PINNACLE SCHOOLS FEDERATION
MEDICAL NEEDS POLICY

Author/Person Responsible	***Delegated Services / Executive Headteacher***
Date of Ratification	***4th December 2023***
Ratification Group	***FGB***
Review Frequency	***Annually***
Review Date	***December 2024***

Equality Impact Assessment (EIA) Part 1: EIA Screening

Policies or Procedure	Medical Needs Policy	**DATE:**	29.11.23
CARRIED OUT BY:	Kate Bashford	**APPROVED BY:**	Mike Riches

Groups that may be affected:

Are there concerns that the policy could have a different impact on any of the following groups? (please tick the relevant boxes)	Existing or potential adverse impact	Existing or potential for a positive impact
Age (young people, the elderly; issues surrounding protection and welfare, recruitment, training, pay, promotion)	No impact	
Disability (physical and mental disability, learning difficulties; issues surrounding access to buildings, curriculum and communication)	No impact	
Gender reassignment	No impact	
Marriage and civil partnership	No impact	
Pregnancy and maternity	No impact	
Race	No impact	
Religion and belief (practices of worship, religious or cultural observance, including non-belief)	No impact	
Gender identity	No impact	
Sexual orientation	No impact	

Any adverse impacts are explored in a Full Impact Assessment.

1 – Statement

The Pinnacle Schools Federation will properly support pupils at school with medical conditions so that they have full access to education, including school trips and physical education. The school will also put in place procedures to deal with emergency medical needs.

This Policy will be regularly reviewed and updated by the full governing body annually**.** The overall responsibility for the effective implementation of this policy is held by the Executive Headteacher.

The schools will work together with local authorities, health professionals and other support services to ensure that children with medical needs receive a full education. 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. Consideration will be given to how children will be reintegrated back into school after periods of absence. Further details are also provided in our Children with health needs who cannot attend school Policy.

No child with a medical condition will be denied admission or prevented from taking up a place in 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 retain the right not to accept a child at school at times where it would be detrimental to the health of that child or to others.

2 – Procedures

The following procedures are to be followed when notification is received that a pupil has a medical condition.

2.1 A parent or a health care professional, with consent of parent, informs the school that:

- a child has been newly diagnosed, or;
- is due to attend a new school, or;
- is due to return to school after a long-term absence or
- has medical needs that have changed.

2.2 Parents/Carers are also responsible for informing school about any major injuries occurring outside of the establishment, for example, if they return with a plaster cast. This is so that the establishment can prepare for any additional needs this pupil may then have: a risk assessment will be completed by the School Business Manager. Externally occurring injuries also need to be reported to the designated member of staff for child protection immediately.

2.3 The Headteacher or senior member of school staff to whom this has been delegated co-ordinates a meeting to discuss the child's medical support needs, and identifies the member of school staff who will provide support to the pupil.

2.4 A meeting will be held to discuss and agree on the need for a Healthcare Plan (HCP). The meeting will include key school staff, child, parent, relevant healthcare professional and other medical/healthcare clinician as appropriate (or to consider written evidence provided by them).

2.5 A HCP will be developed in partnership, and the meeting will determine who will take the lead on writing it. Input from a healthcare professional must be provided.

2.6 School staff training needs will be identified.

2.7 Healthcare professional commissions or delivers appropriate training and staff are signed off as competent. A review date for the training will be agreed.

2.8 The HCP will then be implemented and circulated to all relevant staff.

2.9 The HCP will be reviewed annually or when the medical condition changes. The parent or healthcare professional will initiate the review.

2.10 For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort will be made to ensure that arrangements are put in place within two weeks.

3 –Healthcare Plans (HCP)

3.1 Not all pupils with medical needs will require a HCP. The school together with the healthcare professional and parent will agree, based on evidence, whether a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached the Executive Headteacher will take the final view.

3.2 The format of the HCP will depend on the child's condition and the degree of support needed. Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their healthcare plan.

