



# Brookside Primary School

## Policy for Supporting Pupils at School with Medical Conditions

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Person responsible for the Policy	James Watt (DHT/SENDCo/DDSL)
Date Agreed by Governors	7 <sup>th</sup> May 2024
Review Date	1 <sup>st</sup> April 2025
Is this Policy to appear on the school website	Yes

Headteacher's Signature	
Date	
Chair of Governor's Signature	
Date	

Based on the Medical Needs Model Policy for OCC Schools October 2019

Brookside School follows up to date information on the website below particularly around current guidance for the management of respiratory illnesses such as Covid-19.

<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

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## 1. Purpose

The purpose of the Policy for Supporting Pupils at School with Medical Conditions is to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The Governing Board will implement the policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

This policy meets the school's statutory requirements under section 100 of the Children and Families Act 2014<sup>1</sup> which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This Policy pays due regard to the Department for Education's statutory guidance Supporting Pupils at School Medical Conditions<sup>2</sup>.

## 2. Roles & Responsibilities

### 2.1 The Governing Board

The Governing Board must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

### 2.2 The Headteacher

The Headteacher will ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition, ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose.

The Headteacher has overall responsibility for the development of individual healthcare plans, will make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. The Headteacher will ensure that contact is made with the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

<sup>2</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

## 2.3 Parents

Parents will provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Parents should inform school of any appointments and reports from doctors which may impact the children whilst they are at school.

Parents have responsibility for ensuring that they inform school of any illness which their child has. Parents are asked to follow the guidance on the website - <https://www.nhs.uk/live-well/is-my-child-too-ill-for-school/>

This poster is also shared with parents throughout school - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1070910/UKHSA-should-I-keep-my\\_child\\_off\\_school\\_guidance-A3-poster.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1070910/UKHSA-should-I-keep-my_child_off_school_guidance-A3-poster.pdf)

## 2.4 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

## 2.5 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. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect requirements within individual healthcare plans).

Staff should wear PPE appropriate to the task being completed. This may include an apron, gloves, face mask and shield.

Staff can access support from the Bicester School Health Nurse if needed to clarify what support they are able to provide pupils with medical conditions. Further training should be provided by the School Health Nurse or a specialist nurse from the appropriate hospital team (for example the allocated diabetes nurse).

## 2.6 School Nurse

The School Nurse is ?? and they can be contacted by calling 01869 604095.

The school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's

individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also section 3 below about training for school staff.

Parents can contact the ChatHealth service as the first place to access support from the School Health Nurse. Information about this service is available in the school office.

Children who are on a Child Protection Plan or possibly a Child in Need Plan will have a medical assessment conducted by the School Health Nurse. This will be discussed with parents before it is completed by their social worker.

Children who are children we care for (previously looked after children) will also have a medical assessment conducted by the school health nurse.

## 2.7 Other Healthcare Professionals

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).

## 3. Staff Training & Support

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

Staff will receive training on:

- the development or review of individual healthcare plans [IHCPs];
- an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures;
- whole-school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy;
- relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

## 4. Managing Medicine on School Premises

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

- no child under 16 will be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child or young person to involve their parents while respecting their right to confidentiality;
- the school has clear arrangements in which non-prescription medicines may be administered;
  - The following are reasons when non-prescription medications may be given
    - For travel sickness on school visits
    - For the treatment of pain associated with a visible injury
    - For the treatment of pain following a hospital admission (evidence from the A+E or GP visit will be required)
    - For the relief of pain during menstruation

- For the relief of pain (headache, growing pains) but only during residential visits when the teacher is in loco parentis
- children under 16 will never be given medicine containing aspirin unless prescribed by a doctor;
- medication, e.g. for pain relief, will not be administered without first checking maximum dosages and when the previous dose was taken or without first informing parents
- where clinically possible, the school will seek to ensure that parents request that medicines are prescribed in dose frequencies which enable them to be taken outside school hours;
- schools will ask all parents to complete a form to provide consent and important information about the administration of medication. Brookside School uses the NHS and DfE model forms for this purpose.
- schools will only accept prescribed medicines if these are in-date, labelled by the pharmacy (with the name of the child), provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container;
- all medicines should be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips;
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps;
- ~~a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held;~~
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

