



MEDICAL CONDITIONS (INCLUDING ASTHMA) POLICY

Policy approved by the CEO April 2017

Signed.....

Julie Hollis, CEO

Vision

The Trust is an inclusive community that welcomes and supports pupils with medical conditions.

The Trust provides all pupils with any medical condition the same opportunities as others at each Academy within the Trust. No pupil will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

Aim

The aim of the policy is to clarify the support the Trust will offer a child with special medical needs and to set out the responsibilities of all parties (pupils, parents, Trust staff, relevant local health services) in ensuring that the support is administered effectively to allow each pupil an active and inclusive role in school life.

The aims will be met through the following:

- The Trust ensuring that all staff understand their duty of care to children and young people in the event of an emergency and that staff feel confident in knowing what to do in an emergency.
- The Trust understanding that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood and that all children with the same medical condition will not have the same needs
- The Trust understanding the importance of medication and care being taken as directed by healthcare professionals and parents. Pupils and parents feel confident in the care they receive from this school and the level of that care meets their needs
- The Trust ensuring that all staff including temporary or supply staff understand the medical conditions that affect pupils and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn. Relevant staff will receive guidance on the impact medical conditions can have on pupils.
- The Trust ensuring that pupils, parents, relevant local healthcare staff, and other external stakeholders are informed of and reminded about and support the medical conditions policy through clear communication channels

Record keeping

Initial contact

Parents are asked if their child has any medical conditions on the enrolment form. If a condition presents itself while the pupil is already enrolled in a Trust school it is the responsibility of the parent to let the relevant school know of the new condition.

Individual Healthcare Plan (IHP).

All children with serious long term medical conditions must have an Individual Healthcare Plan (IHP). An IHP details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. This should be drawn up with input from the child (if appropriate) their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

Schools in the Trust can conclude on whether IHPs are actioned for other conditions dependant on the pupil's requirements.

Each school in the Trust must keep a centralised register of IHPs, and ensure that an identified member of staff has the responsibility for this register.

IHPs are regularly reviewed, at least every year or whenever the pupil's needs change. Any permanent changes to the pupil's needs must be documented immediately on the IHP and the management information system.

The pupil (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. School staff are made aware of and have access to the IHP for the pupils in their care.

The Trust makes sure that the pupil's confidentiality is protected and the schools in the Trust seek permission from parents before sharing any medical information with any other party.

The school will meet with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.

Medicines to be administered or stored by the schools for pupils not on IHP

Where possible parents should arrange that medication is given at home and not at school, particularly in the case of short term medical needs such as a course of antibiotics where they are to be taken three times per day and can be taken outside of school hours. Medicines will only be administered at schools where it is essential and detrimental to a pupil's health if the medicine was not administered during the school day.

It is the responsibility of the named person delegated by the Headteacher in the school to gain enough information about the illness and circumstances to judge whether it is necessary for the child to take medicines in school. This may involve requesting information from health professionals such as the school health advisor or paediatrician. This will be shared with relevant staff.

For short term medication, if the medicine must be administered in school, then it is the parent / carer's responsibility to send a doctor's note indicating the necessity for the pupil to be administered medication during school hours. The note should also include clear instructions concerning the dosage required, with parental permission for administration – 'consent to administer medicine'. Where medication is considered by the parent to be able to be self-administered by the pupil it is requested that the parent inform the school of the position. If storage is required in school for the medicines, this should be recorded and the school must provide a place for the pupil to take the medicine in private if required. It is the responsibility of the parent to ensure that the child carries only enough medication for the school day.

Communication

Staff need to be made aware of the specific medical needs of pupils in their classes through either copies of the IHP plans or information recorded on school management information systems to which staff have access. It is vital that the information on pupils is kept up to date by the named member of staff in school responsible and any changes reported to staff through

school regular communication channels. In particular, an updated list of all pupils with serious medical conditions should be circulated to all staff half termly.

Changes to pupil circumstances

It is a parental responsibility to inform the school of any changes to pupil's circumstances. Changes must be recorded immediately on IHP plans, on the school management systems and on any medical preparation guidance notes. Reviews of pupils with significant medical needs and support will be held at regular review meetings

Record keeping for the administration of medicines

Each school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff. If a pupil refuses to take their medicine parents will be informed at that time. A designated person within the school will be responsible for ensuring the records are up to date.