3.3 The following will be considered when deciding what information will be recorded on HCPs:

- The medical condition, its triggers, signs, symptoms and treatment;
- The pupil's needs including medication and other treatments;
- Specific support for the pupil's educational, social and emotional needs;
- The pupil's mental health and wellbeing.
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies;
- Who will provide this support, their training needs, expectation of their role and confirmation of proficiency, and cover arrangements for when absent;
- Who in school needs to be aware of the child's condition and required support;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours; this should include, where appropriate, permission for the school to administer a generic AAI or salbutamol inhaler where necessary.
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessments;
- Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician.
- If the pupil requires any medication in school, the location of the medication storage will be recorded in the HCP. Consideration should be given to the most effective location of the storage.

4 – Roles and Responsibilities

4.1 Governing body

- Must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions is developed and implemented.
- Ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

4.2 Executive Headteacher

- Ensure that their school's policy for supporting pupils with medical needs is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy and understand their role in its implementation.
- Ensure that all staff who need to know (including first aiders) are aware of the child's condition.

- Ensure sufficient number of trained staff are available to implement and deliver all required HCPs.
- Have overall responsibility for the development of HCPs, including contingency and emergency arrangements.
- Ensure that school staff are appropriately insured and are aware they are insured to support pupils in this way.
- Ensure the school nurse is aware of children with medical conditions.

4.3 School staff

- Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Should receive suitable and sufficient training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions.
- Should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

4.4 School nurses, Health care professionals (GPs etc)

- Support staff to develop and implement HCPs, providing advice and training.
- Liaise with lead clinicians locally on support for child and associated staff training needs.

4.5 Pupils

- Full involvement in discussions about their medical support needs.
- Contribute to the development of, and comply with, HCP.

4.6 Parents

- Provide the school with sufficient and up to date information about their child's medical needs.
- Contribute to the development of the HCP.
- Carry out any action they have agreed to as part of the HCP implementation.

4.7 Local Authority

- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support identified in the HCP can be delivered effectively.
- Where a pupil would not receive a suitable education in a mainstream school because of their health needs, to make other arrangements.

5. Staff Training and Support

5.1 Any member of school staff providing support to a pupil with medical needs will receive suitable training.

5.2 The relevant healthcare professional will normally lead on identifying the type and level of training required. The training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions.

5.3 School staff will not give prescription medicines or undertake healthcare procedures without appropriate training. In exceptional circumstances, e.g. when on a school trip, a delegated member of staff will be responsible for providing this support after discussion with and under the supervision of the trained member of staff.

5.4 All school staff will be made aware of the school's policy for supporting pupils with medical conditions, and their role in implementing that policy.

6. Child's Role in Manging Their Own Medical Needs

6.1 All medication should be brought to the school office and administered by a member of staff. However, we recognise the importance of encouraging Pupils to be involved in managing their medical needs and will support an increasingly independent approach in our older pupils. Where Staff feel it is appropriate, a pupil in years 5 and 6 may be provided with the opportunity to administer their own medication under Staff supervision. In the event that a child is deemed competent by school staff, their parent and any relevant healthcare professional to manage their own health needs and medicines, this should be reflected in their HCP.

7. Managing Medicines on School Premises

7.1 Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

7.2 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent. There will be very few circumstances where schools will consider that non prescribed medication will be acceptable in their premises. This should be considered only in exceptional circumstances which are agreed with parents.

7.3 No child under 16 will be given medicine containing aspirin unless prescribed by a doctor.

7.4 Wherever possible prescribed medicines should be taken outside school hours.

7.5 The school will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist (except insulin which may be in a pen or pump) and include instructions for administration, dosage and storage.

7.6 Adequate provision for the safe and appropriate storage of medication will be provided: at HA, this is via a locked cabinet in the staff kitchen. At IA this is this is via a locked cupboard in the office. Medication which requires refrigeration will be stored in a marked, locked container in the fridge in the staff kitchen. Medicines must be supplied, clearly labelled with person's name stored in the original containers. However, certain emergency medicines such as adrenaline autoinjectors (AAIs) must not be locked away in a manner that makes them inaccessible to staff. Case-by-case risk assessments will be needed to identify the safest and most appropriate way to store these, and this will be detailed on the HCP.

7.7 Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers. The only exception to this is certain medications for diabetes.

7.8 Pupils should know where their own medication is stored and who can access it.

7.9 Parents / Carers will be required to provide the medication to the school office and complete a Parental Agreement for Setting to Administer Medicine Form.