## 4.1 Controlled Drugs

**The information below will be updated when controlled drugs are required at Brookside.**

~~Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001<sup>3</sup> and subsequent amendments, such as morphine or methadone.~~

~~A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the \_\_\_\_\_ and only \_\_\_\_\_ will have access.~~

~~Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.~~

<sup>3</sup> <http://www.legislation.gov.uk/ukxi/2001/3998/contents/made>

## 5. Record Keeping

Governing bodies will ensure that written records are kept of all medicines administered to children.

## 6. Individual Healthcare Plans

The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEND but does not have an EHC plan, the SEND will be mentioned in the IHCP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher or deputy headteacher, will consider the following when deciding what information to record on IHCPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- 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
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

Parents are asked to review the IHCP for their child each September. The IHCP is uploaded onto the pupil's record on Integris by the school office. This is available for the class teacher to

view. The DHT/HT read all ICHPs and conducts review meetings with pupils with complex medical needs.

The school office ensures that the parents of pupils whose IHCP includes dietary requirements complete the OCC dietary needs document for the school kitchen. This is also uploaded to the pupil's personal record on Integris and a copy is provided to the school kitchen.

## 7. Emergency Procedures

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies for all school activities wherever they take place, including on school trips within and outside the UK. Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services' cover arrangements and that the correct information is provided for navigation systems.

## 8. Equal Opportunities

The Governing Board will ensure that the school enables pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

The school acknowledges the Equalities Act 2010 and schools<sup>4</sup> and works proactively to support all its pupils.

## 9. Unacceptable Practice:

Although school staff are encouraged to use their professional discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;

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<sup>4</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/315587/Equality\\_Act\\_Advice\\_Final.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/315587/Equality_Act_Advice_Final.pdf)



- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## 10. Liability & Indemnity

The Governing Board will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. Proprietors of academies will ensure that either the appropriate level of insurance is in place or that the academy is a member of the Department for Education's Risk Protection Arrangement (RPA).

## 11. Complaints

The Governing Board will ensure that the school's policy sets out how complaints concerning the support provided to pupils with medical conditions may be made and will be handled.

## **Appendix one**

### **Guidelines for Specific Medical Needs**

#### **Asthma and Inhalers**

- Asthma is a condition which requires support in school. Pupils who have asthma must have an inhaler and spacer in school at all times which is supplied by the parent.
- If parents do not provide an inhaler then the school will contact the parent who should ensure an inhaler is brought to school as a matter of urgency.
- Parents must complete an individual health care plan and an Asthma UK School Asthma Card.
- Pupils must have access to their inhalers. It is important to ensure that inhalers are only accessible to those for whom they are prescribed. All inhalers should be clearly labelled.
- Inhalers are kept in blue bags in each classroom. They should be taken to PE lessons, swimming lessons and to after school clubs. They must also be taken on off site visits.
- Brookside School has emergency inhalers. These are to be used in an emergency when the pupil's inhaler is unable to be found, is not working correctly or is empty. They are not designed to replace the child's personal inhaler.
- The emergency inhalers are in the following places; the KS1 office, the staff toilet in the art room, the disabled toilet in the Brook building and the Deputy Headteacher's office.
- This policy should be read in conjunction with the 'Guidance on the use of emergency salbutamol inhalers in schools' document (March 2015, adapted for Brookside September 2018) which outlines the school's policy for the use of the emergency inhaler.
- All staff take part in an annual asthma awareness session run by the school nursing team at which they are reminded of how to support children with asthma in school.

#### **Anaphylaxis (Severe Allergic Reaction)**

- When children with a severe allergic reaction which requires use of an epi-pen attend Brookside training will be completed for all First Aid qualified staff.
- All TA and midday supervisors will attend annual training from the School Health Nurse on the symptoms of anaphylaxis, which includes information and practice on when and how to use the adrenaline auto-injector (Epi-pen).
- All pupils who require an Epi-Pen will complete an Allergy Action Plan with the School Nurse annually in September which is held on the pupil's school record and in key places around school
- Auto-injectors will be kept readily available in labelled bag
- Brookside School does not hold an emergency auto-injector.

