtain details/Health Care plans from their child's General Practitioner (GP) or paediatrician, if needed. The school nurse may also provide additional background information for staff.

There is no legal duty that requires the school to administer medicines. St Paul's has developed roles for support staff that build the administration of medicines into their core job description.

**At St Paul's Medicines should only be distributed by the designated support staff after written consent has been obtained.**

### **Roles and Responsibilities**

**The School Leadership Team have a responsibility to:**

- Arrange training for first aiders and appointed persons.
- Where first aid qualifications are due to expire ensure that refresher training is completed or that a replacement first aider/appointed person is appropriately trained.
- Ensure the annual medical conditions training is undertaken by all teaching and support staff including but not limited to Adrenaline device use, asthma, diabetes, and epilepsy.
- Maintain a record of medical conditions training.
- Assurance over the compliance of the school medical policy

**The SENDCO (Special Educational Needs Co-ordinator) working with the identified Medical Lead to have the responsibility to:**

- Know which students have special educational needs because of their condition.
- Ensure teachers make the necessary arrangements if a student needs special consideration or access arrangements in exams or coursework.

### **Medical Lead**

- Update the school's Medical conditions Policy
- Ensure that those students with medical conditions have a Medical Profile/Individual Health Care Plan and that parents/carers have the opportunity to review this on at least an annual basis as required.
- Liaise with the school nurse and other relevant medical professionals regarding students' medical conditions, Medical Profiles and Individual Health Care Plans
- Responsible for the issue of passes relevant to specific medical needs and conditions
- To ensure relevant staff are made aware of a pupils specific medical condition/medication needs
- Ensure correct storage of medication.
- Ensure that expiry dates for all medications are checked at the end of each term and correctly recorded on the Evolve system.

**First aiders/appointed persons have a responsibility to:**

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.
- Ensure that an ambulance or other professional medical help is called if required.

- Record first aid/medical incidents on the Evolve school record system.
- Keep accurate records.

#### **Medical Administration (main office staff)**

- Ensure that all emergency and non-emergency medication brought into school is clearly labelled with the student's name, the name and dose of the medication and the frequency of the dose and that all information is recorded on the Evolve system.
- To inform the Medical Lead of students with medical needs when completed forms are returned by parents/carers to school.
- Ensure accurate recording on the Evolve system of all medication administered.
- Scan and add to the Evolve system all parental permission forms before storing in master file.

#### **Teachers have a responsibility to:**

- Ensure students who have been unwell catch up on missed school work.
- Be aware that medical conditions can affect a student's learning and provide extra help when students need it.
- Liaise with parent/carers, the student's healthcare professionals, SENDCO and pastoral staff if a child is falling behind with their work because of their condition.
- Use opportunities such as PSHE lessons and other areas of the curriculum to raise awareness about medical conditions.

#### **PE teachers have a responsibility to:**

- Ensure students with severe asthma or other specific conditions that impact their ability to take part, are not forced to take part in activities if they feel unwell but are not excluded from activities if their asthma/condition is well controlled.
- Ensure students known to have asthma carry prescribed inhalers and are allowed to use them when needed.
- Allow students with diabetes to take essential medical kit out during PE lessons
- If a student known to have asthma is showing symptoms during an activity, allow them to stop and self-medicate.
- Remind students whose symptoms are triggered by exercise to use their reliever inhaler immediately.
- To carry a radio during lessons outdoors for emergency situations.

We understand the importance of all students taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all students. This includes out-of-school clubs and team sports. This school understands that all relevant staff are aware that students should not be forced to take part in activities if they are unwell. They should also be aware of students who have been advised to avoid/take special precautions during activity, and the potential triggers for a student's medical condition when exercising and how to minimise these. This school makes sure that students have the appropriate medication/equipment /food with them during physical activity.

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

- Tell the school if their child has a medical condition and ensure school is kept up to date on any changes to medical conditions existing or new.
- Inform the school about the medication their child requires during school hours.
- **Ensure their child does not carry medication in their bag – ALL MEDICATION MUST BE STORED IN THE MAIN OFFICE.** (Exceptions to this include diabetic pupils and others that may have specific, agreed alternative arrangements)
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when, and how much.
- Inform the school of any changes to their child's condition.

- Ensure their child's medication and medical devices are labelled with their child's full name.
- Ensure that their child's medication is within expiry dates.
- Keep their child at home if he/she is not well enough to attend school.
- Ensure their child catches up on any school work missed.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
- Ensure their child has written care/self-management plan from their doctor or specialist healthcare professional to help their child manage their condition if required.

