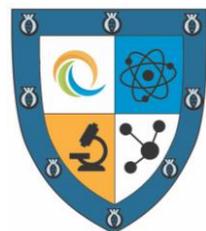




**SUPPORTING CHILDREN WITH MEDICAL  
CONDITIONS POLICY  
FOR SCHOOLS WITHIN QUEST**

**St. Peter's C. of E. Primary School, Hindley  
Hindley Green Community Primary School  
St. John's C. of E. Primary School, Hindley Green  
St. John's C. of E. Primary School, Abram  
University Collegiate School, Bolton**



May 2021  
Review date May 2023

## **Supporting children with medical conditions policy**

### **Introductory Statement**

Local Authority, schools and academies have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils/students with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils/students at the school. This may mean making special arrangements for particular pupils/students who may be more at risk than their classmates. Individual procedures may be required. The employer is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils/students may need.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils/students with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils/students have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine, however, prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

### **Aims**

All schools within QUEST aim to:

- assist parents in providing medical care for their children;
- educate staff and children in respect of special medical needs;
- arrange training for volunteer staff to support individual pupils/students;
- liaise as necessary with medical services in support of the individual pupil/student;
- ensure access to full education if possible, including participation in school trips and visits or sporting activities;
- monitor and keep appropriate records.

### **Entitlement**

The schools believe that pupils/students with medical needs should be enabled to have full attendance and receive the necessary care and support to access the full education available to other pupils/students.

Schools will put plans in place, whenever possible, to facilitate children participating in any aspect of school life, including school trips, and children's individual healthcare plans will be a point of reference at all times.

The schools accept all employees have rights in relation to supporting pupils/students with medical needs as follows:

- choose whether or not they are prepared to be involved;
- receive appropriate training;
- work to clear guidelines;
- have concerns about legal liability;
- bring to the attention of management any concern or matter relating to supporting pupils/students with medical needs.

Teachers' conditions of employment do not include administering medicines or supervising a pupil/student taking medicines. Any member of staff who volunteers to provide support to

pupils/students with medical conditions and agrees to accept responsibility for supervising the administration of prescribed medicines to a child, will receive appropriate training and guidance. Staff 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.

### **Expectations**

It is expected that:

- pupils/students are encouraged to take responsibility for their own medicine from an early age and parents will be encouraged to co-operate in training children to self-administer medication if this is practicable and that members of staff will only be asked to be involved if there is no alternative;
- in our primary schools where parents have asked the school to supervise the administration of medication for their child they must ask the pharmacist to supply any such medication in a separate container, containing only the quantity required for school use and the child's name. The prescription and dosage regime should be typed or printed clearly on the outside. The school will only supervise the administration of medicines in which the dosage is required 4 times a day. The name of the pharmacist should be visible and the instruction leaflet with prescribe medicines should show any side effects and the expiry date. Any medications not presented properly will not be accepted by school staff. Pupils/students should not bring in their own medicine. This should be brought into school by the parent.
- parents would consider whether their child is well enough to be at school if they require medicine four times a day.
- employees will consider carefully their response to requests to assist with the supervision of self-medication and that they will consider each request separately.
- the school will liaise with health and social care professionals, pupils/students and parents to ensure that children with medical needs are effectively supported, and will seek advice from the relevant practitioners where necessary and in the interests of the pupil/student.
- the school will not be able to store or give medicines that have not been prescribed to a child (e.g. Calpol, Piriton or cough medicines). If parents/carers wish to administer these medicines, it is expected they would make their own arrangements for this.
- any medicines brought into school by the staff e.g. headache tablets, inhalers for personal use should be stored in an appropriate place and kept out of the reach of the pupils/students. Any staff medicine is the responsibility of the individual concerned and not the school and should be used with discretion.

### **Implementation**

The Principals have overall responsibility for the implementation of this policy and will ensure all staff are aware of its contents through whole school awareness training. The policy will also be included in induction procedures for new staff/trainee teachers/supply teachers.

Principals and the Trust Inclusion Manager/SENDSCO will be responsible for ensuring that all staff who need to know are aware of a child's medical needs and that sufficient staff are trained where necessary to enable suitably trained staff to be available at all times.

