

Fern Hill Primary School

Supporting Pupils with a Medical Condition Policy

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Committee	Fern Hill Local Academy Committee
Lead Person	SENCO

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1. Introduction

Fern Hill Primary School is an inclusive community that welcomes and supports pupils with medical conditions. The school understands that pupils can suffer from long term, short term, chronic and acute illnesses and will provide for all pupils without exception or discrimination. This includes both physical and mental health conditions.

Fern Hill Primary School provides all pupils with any medical condition the same opportunities as others at school, enabling them to play a full and active role in school life, remain healthy and achieve their academic potential.

Section 100 of the Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at Fern Hill School with medical conditions.

This policy follows the Department for Education's statutory guidance [Supporting Pupils at School with Medical Conditions](#).

The following School policies, copies of which are available on its website, are also relevant to this policy:

- Special Educational Needs Policy
- Intimate Care policy
- Equal Opportunities policy

2. Our Aims

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

3. Definitions of Medical Conditions

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

- **Short-term** - affecting their participation in School activities because they are on a course of medication.
- **Long-term** - potentially limiting their access to education and requiring extra care and support (deemed special medical needs).

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. Some may also have Special Educational Needs and may have an Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this guidance should be read in conjunction with the 2014 SEND Code of Practice and the Fern Hill School Special Educational Needs and Disabilities Policy.

If a child is deemed to have a long-term medical condition, Fern Hill School will ensure that arrangements are in place to support them. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child. Fern Hill School, health professionals, Parents/Carers and other support services will work together to ensure that children with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how children will be reintegrated back into school after long periods of absence.

4. Roles & Responsibilities

a. **Achieving for Children (AfC)** is responsible for:

AfC, on behalf of the Local Authority, will ensure there is advice and guidance to schools on the necessary local policy and procedures to ensure the safety of pupils when medication is taken or administered during school time. This is included as part of the Safeguarding arrangements.

b. **The Headteacher** is responsible for:

- implementing the Governing Body's policy in practice and for developing detailed procedures;
- ensuring the needs of pupils with medical conditions are properly understood and effectively supported through consultation with pupils, parents and health and social care professionals as necessary;
- ensuring that staff who volunteer to administer medicines (or where support staff have

specific duties to administer medication as part of their contract) receive support and training wherever necessary;

- ensuring that there are sufficient numbers of trained staff available to deliver each pupil's individual health care plan or EHC plan which may involve administering medication, including in contingency and emergency situations;
- ensuring that all staff who need to know about pupils' medical conditions and are responsible for their safety are aware of the child's condition;
- ensuring the school's local policies and procedures are communicated to parents;
- ensuring the school is a member of the Risk Protection Arrangement or that its insurance arrangements provide appropriate indemnity for staff against claims for alleged negligence providing they are acting within the remit of their employment;
- ensuring new and temporary staff are aware of any pupil in their class who may need specific medication for a serious medical condition.

c. Governing Body

Fern Hill Primary School's Governing Body takes account of the views of the Headteacher, staff and parents in confirming local arrangements on assisting pupils with medical needs. The School's Governing Body ensures that protocols are in place so that staff who volunteer to administer medication receive appropriate accredited training.

d. Kingston School Health Team/Service and Kingston Hospital Paediatric Diabetes Service

The Kingston School Health Team and Kingston Hospital Paediatric Diabetes Services are responsible for:

- providing regular training for school staff in managing the most common medical conditions at school:
- training on the administration of epilepsy medication
- training on the use of the Epipen for anaphylaxis (School Health Team) and Insulin for diabetes by the (Kingston Hospital Paediatric Diabetes Service)
- assisting the school with updating the school's medical conditions policy if required.

e. Parents

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. 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. It is

expected that parents will:

- carry out any action they have agreed to as part of the Individual Healthcare Plan and its implementation,
- supply school with appropriately prescribed medication, where dosage information and regime is clearly printed by a pharmacy on the container,
- give medicines to the school that are in date and clearly labelled,
- ensure they or another nominated adult are contactable at all times.

f. Medical Professionals

It is expected that medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child's condition, its management and implications for the school life of that pupil.

g. Medical Officer

The medical officer will maintain the training records, medicine inventories and other related records for pupils with a medical condition.

5. Unacceptable Practice

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

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume every child with the same condition requires the same treatment
- Ignore the views of the child or their parents / carers; or ignore medical advice
- Prevent children with medical conditions accessing the full curriculum, unless specified in their Individual Healthcare plan
- Penalise children for their attendance record where this is related to a medical condition
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition
- Require parents to administer medicine where this interrupts their working day
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips.

6. Entitlement

Fern Hill Primary School provides full access to the curriculum for every child wherever possible.