#### **Students have a responsibility to:**

- Treat other students with and without a medical condition equally.
- Tell their parents/carers, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another student is feeling unwell.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- Ensure a member of staff is called in an emergency situation.
- Catch up on any missed school work.

#### **The School Nurse Service has a responsibility to:**

- Help provide regular training for academy staff in managing the most common medical conditions at school.
- Provide information about where the school can access other specialist training.

### **Prescribed Medicines**

Parents should provide full information about their child's medical needs; including about the medicines their child needs (**Parent/Carer Agreement for School to Administer Medicines**).

Where a prescribed medicine is administered to a child it should be recorded on **Evolve**.

Medicines should only be taken into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. St Paul's will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

**St Paul's will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours.

### **Non-Prescription Medicines**

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents (**Parent/Carer Agreement for School to Administer Medicines Form**).

Where a non-prescribed medicine is administered to a child it should be recorded on **Evolve**, providing the parent/carer has completed the above-named form.

If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

**A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.**

### **Short-Term Medical Needs**

Many children will need to take medicines during the day at some time during their time at St Paul's. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken into school where it would be detrimental to a child's health if it were not administered during the day.

### **Long-Term Medical Needs**

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school.

St Paul's need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a Medical Profile/Individual Health Care Plan for such children using information provided by the relevant health professionals.

### **Specific Medical Conditions**

#### **Asthma**

Students with Asthma at St Paul's are identified in line with all students with medical needs on SIMs. Annual training is provided for all staff by the school nurse service specifically around meeting the needs of students with Asthma. In order to further support staff, St Paul's has an Asthma policy that has been written in partnership with the school nurse service and provides practical advice around working with students with Asthma and a Case Study (Appendix A)

#### **Allergies/ Anaphylaxis / Adrenaline Devices**

Students who have allergies that require them to carry Adrenaline Devices in school should carry this on their person, a second device can be kept in the main office. A copy of their Medical Profile will be in the High Needs Medical booklet. These students are regularly reviewed by their own GP/nursing team and are highlighted in the High Needs Medical booklet in the Staff Handbook. St Paul's first aid team receive training around use of Adrenaline devices as part of their emergency first aid training every 3 years.

#### **Diabetes**

St Paul's understands the impact that Diabetes can have on learning and that if it's not well managed a child might not achieve their full academic potential. Diabetic children can have difficulties with attention, memory, processing speed, planning and organising and perceptual skills. For these reasons, it is crucial that students are supported to manage their diabetes in all aspects of their life, including their time at school.

Students with Diabetes are well supported at St Paul's with Individual Healthcare Plans and highlighted in the High Needs Medical booklet in the Staff Handbook. Reasonable adjustments are made for those students with diabetes on a day to day basis with close parent-school communication being paramount to enabling the students to feel fully supported

External advice and support is sought from diabetes UK on the below links

[www.diabetes.org.uk/school](http://www.diabetes.org.uk/school)

<https://youtu.be/7KoCDLVJCXA>

## **Sickness & Diarrhoea**

Any pupil that has had a sickness or diarrhoea, related to viral stomach infection, is to refrain from attending school for 2 days once these symptoms have stopped. This is following guidance from NHS and is in place to reduce the spread of such illness among pupils and staff within the school.

## **Administering Medicines**

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container.

If in doubt about any procedure St Paul's staff will not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue will be discussed with the parent, if appropriate, or with the school nurse service.

Designated staff must complete and sign a record each time they give medicine to a child. And record this on the **Evolve system**. Good records help demonstrate that St Paul's staff have exercised a duty of care.

## **Refusing Medicines**

If a child refuses to take their medicine, staff should not force them to do so, but should note this in the records and parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the St Paul's emergency procedures will be followed.

## **Record Keeping**

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However, staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- name of child
- name of medicine
- dose / remaining doses
- method of administration
- time/frequency of administration
- any side effects
- expiry date

Parents should complete **Parent/Carer Agreement for School to Administer Medicines form**

in these instances. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.



## **Educational Visits**

St Paul's encourages children with medical needs to participate in safely managed visits and considers the reasonable adjustments needed to enable children with medical needs to participate fully and safely on visits. A risk assessment is completed as necessary taking into consideration specific medical needs of pupils.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any Medical Profiles/Individual Health Care Plans are taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they are encouraged to seek parental views and medical advice from the school nurse service or the child's GP. Any overnight excursions will require staff involved to keep any medication required for pupils, safe and secure during this time.