#### **Diabetes**

- An Individual Healthcare Plan will be developed with support from the Diabetes School Nurse at the John Radcliffe Hospital
- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team
- A suitable private place will be provided for pupils to carry out blood tests and administer doses if they so wish
- Pupils will not be prevented from eating, drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively
- If a pupil has a hypo, they will not be left alone; a fast acting sugar will be given immediately following the guidance of the Diabetic Nurse. At all times the individual care plan for the pupil will be used
- Staff in the area of the school where the pupil is working will have all received the awareness training and key staff (at least four) will volunteer to complete the administration of medication for diabetes training and must maintain their eligibility to administer the medication. This will be monitored by the DHT and the phase leader.

- Further treatment will be provided following the Individual Healthcare Plan and the parents and emergency services will be contacted if needed.
- If the emergency services need to be called this should be done by an adult who is near the child. The school office should then be informed so that the ambulance crew can be directed to the pupil.

**Any other major medical condition**

- Children who have another long term medical condition will be supported through this policy.
- Support will be provided by the School Health Nurse to consider how best to support the child with managing their medical needs
- Parental consent will be gained to share the condition with the Bicester School Health Nurse



## Contacting Emergency Services

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

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

**Be ready to tell the operator that you are calling from a school.**

Your telephone number - **01869 252 482**

Your name

Your location - **Brookside School, Bucknell Road, Bicester**

State what the postcode is – **OX26 2DB**

Provide the exact location of the patient within the school

Provide the name of the child and a brief description of their symptoms

Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

Ask another adult to go and open the vehicle gate to meet the ambulance

Ask another adult to go and tell or telephone the school office and ensure that a member of the SLT have been informed (NC/JW/CS)

The school office will then contact the parents to inform them that an ambulance has been called

# Guidance on the use of emergency salbutamol inhalers in schools

March 2015

Changes for Brookside Primary School are in blue

Adapted for Brookside November 2019

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# **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 child 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' (younger children may express this as tummy ache)

## **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

- 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 child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child 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 child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child 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

## Executive summary

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow 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 be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on this guidance.

**The Governors of Brookside Primary School have approved that the school holds an inhaler for emergency use.**

**Five emergency inhalers and spacers have been purchased.**

**One will be stored in each First Aid Area (EYFS/KS1, Sports and Arts Block, KS2) and will be easily identified as they will be in a blue bag. They are located in the KS1 office, the staff toilet in the art room and the disabled toilet in the Brook building.**

**Two further inhalers are held so that one can be taken off site for visits, swimming, sporting fixtures or residential visits when children with an inhaler are attending. These are held in the Deputy Headteachers office.**

**The inhaler will be used only once in an emergency. The parent will then be asked to replace the inhaler. When the inhaler goes out of date it will be returned to a chemist and a new inhaler purchased.**

Keeping an inhaler for emergency use will have many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

The protocol could be incorporated into a wider medical conditions policy which will be required by *Supporting Pupils* from 1<sup>st</sup> September 2014. The protocol should include the following – on which this guidance provides advice:

- arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions.
- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhalers
- having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use
- 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 – **training is provided annually by the School Nursing Team**
- keeping a record of use of the emergency inhaler as required by *Supporting pupils* and informing parents or carers that their child has used the emergency inhaler – **using letter in appendix two**
- having at least two volunteers responsible for ensuring the protocol is followed – **Mrs J. Aston and Mr J. Watt**

## 1. About this guidance

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to obtain, without a prescription, salbutamol inhalers, if they wish, for use in emergencies.

<sup>1</sup> This will be for any pupil with asthma, or who has been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

This change applies to all primary and secondary schools in the UK. <sup>2</sup> Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. Please note that only those institutions described in regulation 22 of the Human Medicines (Amendment) (No. 2) Regulations 2014, which amends regulation 213 of the Human Medicines Regulations 2012 may legally hold emergency asthma inhalers containing salbutamol.