We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs. Employees may:

- Choose whether or not they wish to administer medicines (other than where support staff have specific duties to administer medicines as part of their duties)
- Receive appropriate training
- Work to clear guidelines
- Bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with medical conditions

7. Staff Indemnity

As the administration of medicines is considered to be an act of "taking reasonable care" of the pupil, staff agreeing to administer medication are fully indemnified against claims for alleged negligence under the Risk Protection Arrangement, providing they are acting in the course of their employment and follow this policy and guidance provided at relevant training courses. Staff must attend courses as detailed in section 8 below and as determined by the school in order to ensure they have received an appropriate level of training and competency prior to taking on any responsibility.

8. Policy Implementation and Training

Responsible person / Head Teacher: Adam Scott

Inclusion Leader & SENDCo: Sam Stephenson

Medical Officer: Kim Greyling

Any member of staff providing support to a pupil with medical needs should have received suitable training.

Suitable training should have been identified during the development or review of individual healthcare plans (IHCPs) (see section 10). Some staff may already have knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to pupils with medical conditions should be included in the meeting where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, how often this should be repeated or refreshed and how this can be obtained.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHCPs. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

A first aid certificate does not constitute appropriate training in supporting pupils with medical conditions.

All staff will be made aware of this policy and their role in implementing it as part of their induction process and through whole-school awareness training. With this training and understanding, staff will ensure that a trained person is always available in the case of staff absence or when staff leave the school. Supply teachers will be briefed as appropriate. The school will seek advice on training needs (including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs) from the relevant healthcare professional. The family of a child may provide specific information/advice about how their child's needs can be met but should not be the sole trainer.

In some cases written instructions from the parent or on the medication container dispensed by the pharmacist may be considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in a pupil's IHCP. Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Specific training is required for the administration of certain medications, including the following:

Medication	Situation	Training Provider
Epipen		School Health Team Ku19@yourhealthcare.org
Rectal Diazepam Buccal Midazolam	For disabled children attending mainstream or special schools.	Nicola Rocco, Moor Lane Centre, 030 8547 5746.
Insulin		Kingston Hospital Paediatric Diabetes Team pdt@kingstonhospital.nhs.uk
Rectal Diazepam Buccal Midazolam	For non-disabled children	PONT – Paediatric Outreach Nursing Team, Kingston Hospital, 020 8546 7711, ext. 2327.
Byccolom	Epilepsy	Kingston Hospital Epilepsy team

9. Procedure to be followed when notification is received that a Pupil has a Medical

Condition

- When joining the school, parents/carers are asked to complete a data collection sheet. This includes a section to notify the school of any medical conditions and needs.
- A form holding the data held for each pupil is sent to parents annually for them to update with any changes.
- It is expected that parents will notify the school if there are any changes to medical conditions between these annual updates.
- Where the data collection shows that a medical need/condition exists that requires an individual healthcare plan, the school office will send out an explanatory letter and a blank Individual Healthcare Plan (Appendix 2) for the parent, in conjunction with their healthcare provider, to complete.
- On return of the Individual Healthcare Plan the relevant staff members will discuss, and where necessary consult with parents, to plan how best to support the pupil's medical needs and ensure they have full access to education, school trips and physical education.
- All relevant staff members will be made aware of children's Individual Healthcare Plans.
- A list of pupils with medical issues showing the pupil name, class and a brief description of the medical condition is kept securely in Private and Confidential folders. It is also logged onto SIMs. This information is only accessible to those who need to know about pupils' medical conditions and are responsible for their safety.
- Prescribed medicine is only given when the school holds written parental authority to administer medicine. Whenever medicine is given this is detailed on the form on the back of the parental authority.
- Parental authority to administer medicines forms are used for both short term illnesses and long term conditions.
- All medication is held safely in the school office (including epipens) and asthma inhalers. In agreement with parents some medication may be kept securely in the classroom.
- Information on relevant medical conditions is given to any staff involved (see Information section).

Fern Hill School will make sure that no child with a medical condition is denied admission or prevented from attending Fern Hill School because arrangements for their medical condition have not been made. However, in line with our Safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

Fern Hill School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of

opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with Parents/Carers. Where evidence conflicts some degree of challenge may be necessary to ensure that the right support can be put in place. Following the discussions an Individual Health Care Plan will be put in place.

10. Individual Health Care Plans (IHCPs)

Individual Health Care Plans will be written and reviewed by the Medical Officer. Reviews take place at least annually, or earlier if evidence is presented that the pupil's needs have changed. IHCPs are developed with the pupil's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption.