Guidance

The Headteacher should make the decision as to who is the most appropriate member of staff to administer medication and ensure appropriate guidance is given to these members of staff

All school staff are made aware of the medical conditions at their school and understand their duty of care to pupils. The Trust makes sure that all staff providing support to a pupil and other relevant teams have received suitable guidance and ongoing support, to ensure they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and each school keeps an up-to-date record of all guidance undertaken and by whom.

Each school will make sure that there is more than one member of staff who can administer the medication and meet the care needs of an individual pupil, including in times of staff absence, staff turnover and any other contingencies. The Trust Board has made sure that there is the appropriate level of insurance and liability cover in place.

Emergencies

Children with medical conditions.

A pupil's IHP should clearly define what constitutes an emergency and explain what to do. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings. 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.

General emergency procedures.

Emergency situations are dealt with as follows:

- i. Ambulance called for emergency.
- ii. Emergency treated as far as is possible at school.
- iii. Any medication already taken at school must be recorded and ambulance staff informed.
- iv. Parent/carer contacted, if pupil is required to go to hospital parent/carer to meet them there.

- v. Pupil is accompanied in the ambulance by a member of staff, who remains with the pupil until parent/carer arrives.
- vi. Accident Form completed as necessary.
- vii. Parent/Guardian contacted later for information regarding the pupils' condition.

Staff will not take pupils to hospital in their own car.

Each school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Administering medication at school.

Each school understands the importance of medication being taken and care received as detailed in the pupil's IHP.

Each school will only administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Each school will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.

When administering medication staff are responsible for:

- Following school policy and procedures
- Ensuring an IHP and/or consent to administer medicine information has been completed and signed/evidenced by the parent/guardian prior to administering the medicine
- Following the instructions on the IHP and/or consent to administer medicine information
- Recording details of when the medicine was administered, by whom and any adverse reactions
- Checking the maximum dosage and when the previous dose was given
- For primary schools - informing parents when the medicine has been administered, in most instances this information will be passed on at the end of the school day.
- Raising any concerns regarding the effects on the child of the medication

The Trust will not give a pupil under 16 paracetamol products unless prescribed by a doctor.

For primary schools, pupils are not permitted to bring non-prescribed paracetamol products into school. If a child requires paracetamol, parents or carers may visit school at the appropriate time to administer the medication. Even though a parent may come to administer medication, it is important that school are aware of dose given and any adverse reactions that may occur.

It is unlawful for staff to administer prescribed medication by injection unless for the purpose of saving life in an emergency, and invasive procedures will only be undertaken if included in an IHP. Suitable training will be given if these procedures are likely to be required.

If a pupil misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

Staff Individual Health Care Needs

Staff must keep all medication products for their own individual healthcare needs, safely stored and away from pupils. They should inform staff they are working with where medication is stored.

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.

Storage of medication and equipment at school.

All medicines should be stored safely in a well-defined place within school.

All staff must understand what constitutes an emergency for an individual child and make sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities.

Pupils may carry their own medication/equipment if they wish/this is appropriate, or they should know exactly where to access it. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers should be always readily available to children and not locked away. Blood glucose testing meters and adrenaline pens will be available to children in secondary schools and in primary schools they will be kept in a secure but accessible location as all staff are aware of where they are stored.

Each school will keep controlled drugs stored securely, but accessible, with only named staff having access. Staff can administer a controlled drug to a pupil once they have had guidance on this.

For primary schools, each child should have a box (plastic, with lid and clearly labelled with child's name) for storing commonly used medicine such as inhalers and eczema creams along with completed individual healthcare plan (IHCP) plans. These will be kept safely in classrooms and easily accessible to children.

Each school will store medication that is in date in its original container and labelled with pupil's name, medicine name, dosage and date where possible, with the dispensing pharmacy's label in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump. Asthma inhalers are labelled with the owner's name and kept to allow pupils easy access. Pupils are encouraged to bring spare inhalers into school for emergency use. Pupils should carry an inhaler with them in school.