7.10 The school will keep a record of all medicines administered to individual children stating what, how and how much was administered, when and by whom. This information will be recorded in the Record of Medicine Administered to an Individual Child form.

7.11 Some medicines may be harmful to anyone for whom they are not prescribed. Where an establishment agrees to administer this type of medicine the employer has a duty to ensure that the risks to the health of others are properly controlled. In line with COSHH (Control of Substances Hazardous to Health) Regulations, there must be a system of checks in place to ensure that all medicines are issued to the correct pupil: all medicine containers will therefore have the pupil's name written on them.

7.12 The member of staff responsible for administering the medication should comply with the instructions provided and ensure that the correct dose is given via the correct method. Expiry dates should be checked.

7.13 In the event that medication does not provide relief from the prevailing symptom(s) or if there are any other concerns following the administration of medication, Parents / Carers must be informed immediately. If required, advice should be sought from an appropriate medical practitioner. Specific advice regarding response in an anaphylactic attack is detailed in Appendix C.

7.14 When no longer required, on expiry of the medication or at the end of term 6, medicines will be returned to parents / carers. School staff should not dispose of medicines: if the parent / carer does not collect the medication, it should be taken to a pharmacy for disposal.

7.15 When medicines reach their expiry date, the parent / carer should be informed and the medication returned to them. The parent/carer would be expected to provide a new container of medication, unless medical needs have changed.

7.16 Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents/carers on prescription from the child's healthcare practitioner. A waste contractor must collect and dispose of the boxes.

7.17 All staff should be familiar with normal procedures for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves, aprons and masks as necessary, (some carry them at all times in a pouch) and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. This is clinical waste and has to be disposed of by a suitable contractor. If PPE is required for the administration of a medication, all the necessary PPE should be alongside e.g. gloves to encourage use. Further information on Hygiene Procedures is provided in Appendix C

8. Emergency Procedures

8.1 Each HCP will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures.

8.2 If a child is taken to hospital, a member of school staff will stay with the child until the parent arrives.

8.3 Full details of actions to be taken in the event of an emergency are detailed in our Emergency and Continuity Procedures. A member of staff should always accompany a pupil taken to hospital by ambulance, and should stay until the parent/carer arrives. Health professionals are responsible for any decisions on medical treatment when the parent/carer is not available. Staff are not usually advised to take a pupil to hospital in their own car: this should only happen in exceptional circumstances, accompanied by an additional adult and with the agreement of the Executive Headteacher.

9. Use of Emergency Salbutamol Inhalers

9.1 From October 2014 schools have been allowed to keep salbutamol inhalers and spacers for use in emergencies and an inhaler is held in the office at Iron Acton and the medicine cupboard in the staff room at Hawkesbury along with a spare spacer. All staff will be informed of the location of the spare inhaler. We recognise that in some circumstances, a child experiencing an asthmas attack will require assistance with administering their medication successfully and therefore staff will receive training to know how to do this. The Schools will hold a generic Asthma Plan which will provide guidance to staff – see Appendix B. Further information about how Asthma will be managed in our schools can be found in Appendix B.

9.2 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. A register of pupils who are permitted to use it should be retained with the

Emergency Inhaler. A record of parental consent to use an emergency inhaler should be retained and updated annually.

9.3 The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). All staff should know where the spare inhaler is kept: it should be kept out of reach and sight of children but not locked away in a manner that makes it inaccessible.

9.4 The inhaler is usually used with a spacer. After each use of the emergency inhaler, the spacer must be disposed of, and the inhaler cleaned. If the spacer is not used, the inhaler must be disposed of by the correct means, and a new one must be bought.

9.5 A child may use a medicine other than salbutamol. However, the salbutamol inhaler should still be used in an emergency if their own inhaler is not accessible as it will still relieve their asthma.

9.6 Salbutamol inhalers are intended for use where a child has 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 the child getting the treatment they need. For this reason the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed a reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

10. Use of Emergency Adrenaline AutoInjectors

10.1 From October 2017 schools have been allowed to keep adrenaline autoinjectors (AAIs) for use in emergencies.

10.2 If a pupil has been identified by a healthcare professional as being at risk from anaphylaxis in the establishment, they will be asked to supply two adrenaline auto-injectors (AAI) for use in school.