Regulation 27 of the Human Medicines (Amendment) (No. 2) Regulations 2014 amends

Schedule 17 of the Human Medicines Regulations 2012, and sets out the principles of supply to schools.

This guidance is non-statutory, and has been developed by the Department of Health with key stakeholders, to capture the good practice which schools in England should observe in using emergency inhalers and which should form the basis of any school protocol or policy. The

guidance has been updated to take account of issues raised during the public consultation, and the Department is grateful to all who submitted comments and suggestions, which we have endeavoured to incorporate.

This guidance does not apply to schools in Wales, Northern Ireland and Scotland, which as devolved administrations have responsibility for issuing their own guidance for schools which wish to make use of this power (and have their own distinct policies on how staff may support children's health needs in the school setting). The principles of safe usage of inhalers in this guidance however are universal and based on recognised good practice.

The Children and Families Act 2014 requires governing bodies of English schools to make arrangements for supporting pupils at school with medical conditions. This duty came into force on 1st September 2014 and will be supported by the statutory guidance *Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England*,<sup>3</sup> referred to hereafter as *Supporting pupils*. This guidance is therefore designed to be read in conjunction with *Supporting pupils*, and every school's protocol or policy on use of the inhaler should have regard to it.

*Supporting Pupils* expects schools to:

- develop policies for supporting pupils with medical conditions and review them regularly;
- develop individual healthcare plans for pupils with medical conditions that identify the child's medical condition, triggers, symptoms, medication needs and the level of support needed in an emergency.

- 
- have procedures in place on managing medicines on school premises;
  - ensure staff are appropriately supported and trained.

## 2. Introduction

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK.<sup>4</sup> There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.<sup>5</sup>

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves they should keep their inhaler on them, and if not, it should be easily accessible to them.

However, an Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. However, before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.

In 2013 in response to this, and following advice from the Commission of Human Medicines 2013 the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to legislation to enable schools to purchase and hold emergency salbutamol inhalers, without a prescription. A public consultation was held (the results can be found at [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/341902/Department\\_of\\_Health\\_response\\_to\\_asthma\\_consultation.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/341902/Department_of_Health_response_to_asthma_consultation.pdf)). There was overwhelming support for changing the regulations to allow schools to hold an emergency inhaler.

The regulations which enable this come into force on 1st October 2014. The MHRA also recommended that the use of emergency inhalers be supported by appropriate protocols and this guidance provides advice on what such a protocol should contain.

Any school which chooses to hold an emergency inhaler may wish to consider including a cross-reference to the asthma policy in the school's policy for supporting pupils with medical conditions. The use of an emergency asthma inhaler should also be specified in a pupils individual healthcare plan where appropriate.

There are a number of resources which provide information on asthma, and how it can be treated listed in section 7 together with contact details for support organisations. This guidance is not intended to be a detailed guide to the diagnosis or treatment of asthma in general. If any member of staff has reason to suspect a child has asthma or a respiratory condition, they should notify the parents, so they can take the child to a doctor. Section 5 gives advice on what to do in an emergency.

A school's medical conditions policy or asthma policy may already cover elements of the emergency inhaler protocol, for example ensuring appropriate support and training for teachers.

Policies will likely already cover elements such as arrangements for storage, care and disposal of medication, ensuring written consent for administration or supervision of administration of medication, keeping a record of administration of medication, and informing parents in relation to children's own inhalers, and could simply be expanded to cover the emergency inhaler.

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<sup>4</sup> Asthma UK, 'Asthma Facts and FAQs', <http://www.asthma.org.uk/asthma-facts-and-statistics>

<sup>5</sup> The NHS Atlas of Variation in Healthcare for Children and Young People gives the numbers of emergency admissions of children and young people for asthma in each former PCT / local authority area <http://www.sepho.org.uk/extras/maps/NHSAAtlasChildHealth/atlas.html>

## 3. Arrangements for the supply, storage, care and disposal of the inhaler

### Supply

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and the school does not intend to profit from it. *Please note that pharmacies are not required to provide inhalers or spacers free of charge to schools: the school must pay for them as a retail item.*



**Fig. 1 – a child being helped to use an inhaler with spacer.**

A supplier will need a request signed by the principal or head teacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler.