## **Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. **Any restrictions on a child's ability to participate in PE should be recorded in their Medical profile/Individual Health Care Plan.**

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. **Staff supervising sporting activities must consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.**

## **Parents and Carers**

It only requires one parent/carer to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom St Paul's has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the courts. St Paul's will continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a court decides otherwise.

For a child with medical needs, the Head teacher will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the Head teacher should seek advice from the school nurse or doctor, the child's GP or other medical advisers.

**Staff with children with medical needs in their class or group are informed about the nature of the condition, and when and where the children may need extra attention via SIMS, Medical profiles/Individual Health Care Plans and the High Needs Medical booklet in the Staff Handbook**

## **St Paul's Staff Giving Medicines**

Teachers' conditions of employment do not include giving or supervising a student taking medicines. St Paul's ensures that there are sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. This will then be reviewed/ refreshed every 3 years. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

## **Storing Medicines**

**Large volumes of medicines should not be stored.** St Paul's will only store, supervise and administer medicine that has been prescribed for an individual child. Medicines are stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Some medication for pupils at this school may need to be refrigerated. Refrigerators used for the storage of medication are in a secure area, inaccessible to unsupervised pupils or lockable as appropriate. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

**Children should know where their own medicines are stored and who holds the key. The Head teacher is responsible for making sure that medicines are stored safely.**

## **Access to Medicines**

Children need to have immediate access to their medicines when required. At St Paul's all medicines are stored in the Main School Office.

## **Disposal of Medicines**

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term, unless otherwise agreed. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

## **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **Medical Profiles/Individual Health Care Plans**

The main purpose of Medical Profiles/ Individual Health Care Plans for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an Individual Health Care Plan that is written in partnership with healthcare professionals but they may require a 1 page Medical profile to support and inform staff of the specific medical condition (sample profile below).

An Individual Health Care Plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician via an Individual Health Care Plan.

Staff should judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition.

It is the responsibility of the parent/carer to ensure that the school has the relevant medical information from the child's GP/Clinician in order to create the Health Care Plan. It is also the responsibility of the parent/carer to ensure that this information is up to date. The Medical Co-ordinator will work with parents/carers and the school nurse service to create each Individual Health Care Plan and all Medical profiles and will ensure that these are then shared with the relevant members of staff.

## **Off-site education or work experience**

St Paul's is responsible for ensuring, under an employer's overall policy, that work experience placements are suitable for students with a particular medical condition.

St Paul's makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of students with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

## **Appendices**

A – Asthma Policy and case study

B – Emergency Procedure

## Appendix A



### **Asthma Policy**

**(This forms part of the wider Managing Medicines Policy)**

#### **Practical considerations and guidance for staff**

- All students with Asthma must be highlighted on the class registers (Sims and Teacher Planners).
- If parents wish to keep a spare inhaler in the school main office a permission to administer form must be completed.
- If a child has an asthma attack, parents need to be contacted to check they are happy with their child going home in their usual way (walk/bike/bus etc.)
- Only blue inhalers (Salbutamol/Ventolin) are to be carried by students and used during school hours.
- If a student is feeling 'tight'/needs to take their inhaler/is having an asthma attack **they are not allowed to leave the room/stand outside/be sent to the office** (even with another student). First Aid must come to them.
- If you notice that a student is using their inhaler and they normally don't need to, it is advised that parents/guardians are informed as well as the student's Form Tutor, Progress Leader and the Medical co-ordinator.
- The physical positioning of a student with Asthma within each classroom must be considered. In the winter months the cold can affect a student's breathing and in the summer months the student can be affected by hay fever which could impact on their asthma.
- In any subject, where practical lessons are part of the curriculum (Science, DT etc.) the students need prior notice as smoke and smells can exacerbate their Asthma and alternative provision may need to be made.
- PE staff should ensure that inhalers are carried out to the field/astro/MUGA/gym by a member of staff in a container. Students' names should be on their inhalers.
- Aerosols are not allowed to be used within the school.