10.3 Specialist Training will be provided to Staff who have volunteered to assist with the use of AAIs. This will training will include

- How to recognise the range of signs and symptoms of severe allergic reactions
- How to respond appropriately to a request for help from another member of staff
- How to recognise when emergency action is necessary
- How to administer AAIs according to the manufacturer's instructions
- How to make appropriate records of allergic reactions.

10.4 All teaching staff will:

- be trained to recognise the signs and symptoms of an allergic reaction, and the need to consider administering oral antihistamine as a first line treatment**;**
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with or without prior mild (e.g. skin) symptoms;
- appreciate the need to administer adrenaline (using an AAI) without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective);
- be aware of how to check if a pupil is on the register;
- be aware of how to access the AAI;
- be aware of which staff members have received training to administer AAIs, and how to access their help.

10.5 Office staff will be contacted immediately by the phone system when an AAI is required and asked to bring the spare AAI to where the pupil is being treated.

10.6 Guidance on the treatment of an allergic reaction is shown in Appendix D. If the pupil moves to other areas of the school (including for interventions, assembly and PE) the AAI will

be taken with them by a member of staff. Each AAI will be stored in a plastic wallet that also contains the name of the child and a copy of the child's healthcare plan.

10.7 In all cases that an AAI is used, an ambulance must be immediately requested by ringing 999.

11. Defibrillator Provision

11.1 A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. At Iron Acton, the defibrillator is located in the staff kitchen and at Hawkesbury it is located in the Bird's Nest outside the After School Club room.

12. Day Trips, Residential Visits and Sporting Activities

12.1 Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities.

12.2 Our Schools will consider what reasonable adjustments may be required to enable children with medical needs to participate fully and safely on trips and visits. Staff carrying out off site visits must carry out risk assessments and must be fully appraised of pupils who may require medication or who have medical needs. There may be times that a member of staff trained in the supporting pupils with medical conditions is not available to go on a trip. The trained member of staff may instead provide a briefing to another member of staff to cover details of the specific medical conditions and administration of medication.

12.3 HCPs should recognise any medical conditions that are more likely to occur when pupils are being transported or visiting unfamiliar locations. This should be considered in the Risk Assessment and when determining which members of staff will accompany the trip. If a high risk child is attending the trip, the local ambulance control can be informed of the residential location to highlight that specialist support may be required.

12.4 There must always be an individual present who is trained in paediatric first aid if under 5s are attending the trip, and a spare inhaler / spacer taken.

12.5 A pupil who has been prescribed medication, an inhaler or an adrenaline pen will not be permitted to attend a trip or residential if they do not provide the relevant medication and any associated equipment to the member of staff responsible for the trip.

13. Unacceptable Practice

13.1 The following is regarded by the Schools as unacceptable practice:

- Preventing children from easily accessing their inhalers and medication;
- Assuming that every child with the same condition requires the same treatment;
- Ignoring the views of the child, parents or medical professionals;
- Sending children with medical conditions home frequently, or preventing them from staying for normal school activities;
- Penalising children for their attendance record if their absences are related to their medical condition;
- Preventing pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- Requiring parents to attend school to administer medication or provide medical support to their child including toileting issues; and
- Preventing children from participating, or creating unnecessary barriers to children participating, in any aspect of school life, including school trips.

14. Notification and Isolation Periods

14.1 Notification will be required in some circumstances as follows:

- Health and Safety Executive as required under RIDDOR going through Bill Crocker at Delegated Services if an agreement for service is in place.
- OFSTED if it is a serious incident and there are safeguarding issues.
- The LA if it is a serious incident and there are safeguarding issues.
- If there is a serious disease, the appropriate GP or Public Health England at https://www.gov.uk/phe or through Bill Crocker at Delegated Services if an agreement for service is in place.

All notification should be made by the Executive Headteacher or School Business Manager.

14.2 In some cases, isolation periods are recommended by Public Health England. Guidance will be displayed in the office at each school to highlight the isolation periods that should be followed by Pupils.

15 Safeguarding and child protection

15.1 If a member of staff is treating a pupil and there is evidence of or disclosure of anything relating to child protection the relevant child protection leads should be contacted.