Occasionally it may be necessary for medicine to be stored in a refrigerator. In these circumstances the medicine must be in the original container that is clearly labelled and stored in a locked medical room refrigerator. Antibiotics which are required to be administered will also be stored in the medical room to minimise the risk of a person with an allergy coming into contact with them.

Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term. Any medicines that need to be

taken home each day must to be collected by pupils in secondary schools, or by a responsible adult in primary schools, at the end of the school day.

Disposals

The school named representative will take any medication that is out of date to the nearby chemist for safe disposal. Any pupil whose medication is out of date is notified of this by the staff representative in order to bring in an up-to-date replacement.

This school disposes of needles and other sharps safely and securely. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

Out of school activities

The appropriate medication and associated IHCP will be taken on school trips. This will be carried by a designated member of staff. The same procedures and responsibilities apply as on the school premises.

Each school will carry out risk assessment before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions will be considered during this process and plans will be put in place for any additional medication, equipment or support that may be required.

School environments and medical conditions

The Trust is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. The Trust is also committed to an accessible physical environment for out-of-school activities.

Each school will consider the needs of pupils with medical conditions to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the relevant school's Anti-Bullying policy, to help prevent and deal with any problems. They use opportunities in lessons to raise awareness of medical conditions to help promote a positive environment.

Each school understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.

All relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.

Each school makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.

All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. Schools will not penalise pupils for their attendance if their absences relate to their medical condition.

Each school will refer pupils with medical conditions who are finding it difficult to keep up educationally to the Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.

Medical condition triggers

The Trust is committed to identifying and reducing triggers both at school and on out-of-school visits. School staff have been given guidance and written information on medical conditions which includes avoiding/reducing exposure to common triggers. Schools have a list of the triggers for pupils with medical conditions at this school, a trigger reduction schedule and are actively working towards reducing/eliminating these health and safety risks. The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities.

Pupils return to school following a period of hospital education or alternative provision. Each school works in partnership with all relevant parties including the pupil (where appropriate), parent, school's governing body, all school staff, and healthcare professionals to ensure that the child receives the support they need to reintegrate effectively.

Each school is committed to keeping in touch with a pupil when they are unable to attend school because of their condition.

*The term 'parent' implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority.

APPENDIX 1

Common Medical Problems and Medication Guidance

Medical Problem	Medication	Reason	Kept in School	Guidance
Anaphylaxis	Adrenaline auto-injectors	Emergency medication for exposure to allergens.	YES	Cannot be locked away, kept within easy access for pupils. Must be given to ambulance staff when used in an emergency. IHP plan to be completed to include parental consent
Asthma	Relievers	Emergency medication for asthma attacks	YES	Cannot be locked away, kept within easy access for pupils. IHP plan to be completed to include parental consent
Epilepsy	Various types	Emergency medication for relieving or controlling seizures	YES	Where the agreement is for school to administer and store the drugs, training must be given to relevant staff and drugs must be kept very securely and locked away. Needs emergency instructions to be kept with medication. IHP plan to be completed to include parental consent
Diabetes	Insulin – blood test equipment	Ongoing medication and control required	YES	Where the agreement is for school to administer and store the drugs, training must be given to relevant staff and drugs must be kept very securely and locked away. Needs emergency instructions to be kept with medication. IHP plan to be completed to include parental consent
General Pain	Painkillers	May be prescribed for illnesses and injuries.	YES	Consider whether pupil is in too much pain to attend. Otherwise parents to ensure that medication is taken outside of school where possible. A single dose of medication should be stored away at school, for the length of the prescription. Parents confirm medication storage requirements and IHP if medication is to be administered
Infection	Antibiotics	Short term illness.	YES	Parents should consult a doctor as to when pupils can safely come back to school. Most antibiotics can be taken outside school hours. If parents request for medication to be kept at school be aware that most antibiotic syrups require cold storage. If pupil is self-administering a single dose should be brought in each day and kept locked in personal storage. Parents confirm medication storage requirements and IHP if medication is to be administered.
Migraine	Painkillers, migraine tablets	To be taken at the first sign of a migraine.	YES	A single dose should be kept at school for use when needed. This may be reviewed if migraines begin to cause serious attendance or standards problems for a particular child. Parents confirm medication storage requirements and IHP if medication is to be administered