### **The emergency kit**

An emergency asthma inhaler kit should include:

- 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;
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

Schools should consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit. The experience of some respondents to the consultation on this guidance suggested a stock of 5 spacers would be adequate for a typical school.

## Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. Section 5 provides essential information on the safe use of an inhaler.

## Storage and care of the inhaler

A school's asthma policy should include staff responsibilities for maintaining the emergency inhaler kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available; **The Brookside emergency inhaler will be replaced once used in order to ensure maximum number of doses are available in the inhaler.**
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and **returned to storage following use, or that replacements are available if necessary. The inhaler will only be used once – the spacer will need cleaning and storing.**

Schools will wish to ensure that the inhaler and spacers are kept in a safe and suitably central location in the school, such as the school office, or staffroom, which is known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. The inhaler and spacer should not be locked away.

**The inhaler and spacer are in the First aid areas – if needed then one adult should stay with the child while another adult gets the emergency inhaler. All staff will know where the emergency inhalers are kept.**

The inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. 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.

**The Brookside emergency inhalers are kept in the First Aid areas and are clearly labelled – they are in a blue bag.**

To avoid possible risk of cross-infection, the plastic spacer should **be washed and dried following use using hot soapy water.**

~~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. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.~~

**At Brookside the emergency inhaler will only be used once before being replaced.**

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of. <sup>6</sup>

## **Disposal**

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. Schools should be aware that to do this legally, they should register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years.

<https://www.gov.uk/waste-carrier-or-broker-registration>



## 4. Children who can use an inhaler

The emergency salbutamol 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 for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a child's individual healthcare plan.

**A child 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 children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.**

There should already be procedures in place to ensure that schools are notified of children that have additional health needs and this information, will enable them to compile an asthma register. ~~Some schools will already have such a register as part of an asthma policy or medical conditions policy.~~

The asthma register is crucial as in larger schools and secondary schools in particular, there may be many children with asthma, and it will not be feasible for individual members of staff to be aware of which children these are (in primary settings, where a teacher has responsibility for a single class each year this is more reasonable). Consequently, schools should ensure that the asthma register is easy to access, and is designed to allow a quick check of whether or not a child is recorded as having asthma, and consent for an emergency inhaler to be administered. A school may wish to include – with parental consent - a photograph of each child, to allow a visual check to be made.

As part of the school's asthma policy, when the emergency inhaler is to be used, a check should be made that parental consent has been given for its use, in the register. Schools should have in their asthma policy a proportionate and flexible approach to checking the register.

The school should seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency. Schools will want to consider when consent for use of the inhaler is best obtained. Options include:

- obtaining consent at the same time as for administering or supervising administration of a child's own inhaler under an asthma policy or medical conditions policy, or as part of development of an individual healthcare plan
- obtaining consent at the same time as seeking consent for the flu vaccination or other vaccinations

Keeping a record of parental consent on the asthma register will also enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent should be updated regularly – ideally annually - to take account of changes to a child's condition.

**At Brookside School the Asthma UK School Asthma Card is used for all consent. This included consent for use of the emergency inhaler. Consent is updated annually in September. These cards are pink and are included in the child's inhaler bag which is blue and can be found in the child's classroom.**

## 5. Responding to asthma symptoms and an asthma attack

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 an reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

It is recommended that each school's asthma policy includes general information on how to recognise and respond to an asthma attack, and what to do in emergency situations. Staff should be aware in particular of the difficulties very young children may have in explaining how they feel. Often guidance provided to schools by local authorities will provide this information. Some schools will already have this information in an asthma policy or medical conditions policy.