15.2 Information and photographs of children with medical support needs will be circulated so that no staff or visiting professionals or volunteers are unaware of any critical issues. The information and photographs will be treated with care respecting the rights of the children and their families.

15.3 In some circumstances such as building maintenance it will be appropriate to remove or cover information temporarily if confidentiality cannot be guaranteed.

16 Liability and Indemnity

16.1 The Schools are insured with Zurich Municipal under the South Gloucestershire Council policy number: QLA-05U004-0013 with public liability and employers' liability cover of up to £50million.

Appendix A
Forms

Medical Needs - Parental Agreement for Setting to Administer Medicine

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

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

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

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	Kate Brumpton / Kate Bashford / Helen Parry

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

Signature(s) _____ Date _____

Medical Needs - Record of Medicine Administered to an Individual Child

Name of school/setting	Hawkesbury CE VC Primary
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix B
Asthma

We recognise that asthma is an increasingly common condition amongst children. It ranges in severity from the occasional wheeziness to severe attacks and shortage of breath and at its most severe can be fatal. In the vast majority of cases pupils with asthma should be able to take part in all areas of school life

Guidelines
It is essential that we understand how to deal with asthma medication and inhalers effectively. There are two main types of treatment, both of which come in an inhaler.

RELIEVERS – which help the child's breathing difficulties,
PREVENTERS – which make airways less sensitive. These will not normally be used during the school day

Children with exercise-induced asthma should take their inhaler as directed before they start exercise. They should bring inhalers to the hall, swimming pool and Sports Fields. Children who say they are too wheezy to continue, should take their reliever inhaler and rest until they feel better.

Teachers should be aware that some children are shy in public when taking their inhalers, and where appropriate will implement strategies so a child can discretely ask for their inhaler (e.g. by giving an orange card to the teacher). We will ensure that other children understand asthma so that they can support their friends.

In order to make our school asthma friendly we have adopted appropriate measures

- the school is a non-smoking environment
- Chemicals, cleaning materials and aerosols sprays are not used whilst pupils are present.
- Pets are housed away from the classroom.

Roles and Responsibilities

PARENTS should:

- Ensure their child's diagnosis is regularly reviewed, and inform the school about treatment details and changes
- Ensure their child attends regular reviews at their GP surgery
- Ensure that their child's inhaler is full and up to date. All inhalers should be accompanied by a spacer, unless the child has a dry powder or breath actuated device. A metered dose inhaler alone should not be used.
- Ensure the inhaler is taken home at the end of the term, and returned to school at the start of the new term.

- Advise the school of any changes to their child's treatment needs or any deterioration in their condition, temporary or permanent.

<u>Key stage 1</u>

- Help their child identify the onset of the symptoms of asthma and understands the need to ask for assistance. Help the child to identify triggers (e.g. cold weather, hay fever, illness), that can adversely affect their condition.
- ensure their child knows how to use their inhaler with support or independently.

<u>Key stage 2</u>

- Ensure their child can identify correctly the symptoms of asthma, understands the need to ask for assistance, and can use their inhaler independently. The School will encourage parents to ensure that their child understands how their medication works.

TEACHERS should :

Key stage 1

- Ensure that the class box of inhalers is kept in a clearly labelled box
- Ensure that children have access to their inhaler when they need it
- Ensure that all inhalers are taken on school trips and given to appropriate adults.
- Informally monitor each child's use of their inhaler, and response to the medication

Key stage 2 (children keep their own inhaler in school)

- Ensure that children have access to their inhaler when they need it
- Children should tell an adult when they experience the worsening symptoms of asthma or any difficulties
- If they are able, Children in years 5 and 6 should be encouraged to use their inhaler independently and sensibly
- Staff should ensure that inhalers are kept safely.
- Children should be encouraged to tell their parents when they have used their inhaler in school, but Staff should follow this up to ensure parents remain informed.

Inhalers will be located in a box in the pupil's classroom

FOR USE WITH INHALER AND SPACER

ASTHMA ACTION PLAN

Iron Acton and Hawkesbury Primary Schools

If someone with a known food, medication or insect allergy has sudden breathing difficulty including wheeze, shortness of breath, persistent cough or hoarse voice) ALWAYS give Adrenaline Autoinjector FIRST, and then asthma reliever inhaler, even if there are no skin symptoms.