#### **Steps when a student has an asthma attack (see also Asthma Flow Chart)**

1. Keep calm and reassure the student
2. Encourage the student to sit up and slightly forward
3. Use the student's own inhaler; if not available use the emergency inhaler (stored in First Aider backpacks)
4. Remain with the student while the inhaler is brought to them.
5. In the event of an Asthma attack it is better to use an inhaler with a spacer.
6. Immediately help the student to take two separate puffs of Salbutamol/Ventolin.
7. If there is no immediate improvement, continue to give two puffs at a time every two minutes up to a maximum of ten puffs.
8. Stay calm and reassure the student.
9. In the case of a student who has required ten puffs of a blue inhaler, and has responded well, then the parents/guardian should be informed and the decision whether or not to seek further medical attention be made by them.
10. If the student does not feel better or respond to treatment before or after you have reached ten puffs of a blue inhaler call 999 for an ambulance. The treatment can be repeated if an

ambulance does not arrive within ten minutes. The student's parents/Guardian should be contacted also.

### **Using Inhalers/Emergency Inhalers**

- An inhaler should be primed when first used by spraying two puffs as if the inhaler has not been used for a long period of time they can sometimes get blocked.
- Inhalers will be more effective during an Asthma attack if used with a spacer.
- An emergency Asthma inhaler is kept on the school site in the first aid backpacks.
- To avoid cross contamination, if a student needs to use the emergency inhaler, the disposable spacers should be used.
- Use of the emergency inhaler should be recorded on the evolve accident book record.

### **Supporting Documents**

Asthma Flowchart – see below

**Asthma in School case study:** Offerton High School where neglect 'significantly' contributed to the death of an 11 year old boy from an asthma attack at school (ruled by jury at inquest).

Sam Linton was left to sit in a corridor at Offerton High School, Stockport, struggling to breathe. He was wheezy and continuously using his inhaler but the school failed to call an ambulance. He was eventually taken to Stepping Hill Hospital but by then he could not be saved.

An inquest jury ruled that Sam's death was a result of natural causes but it could have been prevented if prompt emergency treatment had been sought. They took just under 2 hours to return their verdict and highlighted the failures of unnamed members of staff and medical procedures at the school.

The jury said that Offerton High had:

- Failed to implement an integrated asthma policy in school
- Failed to ensure members of staff were trained to deal with children having an asthma attack
- Failed to keep an up to date health care plan
- Failed to monitor Sam's condition when they saw him using the inhaler in the corridor between 12.20pm and 3.15 pm on December 4th 2007

In a statement outside the court family representative Jonathan Betts of Mitchell solicitors said that the school had shown 'a complete absence of common sense in the event of a child suffering an asthma attack. The fact that no one called an ambulance during the hours that Sam was suffering from a prolonged asthma attack is astounding and deeply troubling' This inquest has confirmed our worst fears about the way Samuel's asthma attack was handled in school. When you send your children to school you believe they will be looked after and cared for. Their safety and welfare is very important and we want to let others know that if they have concerns like this they should speak up before it's too late'.

Sam's parents Karen and Paul Linton added 'The inquest has highlighted that what happened at school that day and the thought that his death may have been prevented is too much to bear'.

## WHAT TO DO IF A CHILD/YOUNG PERSON HAS A SEVERE ASTHMA ATTACK IN SCHOOL

If the child/young person (CYP) has any or all of the following systems

- The CYP is distressed with their breathing
- The CYP is unable to talk/speak in sentences
- The CYP is getting exhausted
- The blue inhaler has no effect



**TREAT AS A SEVERE ASTHMA ATTACK**



- Give 1 puff of the blue inhaler every minute until the ambulance arrives
- Keep calm
- Let CYP get in a comfortable position – usually sitting forward – **DO NOT LET THEM LIE DOWN**
- Stay with CYP and reassure them
- Get someone to call an ambulance then the parents/carer



**When calling an ambulance remember to give the following information:**

- Location – landmarks, best entrance to school etc.
- State CYP having an asthma attack
- Description of situation if able, i.e. age of CYP, symptoms, response to inhaler/medication given

**Continue giving the inhaler,  
do not stop until the ambulance  
arrives**

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

British Thoracic Society (2009) British Guidelines on the Management of Asthma. [www.brit-thoracic.org.uk](http://www.brit-thoracic.org.uk)



## **School Procedure for calling Emergency Service**

This process should be followed at all times

Should a pupil become unwell or have a serious accident in school



A First Aider is called



The First Aider will call emergency services to seek advice/request an ambulance



The First Aider will give their location in school, the name of the child and the condition of the child. The First Aider will stay with the child until emergency services arrive and inform the main office.