It will be the responsibility of all members of staff supporting the individual children to ensure that the Plan is followed. The class teacher will be responsible for the child's development and the Inclusion Team are responsible for ensuring their medical conditions are supported at school. A pupil with an IHCP may also require a personal evacuation plan (PEP) and a personal risk assessment. These documents will be completed by the inclusion lead in collaboration with the health and safety lead.

IHCPs will help to ensure that Fern Hill School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The School, healthcare professionals and Parents/Carers should agree, based on evidence, when a Health Care Plan would be inappropriate or disproportionate. If consensus cannot be reached the Head Teacher is best placed to take a final view. A flow chart for identifying and agreeing the support a child needs and developing an IHCP is provided in Appendix A.

IHCPs will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an EHC plan, their SEND should be mentioned in their Individual Health Care Plan.

Appendix B shows a template for the IHCP and the information needed to be included. Individual Health Care Plans, (and their review), may be initiated, in consultation with the Parent/Carer, by a member of school staff or a healthcare professional involved in providing care to the child. Pupils should also be involved whenever appropriate. The responsibility for ensuring it is finalised and implemented rests with Fern Hill School.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), Fern Hill School will work with the local authority and

education provider to ensure that the IHCP identifies the support the child will need to reintegrate effectively.

11. The Child's Role in Managing their own Medical Needs.

If it is deemed, after discussion with the Parents/Carers, that a child is competent to manage their own health needs and medicines, Fern Hill School will encourage them to take responsibility for managing their own medicines and procedures. This will be reflected within IHCPs.

Wherever possible, medicines and relevant devices should be made available by the children for self-medication quickly and easily; these will be stored in the classroom medical boxes. The School recognises that children who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If a child is not able to self-medicate then relevant staff should help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so. Parents/Carers should be informed, outside of the review, so that alternative options can be considered.

12. In an Emergency

In a medical emergency, the school has several first aiders who can administer first aid if necessary. The school will also seek advice on specific emergency training needs from the relevant healthcare professional, so that staff can recognise and act quickly when a problem occurs

If an ambulance needs to be called, staff will:

- Ensure the child is present when the call is made (as recommended in the [London Ambulance Guide for Education](#))
- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions. Documentation should travel with the child in the ambulance.

Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital. Children will be accompanied to hospital by a member of staff who will remain until the pupil's parents arrive. Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult.

Other pupils in Fern Hill School should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

13. Managing Medicines on the School Site

Administration of medicines

The school administers medicine in line with the RBK school medicines policy as detailed below:

Non-prescribed Medicines

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child should be given non-prescription medicines, except Piriton/antihistamine or calpol in exceptional circumstances after gaining their parents' consent.
- Over the counter medicines are not kept by the school and staff are not permitted to administer any medication to pupils that has not been prescribed by a qualified medical practitioner.

Prescribed Medicines

Medicines should only be taken to school when essential; this is where it would be detrimental to a child's health if the medicine were not to be administered during the school day. School staff may administer prescription medicines, although there is no statutory or contractual duty for staff to do this. Parents must complete a recognised 'Parental Agreement for School to Administer Medicine in Schools' (see Appendix 3). Medicines must be clearly labelled and provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. This will include: Name of child, name of medicine, dose, method of administration, time/frequency of administration, any side effects, and expiry date. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.

Medicines will be stored safely. Medicines needing refrigeration will be stored in the office fridge.

Before administering any medicine, staff will check that the medicine belongs to the child, that the dosage they are giving is correct, and that written permission has been given.

All dosages given will be recorded on the Record of medicine administered on the reverse of the Parental Agreement to Administer Medicine in School's form.

During school educational visits, a first aid trained member of staff will carry all medical devices and medicines required. Parent helpers will not be responsible for administering medication.

Any side effects of the medication to be administered at the school should be noted.

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.

14. Emergency EpiPens and other Emergency Adrenaline Auto-Injectors

The school holds 'spare' emergency EpiPens which are used only to be used where a pupil is at risk of anaphylaxis, and where:

- medical authorisation has been given, either:
 - an Adrenaline Auto-Injector has been prescribed or
 - a doctor has provided a written plan recommending Adrenaline Auto-Injectors to be used in the event of anaphylaxis and has given specific consent for use of the school's spare Adrenaline Auto-Injector; and
- written parental consent for use of the spare Adrenaline Auto-Injector has been provided; and
- the pupil's own prescribed device cannot be administered correctly without delay (for example, because they have been forgotten or misplaced, they are broken, out-of-date, have misfired or been wrongly administered)

In the event of a possible severe allergic reaction in a pupil who does not meet the above criteria, staff will call 999 immediately, seek advice as to **whether administration of the spare emergency Adrenaline Auto-Injector is appropriate and request an ambulance.**

Fern Hill Primary's full protocol on the use of Emergency Adrenaline Auto-Injectors is annexed (Annexure D).