When the school is first notified that a pupil has a medical condition the following steps will be followed:

- 1) Child diagnosed or child due to attend new school
- 2) Parent or healthcare professional informs school
- 3) Principal/Trust Inclusion Manager/SENDSCO co-ordinates meeting to agree individual Healthcare Plan
- 4) Meeting to agree Healthcare Plan to include child, parent, specialist nurse and GP/Pediatrician, key school staff

- 5) Develop Healthcare Plan and agree who writes it – normally the healthcare professional
- 6) School staff training needs identified
- 7) Specialist nurse/school nurse delivers training and staff signed-off as competent
- 8) Healthcare plan implemented and circulated to all relevant staff. Where a pupil/student has an Education, Health & Care plan, the IHP will be linked to it or become part of it. Where a pupil/student is returning from a period of hospital education, alternative provision or home tuition, the school will liaise with relevant partners to ensure the IHP identifies the support the pupil/student needs to ensure a positive re-integration
- 9) Healthcare plan reviewed annually or when condition changes – parent or healthcare professional to initiate.

### **Safety Management**

All medicines may be harmful to anyone for whom they are not appropriate. When medicines are brought to school, staff will ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

### **Controlled drugs at the UCS**

A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so. Students will be informed that if they pass their medication to another student for use, this will be regarded as an offence and the UCS will take action. This may involve implementing formal monitoring arrangements.

The UCS will keep other controlled drugs that have been prescribed for a student securely stored in a non-portable container to which named staff only, will have access. Controlled drugs will be easily accessible in an emergency.

### **Procedure for supervising/administering medication**

As is set out in the school prospectus; following the guidance of the Local Authority, it is preferable that parents administer medicines to their own children.

If that is not possible, eg where the dosage is four times a day, the following guidelines apply:

- In our Primary schools, the Principal must receive a *Medication Permission Record Form* available from the school office – appendix 1 - which has been completed and signed by the child's parent/carer.  
At the UCS, the only exception to this is where the medication has been prescribed to the student without the knowledge of the parent. In such cases, the school will encourage the student to involve their parents/carers, while respecting their right to confidentiality. The *Medication Permission Record Form* is then kept with the medication and will be completed and signed after each dosage has been supervised/ administered.
- The medicine should be brought into school by the child's parent, in its original container, with the dispensing pharmacy label attached clearly stating what the medication is, the child's name, the dosage and regularity of dosage. The medication should be handed to the Principal, or a member of the office administration staff.
- Medicines to be stored in a secure, locked cupboard or refrigerator as appropriate. If stored in the refrigerator, medicines will be kept in airtight container and clearly labelled.
- The Principal, Assistant Principal, Office Assistants, HLTA, LSA or a TA will supervise the administration of the medicine at 12.15 pm in primary schools and 12.35 pm (KS3) and 1.05 pm (KS4) in the secondary school. There are no exceptions to this time. Where this does not meet the requirements of the prescription, parents may need to make alternative arrangements.
- At the UCS emergency salbutamol inhaler kits are kept in the medical room.

- A visual check, against the name of the child on the medicine packet/bottle will be carefully checked with the name of the child who is attending the medicine administration. When possible, a second member of staff will be present to ensure and verify that the correct dosage is given to the correct child.
- The *Medication Permission Record Form* will be completed and signed after each dosage has been supervised/administered. A record of all medicines administered will also be kept in school – Appendix 2.
- Where a child refuses medicine the parent/carer will be informed immediately.
- The Principal may require parents to administer medicine if:
  - The timing of a dose is vital
  - A missed dose could have serious consequences
  - Technical or medical knowledge is required or Intimate contact is necessary.
- When no longer required, medicines should be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.

For the child's safety, these procedures will be strictly adhered to.

At secondary level:

#### **Medical Conditions Register/List**

- As part of the admissions process, parents/carers will be asked to provide information on their child's pre-existing medical conditions. Parents have a duty to update the UCS about any changes in their child's medical condition. Parents/carers know they may contact the SENDCO if their child develops a medical condition.
- Medical information will be recorded on SIMS but a register of any student with a medical condition requiring an Individual Healthcare Plan will be kept on a medical condition list or register which will be kept, updated and reviewed regularly. Each teacher will be provided with access to this list.
- In advance of a student transferring to the UCS, the school will endeavour to broker transition meetings for students on the medical conditions list, to enable school staff, parents/cares and health professionals to prepare the IHP and train staff if required.