Appendix 2

Cranmer Education Trust Individual Healthcare Plan

School will not give your child medicine unless you complete and sign this form

Once the designated member of staff is satisfied that the school is able to support your child in the administration of his/her medication you will be sent a signed copy of this form

All medicines must be in the original container as dispensed by the pharmacy

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Contact 1 Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Contact 2 Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Person responsible for providing support in school

--

Description of pupils medical needs

Give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

--

Medication

Name of medication (as described on the container)	
Period of medication	
Frequency of Dosage/ Level of dosage	
Side effects, contra-indications after care	
Administration - method of administration	
Administration – Administered by/self-administration with/without supervision	

Daily care requirements

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Specific support for the pupil's educational, social and emotional needs

--

Arrangements for school visits/trips etc

--

Emergency procedures

Describe what constitutes an emergency, and the action to take if this occurs	
Who is responsible in an emergency (state if different for off-site activities)	
Emergency contact details if different from the contact details above	

Staff training needed/undertaken – who, what, when

--

Other information

--

Administration

Persons involved in development of the plan	
Date plan implemented/reviewed	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for school staff to administer medicine in accordance with the Trust policy. I will inform the school immediately if there is any change in dosage or frequency of the medication or if the medicine is stopped. I understand and accept that administering my child's medication is a service which the school is not obliged to undertake.

Parent/guardian's signature: _____

Name: _____ Relationship to pupil : _____

Date: _____

Confirmation of the Designated Persons agreement to administer medication

I agree that the school will administer medication as supplied by the parent / carer of _____ in accordance with the instructions detailed on this form.

Signed: _____

Position: _____

Date: _____

Appendix 4

Individual school information

The Blue Coat School

Activity	School specific procedure
Record keeping IHP plans	IHP plans kept at Student services by Lynda Boon
Record keeping for medicines administered or stored for pupils not on IHP plans	Parental notes of requirements kept on file – emails doctors notes etc Student information sheet completed Appendix A A sheet recording the administration of medicine is completed
Communication to staff	Medical conditions and particular requirements for pupils are entered onto CMIS as soon as Student Service Staff are made aware A list of all pupils with serious medical conditions is updated and distributed to staff half termly by Linda Boon Medical concerns are recorded as follows <ul style="list-style-type: none">• Via Bulletin Pastoral sheet• Internal memo to Pastoral Staff and tutors• Recorded on CMIS• On medical information forms kept at Student Services
Staff Training records	All training records are stored electronically on CPD databases. Certificates are kept on staff files.
Storage	Medicines are kept at Student Services which provides lockable and refrigeration services Asthma inhalers are kept in the Medical Room in drawers according to surname. All inhalers are labelled with owners name Adrenaline injectors are kept in Student Services readily accessible
Designated member of staff to record and maintain storage of medicines	Lynda Boon

East Crompton Saint George's CoE Primary School.

Activity	School specific procedure
Record keeping IHP plans	IHP plans kept in Critical Incident Plan File, which is in the main office by Linda Baldwin (SENCO).
Record keeping for medicines administered or stored for pupils not on IHP plans	<p>Child's information sheet completed Appendix 5.</p> <p>A sheet recording the administration of medicine is completed. These are stored securely with the medicines.</p>
Communication to staff	<p>Medical conditions and particular requirements for pupils are entered onto SIMS as soon as the school office is made aware.</p> <p>The cook is given a list of children with allergies along with a photograph of the child.</p> <p>All staff are advised of children with medical conditions by the SENCO.</p> <p>Medical concerns are recorded as follows</p> <ul style="list-style-type: none"> • Recorded on SIMS • On medical information forms kept in the school office.
Staff Training records	All training certificates are retained on staff files.
Storage	<p>Medicines which do not need to be refrigerated are kept in a locked cabinet in the school office. Medicines which need to be refrigerated are kept in the fridge in the caretaker's cupboard, which is locked.</p> <p>Asthma inhalers are kept in the child's class and are labelled with owner's name.</p> <p>An EpiPen is kept in the school office.</p>
Designated members of staff to record and maintain storage of medicines	Heidi Crabtree, Michelle Gledhill and Anabelle Swindell.