15. Emergency Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 has allowed schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can then be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

In the event of a possible asthma attack in a pupil who does not meet the above criteria, staff will call 999 immediately, seek advice as to **whether administration of the spare emergency inhaler is appropriate and request an ambulance.**

At Fern Hill Primary School, the following protocols apply to the use of emergency inhalers (the school's full protocol is annexed as Annexure E):

- The emergency inhaler will be stored in the school office along with a disposable spacer.

- A register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, will be kept with the emergency inhaler in the school office.
- Written parental consent for use of the emergency inhaler will be required in all cases, and included as part of a child's individual healthcare plan.
- Fern Hill Primary School will provide appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions.
- A record of the use of the emergency inhaler will be kept and parents will be informed that their child has used the emergency inhaler.
- The protocol will be monitored by two members of staff to ensure it is being followed.

16. Educational visits, Residential Visits and Sporting Activities

Teachers should be aware of how a child's medical condition will impact on their participation during educational visits, residential visits and sporting activities but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments. Fern Hill school will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible or where the child's parents have specified, in writing, that they do not want their child to participate in a particular activity due to a medical condition.

Fern Hill School will consider what reasonable adjustments it might make to enable children with medical needs to participate fully and safely on visits. A risk assessment will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and the pupil and advice from the relevant healthcare professional to ensure that pupils can participate safely.

17. Complaints

Should Parents/Carers or pupils be dissatisfied with the support provided they should discuss their concerns directly with the class teacher, in the first instance. In the unlikely event, this does not resolve the issue, they may speak to a member of the Senior Leadership Team or make a formal complaint via the procedure outlined in the Fern Hill School's Complaints Policy, a copy of which is available on the School's website.

Date: 12 July 2023

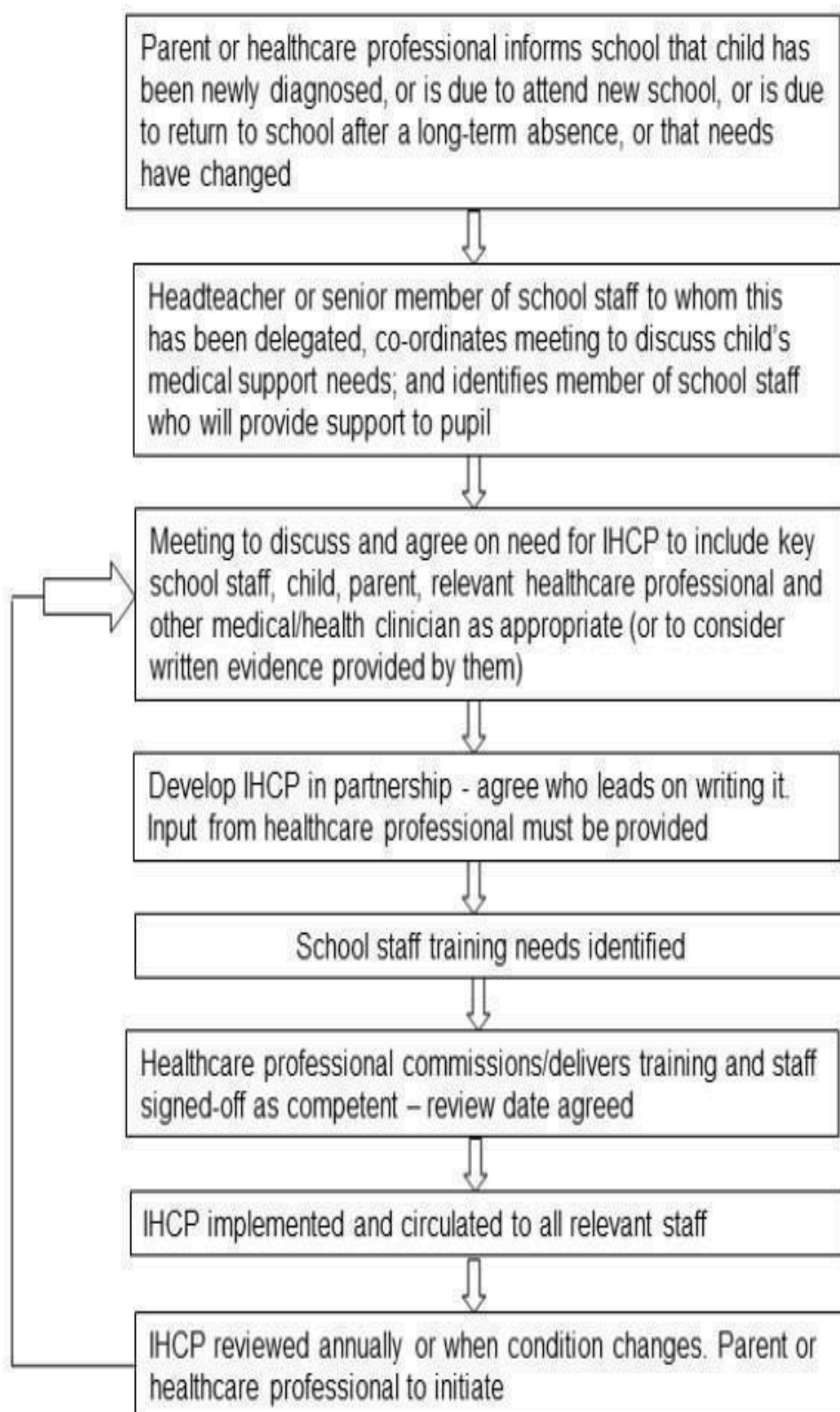
[Signed copy held by Head of Governance]