#### **Students managing their own needs**

- Following discussions with parents/carers, students who are competent to manage their own health needs and medicines are encouraged to take responsibility for self-managing their medicines and procedures. This is reflected in their IHP.
- Where possible, students are allowed to carry their own medicines and relevant devices. Where it is not possible for students to carry their own medicines or devices, they are held in suitable locations that can be accessed quickly and easily.
- If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the student's IHP is followed. Following such an event, parents/carers are informed so that alternative options can be considered.
- If a child with a controlled drug passes it to another child for use, this is an offence and appropriate disciplinary action is taken.

See Appendix 6 for further information on UCS Asthma protocols.

#### **Longer term needs**

Where a child has a long term medical need, a written individual health care plan will be drawn up by the Trust Inclusion Manager/SENDCO with the parents/carers and health professionals. School staff will assist with medicines if this is included in the care plan. The health care plan will clarify for staff, parents and the child the help that can be provided and will be reviewed annually, unless the nature of the child's particular needs identify more frequent reviews. See QUEST's SEN&D Policy for further information.

### **Education Health Needs (EHN Referrals)**

All pupils/students of compulsory school age who, because of illness lasting 15 days or more, would not otherwise receive a suitable full-time education are provided for under the Local Authority's duty to arrange educational provision for such pupils/students. In order to provide the most appropriate provision for the condition, the Principal will accept referrals where there is a medical diagnosis from a medical consultant.

### **Common conditions**

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis). See Appendix 3 for more information.

### **Staff Training**

The Principal will liaise with health professionals and school nurses to determine the training needs of school staff, the type and level of the training, and agree who would be best placed to provide this training. Training should be sufficient to ensure staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in individual health care plans.

Staff will receive training or be provided with information about asthma regularly. This will support staff to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

Sources of further information include: Asthma UK – [www.asthma.org.uk](http://www.asthma.org.uk);  
NHS – [www.nhs.uk/conditions/asthma](http://www.nhs.uk/conditions/asthma)

When necessary, staff will receive training from local health services in the administration of rectal diazepam for children who have longer epileptic seizures.

Sources of further information include: Epilepsy Action – [www.epilepsy.org.uk](http://www.epilepsy.org.uk);  
NHS – [www.nhs.uk/conditions/epilepsy](http://www.nhs.uk/conditions/epilepsy)

When necessary, staff who agree to administer blood glucose tests or insulin injections will be trained by an appropriate health professional.

Sources of further information include: Diabetes UK – [www.diabetes.org.uk](http://www.diabetes.org.uk);  
NHS – [www.nhs.uk/conditions/diabetes-type2](http://www.nhs.uk/conditions/diabetes-type2)

In the event of possible severe allergic reactions, members of staff are regularly trained in the administration of Epi-pens by local health professionals and have the opportunity to practice with trainer injection devices.

When necessary, staff will be trained in the use of Gastronomy Button and administration of medicines and food through this route. Staff will be trained to risk assess the Mickey Button and have procedures in place if problems occur – see appropriate health care plan.

Records of staff training will be kept and renewed when necessary – appendix 4.

### **Emergency Treatment and medicine administration**

In the event of an emergency, the school will call for medical assistance and the parent or named emergency contact will be notified. All staff should know how to call the emergency services – see Appendix 5. A member of staff who is a paediatric first aider should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Staff should never take children to hospital in their own car; it is safer to call an ambulance.

The Board of Directors will support any member of staff who assists with medicine in a reasonable good faith attempt to prevent or manage an emergency situation, regardless of outcome.

### **Day Trips, Residential Visits and Sporting Activities**

A meeting will take place with the member of staff organising the trip, residential visit or sporting activity and the school's Educational Visits Co-ordinator to ensure arrangements are made and are flexible enough to ensure pupils/students with medical conditions can participate unless a clinician states it is not possible. Discussions will involve healthcare professionals, parents/carers, and the pupil/student if this is deemed necessary. Such arrangements will be separate to the normal day-to-day IHP requirements for the school day.

### **Unacceptable practice**

School staff should use their discretion and judge each case individually with reference to the pupil/student's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every pupil/student with the same condition requires the same treatment
- Ignore the views of the pupil/student or their parents/carers
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil/student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils/students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical conditions effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

### **Complaints**

Should parents/carers be dissatisfied with the support provided to their child, they should discuss their concerns directly with the school. If, for whatever reasons, this doesn't resolve the issue, they may make a formal complaint via the Trust's complaint procedure, details of which are available from the school office.

This policy has been reviewed with due regard to the Equality Act 2010 and was presented and approved by the Board of Directors during the Summer Term 2021.