Mayfield Primary School

Activity	School specific procedure
Record keeping IHP plans	IHP plans kept in the main office by Alan Humphries
Record keeping for medicines administered or stored for pupils not on IHP plans	<p>Parental notes of requirements kept on file – emails doctors notes etc.</p> <p>Child's information sheet completed Appendix A.</p> <p>A sheet recording the administration of medicine is completed.</p>
Communication to staff	<p>Medical conditions and particular requirements for pupils are entered onto SIMS as soon as the school office is made aware</p> <p>A list of all pupils with serious medical conditions is recorded in the class file and is displayed in the staff areas of school. This is revised by Nicola Carroll when any changes occur.</p> <p>Medical concerns are recorded as follows</p> <ul style="list-style-type: none"> • All staff sign a sheet to confirm they have seen the updated list. • Recorded on SIMS • On medical information forms kept in the school office.
Staff Training records	All training certificates are held by Nicola Carroll.
Storage	<p>Medicines are kept in the school office which provides lockable and refrigeration services.</p> <p>Asthma inhalers are kept in the child's class. Emergency inhalers are stored in the school office. All inhalers are labelled with owner's name.</p>
Designated members of staff to record and maintain storage of medicines	Sam Summers, Nicola Carroll, Jo Lockwood and Alan Humphries.

Appendix 5

Pupils with Medical Problems and/or Medication in School Information Sheet

Name Form /Class

Date Informed Informed by

Emergency Contact

Phone Numbers

1) Medical Problem

Medically Diagnosed YES / NO Undergoing Treatment YES / NO

2) Action Required

Work Sent Home YES / NO

3) Length of Time Problem is Expected to Continue

Date of Return to School

4) Staff Informed

Briefing YES / NO Bulletin YES / NO

5) Medication in School

Medication Required YES / NO Kept in... ..

Type Time Required.....

Quantity Period Required

Prescribed YES / NO Parental Consent Attached YES / NO

Special Training Required YES / NO (if yes, please fill in Section 7 below)

6) Common Risk Assessments

a) Leg Injuries

Crutches Required YES / NO Parental Consent/Info Given YES / NO

Number of Weeks Immobile

Working in Library YES / NO Attending Lessons YES / NO

b) Anaphylaxis (see individual Care Plan)

Specific Allergen Possible Allergens

Epi-Pen in School YES / NO Epi-Pen Carried YES / NO

c) Epilepsy/Seizures (see individual Care Plan)

Type of Epilepsy Student on Medication YES / NO

Emergency Medication in School YES / NO (if yes, please fill in Section 7 below)

7) Administering Emergency Medication

Medication Type Dose Required

What constitutes an emergency situation?

Who has received training to administer the medicine?

Emergency directions for administering the medicine

Appendix 6

ASTHMA POLICY **FOR SCHOOLS**

Document Produced By:

Oldham Community Health Services

Pennine Acute NHS Trust - Oldham

Oldham Metropolitan Borough Council

January 2010

Asthma Policy for Schools

Contents

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ASTHMA POLICY FOR SCHOOLS IN THE OLDHAM AREA

This policy is to be circulated to all schools following an annual training session to teaching and support staff. All the children will be treated without prejudice.

1. Background

A child's educational years are the greatest opportunities for investment in the next generation. For years schools and teachers have worked to ensure all children have an equal opportunity in their educational environment. Many issues remain within the sole remit of education. However, key areas which impact on a child's ability to get the most from school, such as health lie outside the remit of education.

The impact of many medical conditions on a child in the classroom can be significant. Some conditions can be severe and are rare such as epilepsy and diabetes. Others particularly asthma are common. Asthma UK (2009) states asthma is the most common long-term childhood medical condition, affecting 1.1 million children in the UK. One in 10 children has asthma. The decision to administer medicines by teachers remains voluntary. This document is designed to support, educate and train school staff to enable them to take on this role if they wish with appropriate input from the local National Health Services (NHS) and Community Health Service (O.C.H.S). This policy is designed to run alongside the risk assessments and care plans schools develop in accordance with the Department for Education and Skills (DFeS) documentation.