Signed:

Sean Weston
Chair Local Academy Committee

Adam Scott
Headteacher

Appendix A: Model Process for Developing Individual Health Care Plans



Appendix B: Fern Hill School Individual Health Care Plan

Parental and Health Provider Information	
Pupil's name:	D.O.B:
Year group:	
Class:	

Details of Medical Condition	
Medical Condition:	
Signs & symptoms:	
Triggers or things that make this pupil's condition worse:	
Medication Needs (dosage, storage, side effects etc.):	
Healthcare Requirements:	
During School Hours:	
Outside school hours:	
Emergency medication:	
What to do in an emergency:	
Are other treatments or actions needed?	E.g. time, facilities, equipment, access to food & drink, environmental issues
What level of support is needed?	(some children will be able to take responsibility for their own healthcare, including emergencies)
Any specialist arrangements required for off-site activities?	
Action to be taken in the event that the child refuses to take medicine or carry out a	

necessary procedure:	
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Contacts	Contact Number	Establishment
Specialist Nurse (If applicable):		
Consultant Paediatrician (If applicable):		
General Practitioner:		
Outside Medical Support:		

Part Two School Support Information		
Has written permission been provided by parents for medicine administration?	Parental agreement for school to administer medicine received?	Parental agreement for pupil to self-administer medication received?
Where medication is to be given by staff member (s).	Name of staff member and cover staff:	Any training required? Has this been received? Date:
Level of support	Is the pupil self-managing medication?	If so, arrangements for monitoring
Other Support		
Specific support for the pupil's educational, social and emotional needs	(e.g. how absences will be managed, additional support for catching up, counselling sessions)	
Does the pupil have any Special Educational Needs?	Ensure IHCP is linked to EHC plan	
Date of review:		

Next review due: (Annual Review Required)	
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I confirm that all the information I have declared above is accurate and up to date and that it is my responsibility to inform the school of any changes in writing in a timely manner.

I agree that the medical information contained in this form may be shared with individuals concerned with my/my child's care and education (this includes emergency services). Please notify the school if there are any confidentiality issues.

Signed (Parent/Guardian) _____ Date _____

Print name: _____

Appendix C: Administering Medicines in School Form

Parental Agreement for School to Administer Medicine or Self-Administration of Medication The school will not give your child medicine unless you complete and sign this form. Please note all medicines should be clearly labelled with the child's name and dose.		
Date		
Name of Child		
Date of Birth		
Class/form		
Medical Condition		
Medication to: be administered by school/ be self-administered (Delete as applicable)		
Medicine Name		
Type of Medicine		
Date Dispensed		
Expiry Date		
Dosage and method		
Time		
Special precautions		
Possible side effects		
Emergency procedures		
<ul style="list-style-type: none"> • I understand the school will endeavour to do their best to administer the treatment listed above to my child. • I agree that the medical information contained in this plan may be shared with individuals involved with my child's care and education (this includes emergency services). • I understand that I must notify the school of any changes in writing. 		
Name:	Signature:	Date:

APPENDIX D: Asthma Protocol and the use of Emergency Inhalers in School

1. Introduction

Common '**day to day**' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising,
- Shortness of breath when exercising,
- Intermittent cough.

These symptoms are usually responsive to use of a pupil's own reliever inhaler and rest (e.g. stopping exercise). They would not usually require a pupil to be sent home from school or to need urgent medical attention.

Details of how to recognise an **asthma attack** and the steps to take in response are set out in Appendix 1.

A prescribed reliever inhaler should be held in school to treat symptoms and for use in the event of an asthma attack. On trips pupils' inhalers together with an emergency spare device will be carried by the trip/group leader.

Prescribed inhalers held by the school should be clearly labelled with the pupil's name and kept in their original packaging in the child's classroom. This must be accessible at all times and NOT locked, but out of the reach and sight of pupils. It will be taken to all PE lessons and on trips.