**Asthma UK has produced demonstration films on using a metered-dose inhaler and spacers suitable for staff and children. <http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>**

**Education for Health is a charity providing asthma training with the most up to date guidelines and best practice**

**<http://www.educationforhealth.org>**

### **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 their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

### **Signs of an asthma attack include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

### **CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD**

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

### **Responding to signs of an asthma attack**

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.

- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child 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
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

### **Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. *Supporting pupils* requires written records to be kept of medicines administered to children.

The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter at Annex B may be used to notify parents.

## **6. Staff**

Any member of staff may volunteer to take on these responsibilities, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

In the following advice, the term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school's asthma policy as someone to whom all members of staff may have recourse in an emergency.

Schools will want to ensure there are a reasonable number of designated members of staff to provide sufficient coverage. In small schools, it may be that all members of staff are designated members of staff.

Schools should ensure staff have appropriate training and support, relevant to their level of responsibility. *Supporting Pupils* requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support.

It would be reasonable for **ALL** staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

As part of the asthma policy, the school should have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer. These should be proportionate, and flexible – and can include phone calls being made or responsible secondary school-aged children asking for the assistance of another member of staff and/or collecting the inhaler (but not checking the register), and procedures for supporting a designated member's class while they are helping to administer an inhaler.

The school's policy should include a procedure for allowing a quick check of the register as part of initiating the emergency response. This does not necessarily need to be undertaken by a designated member of staff, but there may be value in a copy of the register being held by at least each designated member. If the register is relatively succinct, it could be held in every classroom.

Designated members of staff should 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;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;

- making appropriate records of asthma attacks.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials. <http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers>

Children with inhalers will also be able to demonstrate to their teacher how they use it; the school nurse may also be able to advise on appropriate use.

In a number of areas, local asthma teams have provided training for school staff in supporting children with asthma, including use of the inhaler, and schools could contact their local NHS Hospital Trust for information on how children with asthma are supported, and improving links between the NHS and the school.

It is recommended that schools should also ensure that:

- a named individual is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
- at least two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer.

### Liability and indemnity

*Supporting pupils* requires that governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Local Authorities may provide schools which are administering inhalers with appropriate indemnity cover; however schools will need to agree any such indemnity cover directly with the relevant authority or department.

## 7. Useful links

For convenience both hot links and full URLs are given below.

***Supporting pupils at school with medical conditions. Statutory guidance for governing bodies of maintained schools and proprietors of academies in England (Department for Education, 2014).*** <https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions>

***Access to Education and Support for Children and Young People with Medical Needs (Welsh Assembly Government Circular No: 003/2010, May 2010)***  
<http://wales.gov.uk/topics/educationandskills/publications/guidance/medicalneeds/?lang=en>

***The Administration of Medicines in Schools (Scottish Executive, 2001),***

<http://www.scotland.gov.uk/Publications/2001/09/10006/File-1>

***Supporting Pupils with Medication Needs, (Department of Education, Department of Health, Social Services and Public Safety, 2008)***

[http://www.deni.gov.uk/index/support-and-development-2/special\\_educational\\_needs\\_pg/special\\_educational\\_needs-supporting\\_pupils\\_with\\_medication\\_needs-2.htm](http://www.deni.gov.uk/index/support-and-development-2/special_educational_needs_pg/special_educational_needs-supporting_pupils_with_medication_needs-2.htm)

**Asthma UK Website**

<http://www.asthma.org.uk/>

**Education for Health**

<http://www.educationforhealth.org>

**School Asthma Cards** <http://www.asthma.org.uk/Shop/school-asthma-card-pack-of-20-healthcare-professionals>

**NHS Choices, Asthma in Children**

<http://www.nhs.uk/conditions/asthma-in-children/pages/introduction.aspx>

**NICE Quality Standard**

<http://publications.nice.org.uk/quality-standard-for-asthma-gs25>

**Children and Maternal Health Intelligence Network**

<http://www.chimat.org.uk/>

**Getting it right for children, young people and families. Maximising the contribution of the school nursing team: Vision and Call to Action (March 2012).**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216464/dh\\_133352.p\\_df](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216464/dh_133352.p_df)