Signed by:

*S. Bruton*

**CEO**

**Date:** May 2021

See separate document for Appendices 1 and 2

## Appendix 3

### Common Medical Conditions

The medical conditions in children that most commonly cause concern in schools are asthma, diabetes, epilepsy and severe allergic reaction (anaphylaxis).

**It is important that these guidelines are read alongside the child's individual health care plan which will give detailed information on the child's medical condition, symptoms and any necessary or emergency treatment.**

**Asthma** – The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. When a child has an attack they should be treated according to their individual health care plan/information supplied from parents/carers. Children with asthma need to have immediate access to their reliever inhalers when they need them. Staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

A good example of children being responsible for self-mediation is using their own asthma reliever. At Primary schools, Parents/carers must still complete a medicine record form, noting that the child will self-administer and sign the form. This will then be kept with the asthma inhalers in a safe, but accessible place in each classroom. Each child may use their inhaler as required, under the supervision of the class teacher or TA. All inhalers and spacer tubes are clearly marked with the user's name. It is the parents' responsibility to ensure that inhalers are within the use by date and operational. A record will be kept of all medication administered.

Children with asthma should participate in all aspects of the school day, including physical activities. Reliever inhalers are taken out of class during PE and on all off-site activities/visits.

At UCS, When a child with asthma joins this school, parents/carers will be asked to share medical information, giving details of the condition and the treatment required. It is the responsibility of the parent/carer to provide written information about all asthma medication required and parents must be responsible for ensuring an adequate supply of medication is provided. Information received from parents/carers will be used to compile an 'Asthma Register' which is available for all school staff. This register will be updated at least annually (or more frequently if required) using the information supplied by the parent/carer. Parents and students will also be required to sign an Asthma Agreement (see appendix 6 for further information).

At the UCS, medication only reliever inhalers should be kept in school. Usually these are blue in colour. Immediate access to reliever inhaler is vital. All students will carry their own inhalers with them at all times and parents/carers should send in a spare inhaler, to be kept in the medical cupboard at Reception for use if the original runs out or is lost. Good practice indicates that a spare inhaler is kept in school by the teacher for use if the original runs out or is lost. Students who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.

**Epilepsy** – Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents/carers and health care professionals should provide information to schools, to be incorporated into the individual health care plan. If a child does experience a seizure in school, the following details will be recorded and communicated to parents to enable accurate information to be forwarded to the child's specialist:

- Any factors which might possibly have acted as a trigger to the seizure eg, visual/auditory stimulation, emotion (anxiety, upset)
- Any unusual 'feelings' reported by the child prior to the seizure
- Parts of the body demonstrating seizure activity, eg limbs or facial muscles
- The timing of the seizure – when it happened and how long it lasted
- Whether the child lost consciousness
- Whether the child was incontinent

During a seizure it is important to make sure the child is in a safe position, not to restrict movements and to allow the seizure to take its course. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with, until they are fully recovered. An ambulance will be called during a convulsive seizure if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the child's health care plan
- A seizure lasts for five minutes if you do not know how long they usually last for that child
- There are repeated seizures, unless this is usual for the child as set out in the child's health care plan.

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures and guidance will be provided by health professionals as to when to administer it and why. Arrangements will be made for two adults, at least one of the same gender as the child, to be present for such treatment. This safeguards all concerned and ensures the dignity of the child is protected, even in emergencies.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming.

**Diabetes** – Diabetes is a condition where the level of glucose in the blood rises. This is either due to the lack of insulin (Type 1 diabetes) or because there is insufficient insulin for the child's needs or the insulin is not working properly (Type 2 diabetes).

The majority of children have Type 1 diabetes and would normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan. Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms which may include greater than usual need to go to the toilet or to drink; tiredness and weight loss.

The diabetes of the majority of children is controlled by injections of insulin each day. Most children will be on a twice a day insulin regime or a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do, it may be necessary for an adult to administer/supervise the injection.

Children with diabetes may need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this in school during the school lunch break, before PE or more regularly if their insulin needs adjusting. Younger children may need adult supervision to carry out the test and/or interpret the results.

Children with diabetes will be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose levels fall too low. Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar –

- Hunger
- Sweating
- Drowsiness
- Pallor
- Glazed eyes
- Shaking or trembling
- Lack of concentration
- Irritability
- Headache
- Mood changes, especially angry or aggressive behaviour

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, or a sugary drink is brought to the child and given immediately.