The office staff will radio Security staff to inform them that an ambulance has been called. The office staff will inform parents/carers of the situation.



The Head teacher, the Deputy Head Teacher or a member of Senior Team must be informed of the illness/accident and advised that an ambulance has been called





## ANNUAL UPDATE OF ESSENTIAL INFORMATION 2023/4

Surname	Forename	
Address of child		
Postcode	Male/Female	Date of Birth
Home Telephone		School Year
<p style="color: blue; font-weight: bold;">Current email address:</p> <p style="color: blue; text-decoration: underline;">_____</p>		
<p style="color: red; font-weight: bold; margin: 0;">DETAILS OF PARENTS/GUARDIANS</p> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>MRS MS MISS DR</span> <span>MR DR</span> </div>		
Mum's name	Dad's name	
Address	Address	
Work number	Work number	
Mobile	Mobile	
Priority   1 2 3 4   PR   Y/N	Priority   1 2 3 4   PR   Y/N	
<p style="color: red; font-weight: bold; margin: 0;">OTHER CONTACTS OTHER THAN PARENTS eg grandparents auntie etc</p>		
Name	Name	
Relationship	Relationship	
Telephone	Telephone	

Priority 1 2 3 4	Priority 1 2 3 4
MEDICAL DETAILS	
Doctors Name	Telephone
Medical Condition (if any)	
Procedure to follow	
<input type="checkbox"/>	
LAC POST LAC	SERVICES CHILD
HOME LANGUAGE	RELIGION
NATIONALITY	COUNTRY OF ORIGIN
PREVIOUS SCHOOL	
How do you come to school walk, school bus, public bus, bike, car	
OTHER INFORMATION	



## Example of a Medical Profile (Asthma)

### Medical Health Profile

**Name:**

**DOB:**

**Photo:**

**Medical Condition:-**

Asthma

**Symptoms:-**

*Coughing*

*Wheezing*

*Chest Tightness*

*Hard to Breathe*

**Possible Triggers:-**

Cold air

Dust

Pollen

Stress

#### **Emergency Action Plan:**

An emergency is when any of the following happens:

- The reliever inhaler doesn't help.
- Symptoms of cough, wheeze, breathlessness or tight chest get worse.
- The child is too breathless or exhausted to speak or is usually quiet.
- The child's lips are blue.

If any of these occur, continue to give the child 1 puff of reliever inhaler (blue) every minute for 4 minutes (4 puffs). After 5-10 minutes the child should feel better & be able to return to normal activities. If the reliever inhaler has no effect after 5-10 minutes, follow school procedure for calling emergency services. Continue to give the reliever inhaler 1 puff every minute until the ambulance arrives. Inform child's parents.

## Parent/Carer Agreement for School to Administer Medicines

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

### Medicine

Name/type of medicine (as described on the container)	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to the school	

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

Signature(s):

Print Name:

Date:



## Consent Form

### Use of Emergency Salbutamol Inhaler

#### In the event of a student showing symptoms of asthma or having an asthma attack

1. I can confirm that my son has been diagnosed with asthma/ has been prescribed an inhaler
2. My son has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
3. In the event of my son displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my son to receive salbutamol from an emergency salbutamol inhaler held by the school for emergencies. Please note that this form will remain valid for the duration of your son's education at Wellacre.

Signed:	
Print Name:	
Son's Name:	
Date:	

Parent/Carer Contact Details	
Home Telephone:	
Mobile:	
E-Mail:	

This child has the following allergies:

Name: .....

DOB: .....

Photo

## Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited,  
can repeat dose)

- Phone parent/emergency contact

## Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

### AIRWAY

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

### BREATHING

- Difficult or noisy breathing
- Wheeze or persistent cough

### CONSCIOUSNESS

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- Lie child flat with legs raised (if breathing is difficult, allow child to sit)



- Immediately dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

- In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available

- Commence CPR if there are no signs of life

- Stay with child until ambulance arrives, **do NOT** stand child up

- Phone parent/emergency contact

\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\*

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

## Emergency contact details:

1) Name: .....



2) Name: .....



## Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

**Parental consent:** I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAI in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: [sparepensinschools.uk](http://sparepensinschools.uk)

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at [bsaci.org](http://bsaci.org)

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at [guidance.nice.org.uk/CG116](http://guidance.nice.org.uk/CG116)