ASTHMA FIRST AID

For severe or Life-Threatening signs and symptoms, call for emergency assistance immediately and dial 999

Mild or moderate symptoms do not always present before life-threatening symptoms

1. **Sit the chid or young person upright**
   Stay with them and be calm and reassuring

2. **Give 2-5 separate puffs of Salbutamol**
   Shake the canister before each puff
   Squirt 1 puff into the spacer at a time
   Take 10 breaths from the spacer after each puff
   Salbutamol is unlikely to cause harm, even if the person does not have asthma

3. **Wait 10 minutes**
   If symptoms improve, pupil can return to school activities
   If there is no improvement, repeat Step 2 with **10 puffs Salbutamol**

4. **If there is still no improvement, dial 999**
   Ask for an Ambulance and state that individual is having an Asthma Attack
   Give 1 puff every minute via spacer whilst waiting for Emergency Help to arrive

SIGNS & SYMPTOMS	MILD TO MODERATE	SEVERE	LIFE-THREATENING
	• Minor difficulty breathing • May have a cough • May have a wheeze • May complain of chest tightness	• Cannot speak a full sentence • Sitting hunched forwards • Skin sucking in at base of throat or between ribs • May have a cough or wheeze • Obvious difficulty breathing • Sore tummy (young children) • Lethargic	• Unable to speak >1-2 words • Collapsed/exhausted • Gasping for breath • May no longer have a cough or wheeze • Drowsy/confused/unconscious • Skin discolouration (blue lips)

How to give Salbutamol:

1. Assemble spacer
2. Remove cap from inhaler
3. Shake inhaler well
4. Attach to end of spacer
5. Place mouthpiece in mouth & ensure good seal
   Children under 5 may need a mask attached to their mouthpiece
6. Breathe out into spacer
7. Press inhaler into spacer
8. Breathe in and out of the spacer 10 times

NHS
University Hospitals Bristol and Weston
NHS Foundation Trust

Appendix C - Hygiene Procedures

Blood and body fluids from any person may contain viruses or bacteria capable of causing disease.

The following precautions must be adhered to when dealing with body fluid:

(a) Hand washing - a thorough hand washing technique using soap and hot water (Liquid soap is preferable to bar soap). Disposable hand towels are recommended. Handwashing should take place even if gloves were worn.

(b) Skin - any cuts or abrasions must be adequately covered with a water proof dressing.

(c) Items of Personal Protective Equipment /Clothing, e.g.

Gloves - single use gloves should be worn when contamination of the hands is anticipated (this does not remove the need for hand washing).

Masks - advice should be sought if unclear about the appropriate type for the task in hand.

Containers - advice should be sought if unclear about the appropriate type for the task in hand.

Safety Spectacles - should be available and worn in circumstances where body fluids might possibly contaminate the eyes.

Aprons - single use plastic aprons are advised if any contamination of the body area is possible.

(d) Spillage - all blood and vomit spills should be covered with disposable paper towels then treated with a solution, such as Sanitaire, as advised by an Infection Control Nurse. Such solutions can be an irritant to the skin. For this reason, a proper risk assessment on the use of them must be carried out and clear instructions on its use available for staff. Gloves and aprons should be worn whilst it is being used.

Spills of urine and faeces should be cleaned up promptly. Use disposable paper towels to soak up the majority of the spill and then wash the area with a fresh solution of detergent and water. Again gloves and aprons should be worn.

(e) Fouled laundry - fouled and infected laundry should be returned to the child's parent / carer. Again gloves should be worn.

(f) Waste - small quantities of waste contaminated with body fluids comparable to those encountered in normal domestic use should be flushed away or bagged and disposed of in the normal fashion. Significant quantities of waste must be disposed of by a recognised contractor.

(g) Education Establishments should have an adequate system of disposal of clinical waste matter. There are various categories of waste and legislation that governs disposal. If assistance is required on these matters contact the safety advisors or the client unit.