An ambulance should be called if the child's recovery takes longer than 10-15 minutes or the child becomes unconscious.

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

**Anaphylaxis** – Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit and also, penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. This is rare among young children below teenage years. More commonly there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect, except that if they come into contact with a certain food or substance, they may become very unwell. A detailed health-care plan will be put in place for children who may potentially suffer a severe allergic reaction.

It is important to note that anaphylaxis is manageable. With sound precautionary measures and support from staff, school life may continue as normal for all concerned.



QUEST

**Staff Training Record – administration of medicines**

Name of school: \_\_\_\_\_

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

Type of training received: \_\_\_\_\_

Date training completed: \_\_\_\_\_

Training provided by: \_\_\_\_\_

Profession and title: \_\_\_\_\_

I confirm that \_\_\_\_\_ (name of staff member) has received the training detailed above and is competent to carry out any necessary treatment.

I recommend that the training is updated \_\_\_\_\_

Trainer's signature: \_\_\_\_\_

Date: \_\_\_\_\_

I confirm that I have received the training detailed above.

Staff signature: \_\_\_\_\_

Date: \_\_\_\_\_

Suggested Review Date: \_\_\_\_\_

**QUEST**

**Contacting Emergency Services**

**Request for an Ambulance**

**Dial 999, ask for ambulance and be ready with the following information:**

- 1. Your telephone number**
- 2. Give your location as follows: (insert school address)**
- 3. State what the postcode is**
- 4. Give exact location in the school: (insert brief description)**
- 5. Give your name**
- 6. Give name of child and a brief description of child's symptoms**
- 7. Inform Ambulance Control of the best entrance and state that the crew will be met and take to....**

**Speak clearly and slowly and be ready to repeat information if asked.**

**Additional notes**

**Ensure the child's health care plan, pupil details form is available in case the ambulance crew request further information.**

**Contact child's parent/carer**

*Please keep a completed copy of this form by the telephone in the main office.*



## University Collegiate School Bolton Asthma Protocols



When a child with asthma joins the UCS, parents/carers will be asked to complete a medical form, giving details of the condition and the treatment required. Information from this form will be used to compile an 'Asthma Register' which is available for all school staff. This register will be updated at least annually (or more frequently if required) using the information supplied by the parent/carer. Parents and students will also be required to sign an Asthma Agreement

### **Physical Education**

Taking part in sports is an essential part of school life and is important for health and wellbeing and children with asthma are encouraged to participate fully. Symptoms of asthma can be brought on by exercise and, therefore, each student should ensure that they have their inhaler with them for Physical Education lessons. Certain types of exercise are potent triggers for asthma e.g. cross country running and field activities. Any child who knows that an activity will induce symptoms will be encouraged to use their reliever inhaler prior to exercise, will carry it with them and will be encouraged to warm up prior to participating and cool down after. The inhaler must be readily available to the pupil throughout the P.E lesson/sports activity.

### **School Trips/Residential Visits**

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, being carried by the student themselves. For residential visits, if necessary, staff will be trained in the use of regular controller treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided. Group leaders will have appropriate contact numbers with them.

### **Asthma Education for students**

It is recommended that all students should be educated about asthma. This could be through PSHE, drugs education, assemblies etc. Support for this may be available from your school nurse or the paediatric respiratory specialist nurse team.

### **Storage of Inhalers**

The following good practice guidelines for the storage of inhalers will be followed:

- Pupil inhalers will NEVER be locked away or kept in the school office. All students should carry their own primary inhaler with them at all times and parents/carers should send in a spare inhaler, to be kept in the medical cupboard at Reception for use if the original runs out or is lost.
- All children with asthma will have rapid access to their inhalers as soon as they need them. Students who are able to identify the need to use their medication, should be allowed to do so, as and when they feel it is necessary.
- Devices will always be taken with the child when moving out of the classroom for lessons, trips or activities.
- Staff will be aware of the location of all spare, emergency inhalers and spacers (if the school have them). N.B. In the unlikely event of another pupil using someone else's blue inhaler there is little chance of harm. The drug in reliever inhalers is very safe and overdose is very unlikely.