Pupil's own prescribed inhalers are sent home at the end of each academic year to ensure that they remain in date and have not expired.

If any member of staff has reason to suspect a pupil has undiagnosed/untreated asthma or a respiratory condition, they should notify parents/carers, so they can take the child to a doctor and seek medical advice.

2. Emergency Inhalers in School

The Human Medicines (Amendment) (No. 2) Regulations 2014 allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies where a prescribed inhaler is not held or it has run out or malfunctioned.

Fern Hill Primary holds emergency inhaler kits (see Appendix 2 for contents and where held). On trips (both day trips and residential) an emergency inhaler kit will be carried as part of the first aid kit by the trip/group leader or another designated member of staff.

Emergency spare inhalers should **only** be used by pupils:

- who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication; and
- for whom written parental consent for use of an emergency inhaler has been given.

This is to prevent the inhaler from being administered inappropriately to a breathless child who does not have asthma (the symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be

mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in a child getting the treatment they need).

In the event of a possible asthma attack in a pupil who does not meet the above criteria, call 999 immediately, seek advice as to whether administration of the spare emergency inhaler is appropriate and request an ambulance.

A pupil may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these pupils if their own inhaler is not accessible or useable– it will still help to relieve their asthma and could save their life.

3. Parental Consent and the Asthma Register

When Fern Hill Primary is informed that a pupil has been diagnosed with asthma or prescribed a reliever inhaler, we will seek parental consent for an emergency inhaler to be administered using the Consent Form at Appendix 2.

To enable staff to quickly check whether a pupil is able to use a spare emergency inhaler in an emergency we will maintain an Asthma Register to record which pupils have been diagnosed with asthma or prescribed a reliever inhaler and whether consent has been given for an emergency inhaler to be administered. Consent will be updated annually, to take account of changes to a pupil's condition.

Written parental consent for use of the emergency inhaler will be included as part of any individual healthcare plan.

A copy of the Asthma Register will be kept with each emergency inhaler.

4. Storage, care, and disposal

Emergency inhalers and spacers are kept in a cupboard in the Office, which is accessible at all times and NOT locked, but out of the reach and sight of pupils. Emergency inhalers are clearly labelled and kept separately from pupils' own inhalers.

An inhaler should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the pupil to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place out of sight and reach of children. The canister should be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place. **However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it must not be re-used but disposed of.** Spent inhalers are to be returned to the pharmacy to be recycled, rather than being thrown away.

5. Record Keeping and Informing Parents/Carers

In accordance with our Supporting Pupils with Medical Conditions Policy, use of the emergency inhaler will be recorded, including:

- where and when the attack took place (e.g. PE lesson, playground, classroom),
- how much medication was given, and
- by whom.

Parents or carers will be informed in writing that their child has used the emergency inhaler using the letter at Appendix 3.

6. First Aiders and Designated Members of Staff

First aiders have volunteered and been trained to help a pupil use the emergency inhaler, and all members of staff should have recourse to them in an emergency. The on-call member of SLT will provide or arrange support for a First Aider's class if required while they are helping to administer an inhaler.

First aiders will be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- guidance on the use of emergency salbutamol inhalers in schools;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

Two designated members of staff (xx and xxx) will ensure that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are obtained following use (and the used spacer disposed of);
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or if used without a spacer, disposed of (returned to the pharmacy) and a replacement obtained.

The Medical Officer is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the Asthma Register.

This protocol follows the advice set out in the Department of Health's [Guidance on the use of emergency salbutamol inhalers in schools](#), March 2015 and The Department for Education's statutory Guidance [Supporting Pupils at School with Medical Conditions](#), December 2015.

Emergency Inhaler Protocol Appendix 1

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the pupil could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight'

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE BELOW WITHOUT DELAY IF THE PUPIL:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the pupil
- Encourage the pupil to sit up and slightly forward
- Use the pupil's own inhaler – if not available, use the emergency inhaler
- Remain with the pupil while the inhaler and spacer are brought to them
- Immediately help the pupil to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the pupil. Stay with the pupil until they feel better. The pupil can return to school activities when they feel better
- If the pupil does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- 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 a parent or carer arrives.

From Department of Health [Guidance on the Use of Emergency Salbutamol Inhalers in Schools](#) March 2015

Emergency Inhaler Protocol Appendix 2

Emergency asthma inhaler kit:

- A salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- School Asthma Register;

Emergency Inhaler Protocol Appendix 3

CONSENT FORM:

USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child 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 child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name

(print)
.....

Child's name:

.....

Class:

.....

.....

Parent's address and contact details:

.....

.....

.....