Appendix D - Anaphylaxis guidance document

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:
- Phone parent/emergency contact
- If vomited, can repeat dose

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

AIRWAY

Persistent cough, hoarse voice, difficulty swallowing, swollen tongue

BREATHING

Difficult or noisy breathing, wheeze or persistent cough

CONSCIOUSNESS

Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

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

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

2. Use Adrenaline autoinjector without delay

3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** 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 2nd adrenaline dose** using a second autoinjector device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

1. Introduction

Anaphylaxis is a serious reaction to some foods and some other substances such as bee stings. In some cases it can be life threatening.

It is not clear why some people have a serious reaction to everyday foods or relatively mild insect stings. Until they have a reaction the person concerned may not be aware that they are sensitive in this way.

Sometimes the sensitivity can begin when previously there was no effect.

Not all reactions to food or other materials are “anaphylaxis”. Some people may have food intolerance, a mild allergy or a personal emotional reaction to food or other substances. The significant aspect of anaphylaxis is the extreme level of reaction and the possible risk to life.

A national organisation which gives helpful guidance is:
www.anaphylaxis.org.uk

2. Parental duties for their children

Once parents are aware that their children are very sensitive to certain substances they should have been in contact with their GP and other medical advisors. All the information they have needs to be provided to the establishment in written form and discussed between the establishment, parents and the child.

The presumption is that full inclusion in the life of the establishment community is the objective. The child needs to be aware of their condition and involved in the decisions on managing it. They will grow up with it and will need to manage it themselves as adults.

Parents are naturally anxious about what will happen to their child at the establishment or on off site visits. Support for the pupil and the establishment is essential. The parents can encourage their child to be confident in dealing with their condition. Parental partnership with the establishment in reviewing the management of the condition is very helpful.

3. Establishment duties towards pupils and students

Anyone with a serious allergy which might cause anaphylaxis provides challenges in a number of establishment activities:

Catering on and off site
Food and snacks during the establishment day or roundabout
Curriculum lessons and trips
Casual contact with substance(s) to which the person reacts

It is impossible to reduce the risk of exposure to a common substance to zero. Risk reduction to an acceptable level is possible. The person concerned in discussion with their parent/carers, medical advisors and the establishment must decide on what is an acceptable level.

Even with the best controls over contact with a food for example to which the person is very sensitive there may be accidental exposure. The care plan must, therefore, include what to do if there is contact followed by a serious reaction.

4. Catering on-site

The Catering Manager will be involved in the Care Plan at an early stage. A suitable approach to meals and drinks can be worked out that is practical and achievable. Parent/Carers may wish to see the canteen and other food areas.

It may be appropriate to avoid using certain foods. The needs of all the pupils and staff should be considered as well as those who cannot eat certain foods. Nuts and fish for example are well-liked foods and are options for those who do not eat other items such as red meat.

5. Catering off-site in the UK

The establishment approach for the pupil when using the canteen can be used as the basis for catering at other sites. A note can be forwarded to the establishment or other venue. If the venue being visited cannot confirm that appropriate catering can be done then alternatives need to be provided. This may mean a packed lunch.

Plan the catering requirements in advance with advice from the Catering Manager if needed. Make sure everyone knows what is OK and what needs to be kept away from the relevant people. Pack expedition bags appropriately.

Make sure the emergency procedures are in place.

6. Catering off-site abroad

Early confirmation that venues can meet the requirements is needed and negotiation over alternatives when may be necessary.

It is not possible to reduce the risk to zero that pupils will bring in and share food at the establishment or on the way to and from the establishment.

Parents and pupils involved in Care Plans will need to discuss “informal food and drink” and agree what the child will do. Ideally the child will actively manage their own condition and tell their friends which food they cannot eat.

With the agreement of the parents and children the establishment can share information with other pupils and make most people aware of the issues.

7. Curriculum lessons – with food or related substances

The approach agreed with the Catering Manager can form the basis of the Care Plan application in teaching areas.

There may less control over foods and processes than in the establishment catering area and so more vigilance is required by teaching staff as well as by the relevant pupils.

Banning the use of some foodstuffs may be appropriate although it is better in the terms of life skills for the relevant pupil to learn how to function when unsuitable foodstuffs are around.

Information supplied by the makers of adrenaline pen suppliers.

https://www.epipen.co.uk/
https://kids.jext.co.uk/about-jext/how-to-use/
https://www.emerade.com/

NOTE: There are other brands of adrenaline injectors such as Jext® and which type pupils are prescribed is a matter for the GP.