## **Colds/Viruses**

When a child has a cold it is sometimes necessary for him/her to use their reliever inhaler regularly for a few days. Therefore a parent/carer may ask school to administer the blue inhaler every lunchtime for approximately 1 week. The number of puffs will be advised by the parent/carer but may be anything between 4 and 8 puffs. This does not replace using the inhaler as and when needed – it is in addition to this. Children should not be taking their reliever inhaler every break/lunch time 'just in case' of symptoms. This is not a recommended practice. However, if a parent requests this, the school should administer the dose as requested and ask the parent to seek written clarification from their GP/Practice Nurse regarding this.

## **Emergency Procedures**

A document 'Signs of an Asthma Attack' is issued with this policy outlining the action to be taken in an emergency. Copies are displayed in the school office, staff room and relevant locations including classrooms where a pupil is known to have severe asthma.

## **Emergency Inhalers**

There are 2 ways to obtain emergency inhalers for the school. Inhalers and spacers can be purchased by the school for emergency use as recommended in Guidance on the use of emergency salbutamol inhalers in schools (DoH September 2014).

**UCS Bolton has an emergency inhaler which is located at Reception.**

Ideally, all parents of asthmatic pupils should sign the school Asthma Agreement giving permission for the child to use the emergency inhaler if necessary.

In an emergency, where a child who is a known asthmatic and on the school asthma register is experiencing significant symptoms and has not got their own blue inhaler with them or it is found to be empty, broken or out of date, it is acceptable to use the school's emergency inhaler and spacer. An emergency inhaler will be kept at Reception where staff can access one with ease and will be used as per the asthma flow chart. If the school has not subscribed to having an emergency inhaler, then, in a situation where a child who is on the asthma register, is having severe symptoms, it is acceptable to borrow a reliever inhaler and spacer from another child. This should then be recorded in the child's records and parent/carer informed.

**Cleaning of the emergency inhaler and spacer following use.** The spacer should be cleaned by either: a). Putting it into a dishwasher if available and leaving it to dry thoroughly before putting it away or b) Washing it thoroughly in hot soapy water and leaving it to air dry thoroughly before putting away. The casing of the inhaler can also be cleaned by removing the aerosol from the casing, wash and dry the casing and lid thoroughly before replacing the aerosol. Spray to check the inhaler is working effectively and replace the lid.

## **Responsibilities**

**Parents/Carers have a responsibility to:**

- Tell the school that their child has asthma.
- Ensure the school has complete and up to date information regarding their child's condition.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any medicines their child requires while taking part in visits, outings or field trips and other out of school activities.
- Inform the school of any changes to their child's medication.
- Inform the school if their child is or has been unwell which may affect the symptoms e.g. symptoms worsening or sleep disturbances due to symptoms.
- Ensure their child's inhaler (and spacer where relevant) is labelled with their child's name.

- Provide the school with a spare inhaler labelled with their child's name.
- Regularly check the inhalers kept in school to ensure there is an adequate amount of medicine available and that it is in date.
- Provide appropriate clothing for cold weather, in particular a scarf.

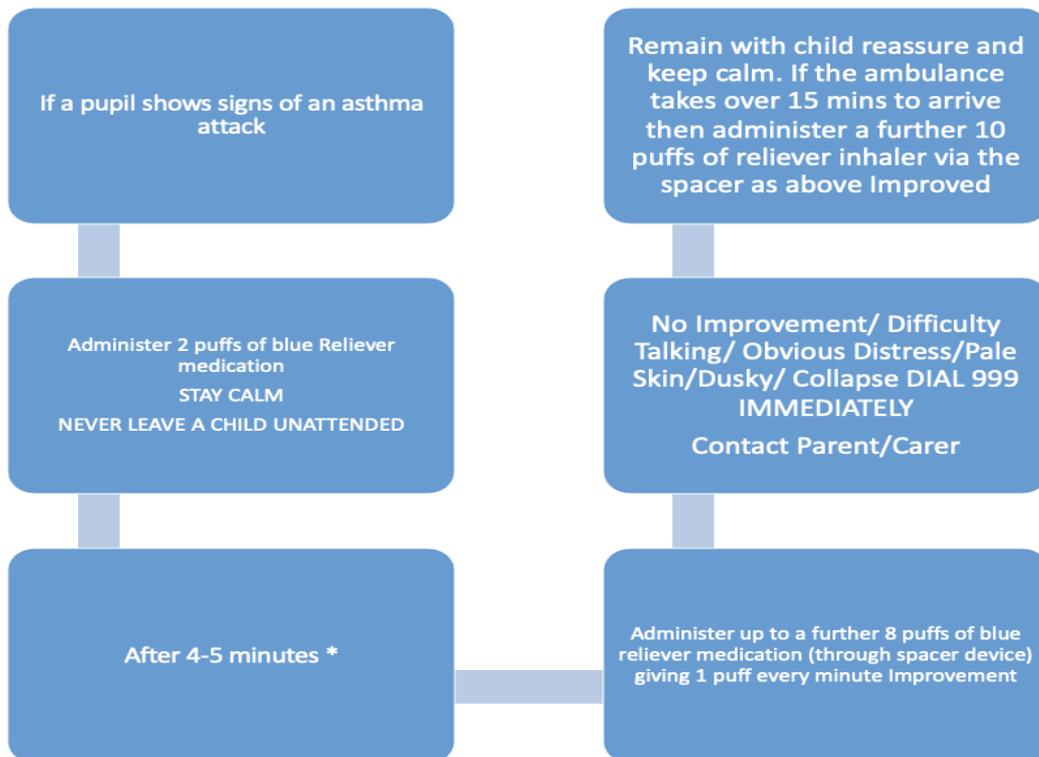
**All school staff (teaching and non-teaching) have a responsibility to:**