.....

.....

.....

Telephone:

.....

E-mail:

.....

.....

Emergency Inhaler Protocol Appendix 4

TEMPLATE LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

.....
.....

Class:

.....
..... Date:

Dear.....,

[Delete as appropriate] This letter is to formally notify you that.....has had problems with his / her breathing today.

This happened
when.....

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.

[Delete as appropriate]

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Appendix E: Anaphylaxis protocol and the use of emergency adrenaline auto-injectors (AAIs) in school

1. Introduction: What is Anaphylaxis

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline and children can initially improve but then deteriorate later. It is therefore vital to contact Emergency Services as early as possible.

Adrenaline should be administered at the first signs of anaphylaxis. The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. Delays in giving adrenaline are a common finding in fatal reactions: it needs to be administered before the person might reach a state of collapse, after which it may be too late for the adrenaline to be effective. Details of how to recognise and manage an allergic reaction/ anaphylaxis are attached at Appendix 1.

2. Allergies and prescribed AAIs in school

Adrenaline Auto-Injectors (AAIs) contain a single fixed dose of adrenaline, which can be administered by non-healthcare professionals.

At least one prescribed AAI(s) should be held in school for use for all pupils at risk of anaphylaxis (current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two devices as more than one dose can be required and the device can be used wrongly or occasionally misfire).

On trips pupils' AAIs together with an emergency spare device will always be carried by the trip/group leader.

Prescribed devices held by the school will be clearly labelled with the pupil's name and kept in their original packaging in the School Office. This must be accessible to all staff at all times and NOT locked, but out of the reach and sight of pupils.

Pupil's prescribed AAIs are sent home at the end of each academic year to ensure that they remain in date and have not expired.

3. Allergy Management Plan

All pupils with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan.

This information should be recorded in a pupil's individual healthcare plan. Where a pupil has no other healthcare needs other than a risk of anaphylaxis, a plan such as the [BSACI Allergy Action Plan](#) can be used to record this.

4. Responding to a severe allergic reaction and use of emergency AAI (see also Appendix 1 of this protocol)

If anyone in school (pupil/staff/visitor) appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 immediately and request an ambulance (even if they have already used their own AAI device).

You should administer the pupil's own AAI if available.

Schools may administer their "spare" emergency AAI **only** to a pupil at risk of anaphylaxis, where:

- medical authorisation has been given, either:
 - an AAI has been prescribed or
 - a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis and has given specific consent for use of the school's spare AAI); **and**
- written parental consent for use of the spare AAI has been provided; **and**
- the pupil's whose own prescribed AAI(s) cannot be administered correctly without delay (for example, because they have been forgotten or misplaced, they are broken, out-of-date, have misfired or been wrongly administered)

In the event of a possible severe allergic reaction in a pupil who does not meet the above criteria, call 999 immediately, seek advice as to whether administration of the spare emergency AAI is appropriate and request an ambulance.

Bring the AAI to the pupil, not the other way round. AAI's can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

Do NOT move the pupil and try to keep them as still as possible. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised (if pregnant, the advice is to lie the person on their left side). If breathing is difficult, allow them to sit.

If the condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose.

Arrange for a call to be made to inform parents/carers (and for staff their emergency contact).

5. Making the Emergency Call

When dialling 999:

- say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS")

- give clear and precise directions to the emergency operator, including the school's postcode: KT2 5PE.
- Make the call with the pupil present (as you will need to relay details of their condition to the operator) – take the phone to the pupil, do not move them.
- If a second dose of adrenaline is administered after making the initial 999 call, make a second call to the emergency services to let them know and to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
 - o if the pupil is known to have an allergy;
 - o what might have caused this reaction e.g. recent food and
 - o the time the AAI was used.
- Hand the paramedics the used AAI(s)

6. The Allergy Register

When Fern Hill Primary is informed that a pupil has an allergy and either an AAI has been prescribed or a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis, we will seek parental consent for an emergency AAI to be administered using the Consent Form at Appendix 3.

To enable staff to quickly check whether a pupil is able to use the emergency AAI we will include this information in the Allergy Register. Consent will be updated annually, to take account of changes to a pupil's condition.

The Allergy Register will include:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose) and if so
 - o whether parental consent has been given for use of the spare AAI (which may be different to the personal AAI prescribed for the pupil)
- Where a pupil has not been prescribed an AAI, whether a healthcare professional has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis and has given specific consent for use of the school's spare AAI; and if so
 - o whether parental consent has been given for use of the spare AAI (which may be different to the personal AAI prescribed for the pupil)
- A photograph of each pupil to allow a visual check to be made.

A copy of the Allergy Register is kept in the Teachers Drive alongside copies of the parent completed medical condition form and hard copies with the emergency AAI's.