- Understand the school asthma protocols.
- Know which students they come into contact with have asthma.
- Know what to do in an asthma attack.
- Allow students with asthma immediate access to their reliever inhaler.
- Inform a first aider who will inform parents/carers if a child has had an asthma attack.
- Inform a first aider who will inform parents if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parents/carers, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma

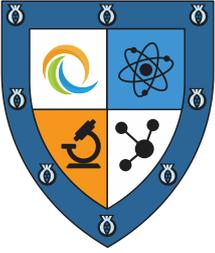
**Signs of Asthma Attack**

- Signs & Symptoms
- Cough
- Wheezing
- Tight Chest
- Shortness of Breath
- Tummy ache (younger child)
- NB Not all symptoms need to be present for a child to be having an asthma attack

If, at any stage, the symptoms appear to be worsening i.e. more breathless, difficulty in speaking, more distressed, change of skin colour dial 999 for an ambulance immediately. Continue to use the blue inhaler whilst waiting for help.



\*If the symptoms improve after 4-5 minutes, pupil can return to normal activities. Document episode in child's medical record. Dose may be repeated if symptoms return. Inform parent/carer.



## University Collegiate School



### **Asthma Agreement/Use of Emergency Inhaler**

DATE

Dear parent/carer,

We have on record that your child has a diagnosis of asthma. Your child should carry the inhaler that he/she needs to relieve his or her symptoms with him/her at all times. You should also send in a spare inhaler to Reception in case of an emergency. This inhaler should be in date, labelled and provided in its original container with dosage instructions. You also need to complete the attached asthma agreement and send this back to Reception at school.

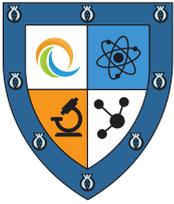
In order to support pupils with asthma, we also have a spare emergency salbutamol inhaler and spare plastic spacers in school. If you would like this to be available for your child to use in an emergency (if their own inhaler is not with them for some reason) please ensure that you sign the relevant section of the asthma agreement.

Many thanks for your co-operation in this matter.

Yours faithfully

Naomi Hamill  
SENCO  
University Collegiate School

---



**University Collegiate School, Bolton**

**Asthma Agreement**



Student Name: \_\_\_\_\_ Form: \_\_\_\_\_

**Student Agreement**

- The student will bring a named inhaler to school every day for use both at school and/or arranged day trips away.
- The student will take their reliever inhaler prior to physical activity where their condition is diagnosed as exercise induced.
- The student will take their preventer inhaler morning and evening at home where prescribed.

(Student) \_\_\_\_\_ (Print Name)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent Agreement**

- We will inform the school immediately if there are any changes to circumstances and medications prescribed.
- We will ensure that our child knows how to use their inhaler correctly.
- We give permission for our child to use their inhaler as required and for school staff to help when necessary.
- We agree to provide the school with a spare emergency relief inhaler and a spacer device (if needed) which will be kept at the school Reception.
- We will ensure that the spare inhaler is in date and will replace before expiry date is reached.
- We give permission for our child to use the school emergency inhaler and spacer in school if their inhaler cannot be found or is empty.

(Parent/Carer) \_\_\_\_\_ (Print Name)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_