7. Supply

We will hold an appropriate quantity of AAI devices (in the doses and ideally the brand most commonly prescribed to pupils):

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device);

- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is generally used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).

8. Storage, care, and disposal of emergency AAls

Spare emergency AAls must be accessible and available for use at all times, not locked away (but out of reach and sight of pupils).

Emergency AAI devices are kept in the first aid cabinet in the office:

- AAI devices are stored at room temperature (in line with manufacturer's guidelines), and
- protected from direct sunlight and extremes of temperature.

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines:

- Used AAls will be given to the ambulance paramedics on arrival for disposal.

9. Record Keeping and Informing Parents/Carers

Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents/carers should be contacted and informed at the earliest opportunity (or in the case of a member of staff their emergency contact).

The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

In accordance with our Supporting Pupils with Medical Conditions Policy, any use of an emergency AAI will be recorded, including:

- where and when the reaction took place (e.g. PE lesson, playground, classroom),
- how much medication was given, and
- by whom.

This information will be shared with parents or carers.

10. Training for Members of Staff and First Aiders

ALL staff are aware of this protocol and:

- know how to recognise the range of signs and symptoms of an allergic reaction (see Appendix 1 of this protocol);
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms;
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs;
- are aware of who the First Aiders are in the school and how to summons one in an emergency;

- Know how to check if a pupil is on the Allergy Register (a copy is held in the Medical folder in the Teachers Drive)

All First Aiders:

- have received anaphylaxis instruction and training including:
 - o recognising the range of signs and symptoms of severe allergic reactions and when emergency action is necessary; and
 - o practical instruction in how to use an AAI device
- know to quickly check the Allergy Register when responding to symptoms of an allergic reaction/anaphylaxis and to collect a pupil's prescribed AAI or an emergency AAI and a mobile telephone (or if quicker to arrange for other members of staff to do this).

11. Designated Staff

The SENCO is responsible for overseeing the protocol for use of spare AAIs, and monitoring its implementation and for maintaining the Allergy Register.

Two named volunteers amongst school staff (currently xx and xxx) have responsibility for the supply, storage care and disposal of the spare AAIs, including ensuring that:

- on a monthly basis the school's spare emergency AAIs are present and in date; and
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

This protocol follows the advice set out in the Department of Health's [Guidance on the use of adrenaline auto injectors in schools, September 2017](#) and The Department for Education's statutory Guidance Supporting Pupils at School with Medical Conditions, December 2015.

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

- | | |
|-----------------------|---|
| AIRWAY: | Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue |
| BREATHING: | Difficult or noisy breathing
Wheeze or persistent cough |
| CONSCIOUSNESS: | Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious |

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS



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

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Protocol Appendix 2

Emergency Adrenaline Auto-Injector Kit:

- 1 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer's information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- An up to date copy of the Allergy Register

Protocol Appendix 3

CONSENT FORM: USE OF 'SPARE' EMERGENCY ADRENALINE AUTO-INJECTORS AT Fern Hill Primary School

The school holds spare adrenaline auto-injectors for use in an emergency. They are NOT a replacement for your child's own prescribed device, which should be held in school at all times. Ideally a spare device should also be held (Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times (as a device can be used wrongly or occasionally misfire).

Prescribed devices must be provided in its/their original packaging and clearly labelled with your child's name.

Schools may only administer a "spare" emergency adrenaline auto-injector to a pupil at risk of anaphylaxis, where:

- either an adrenaline auto-injector has been prescribed or a doctor has provided a written plan recommending adrenaline auto-injector(s) to be used in the event of anaphylaxis and has given specific consent for use of the school's spare adrenaline auto-injector; **and**
- written parental consent for use of the spare AAI has been provided; **and**
- the pupil's whose own prescribed AAI(s) cannot be administered correctly without delay (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan signed by a healthcare professional. Please provide a copy of any Plan already in place or request a Plan from your child's health provider.

Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed with anaphylaxis and has been prescribed an adrenaline auto-injector.

2. My child has an allergy to: _____

3. Prescribed Emergency Treatment and Dose:

2. My child has at least one working, in-date adrenaline auto-injector, clearly labelled with their name in school.

3. In the event of my child displaying symptoms of anaphylaxis, and if their prescribed adrenaline auto-injector is not available without delay or is not working/unusable, I consent for my child to receive adrenaline from an auto-injector held by the school for such emergencies (this may not be the same brand as prescribed to my child but will be the same dosage).

Child's name: _____ Class: _____

Parents'/carers' emergency contact details:

1. Telephone: _____ Email _____

Address: _____

2. Telephone: _____ Email _____

Address: _____

Signed: _____

Date: _____

Name(print): _____