2. Asthma in the Classroom

Asthma is a common condition, but its severity varies considerably. People can be affected to greater and lesser degrees. For any one individual the occurrence of the condition can be episodic. This means that children can be well for long periods of time and then have sudden acute, and at times severe relapses (Asthma U.K. 2009).

The major principle underlying the policy is immediate access for all children to reliever medication.

Therefore every asthmatic child should carry their own inhaler, wherever possible, both in school at Physical Education (PE) and on school trips. For younger children (usually those in infant school) this is not practical. There should therefore be a system in school that teachers, parents and children know about and to allow for safe and ready access. (e.g. a "spice rack" or "cloth pouch" system). Inhalers and spacer devices should have the children's names clearly marked. In the event of an inhaler being lost parents/carers are asked to bring in a spare which will have the child's name clearly marked.

3. Asthma Symptoms

Asthma is caused by a reversible narrowing of the airways to the lungs. It restricts the passage of air both in and out as you breath. The symptoms of asthma occur when the muscles around the airways tighten and the lining of the airway becomes inflamed and start to swell; this leads to a narrowing of the airways. The usual symptoms of asthma are:

- Coughing
- Shortness of breath
- Wheezing
- Tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Sometimes younger children will express the feeling of tightness in the chest as a tummy ache.

The symptoms however are rapidly reversible with appropriate medication. Only when symptoms fail to be reversed medical attention must be sought (**See Section 7 management of an acute asthma attack**).

3.1 Types of Treatment

There are two types of treatment for asthma:

a) 'Relievers'

Every child with asthma should have access to a reliever in school. The reliever inhaler is commonly blue, but may come in different colours, and they come in different shapes and sizes. It is the parents' responsibility to provide the correct reliever inhaler. These treatments give immediate relief and are called bronchodilators because they cause the narrowed air passages to open up by relaxing the airway muscle. They do not however reduce the inflammation.

b) 'Preventers'

Preventers are a group of treatment that are designed to prevent the narrowing and inflammation of the airway passages. The ultimate objective is to reduce asthma attacks of any kind. These medicines should be taken regularly usually morning and evening. There is therefore no indication for them to come to school with the child.

Even if they are taken during an attack, they will not have an immediate effect.

THIS POLICY REFERS ONLY TO RELIEVERS.

3.2 The best way for people to take their asthma medication is to inhale them directly into the lungs. There are a variety of devices available and the asthma medication needs to be breathed in steadily and deeply.

3.3 For young children and those with co-ordination problems, other devices are sometimes used. These devices are breath activated so that the device fires automatically when the child is breathing in.

- 3.4 Some younger children use a spacer device to deliver their aerosol inhaler, this maybe a volumatic or aerochamber. The aerosol is pressed into the spacer and the child breaths slowly and steadily for approximately 10 seconds. If the child is using an aerochamber and it whistles they are inhaling too quickly. Spacers are very useful for those who have difficulty co-ordinating their breathing and inhaler. The spacer device is also very useful in the case of an acute asthmatic attack. ('see section 7 on managing an acute asthmatic attack')

Irrespective of the type of device, the medicine being delivered is a reliever.

- 3.5 All children who need their relievers should have them in school and readily available at all times. For all children in secondary and junior schools, the child must carry their reliever inhaler with them at all times. The administration of the reliever to children should be on their own perception of whether or not they need it.
- 3.6 Primary school children may need more help and encouragement with taking their reliever. Inhalers should be kept in an easily accessible place where either child or teacher can reach it with the minimum of difficulty.
- 3.7 For primary school children, it is recommended that an agreement between parents and schools be drawn up and signed so that the parents are fully informed of the school policy on the management of asthma in the classroom for their child. This should also include a reliever inhaler supplied by the General Practitioner (GP) and a spare device and inhaler, which will be held in school. **(See section 7 on managing an acute asthmatic attack).**
- 3.8 When a primary school child needs a dose of their reliever, it is recommended that this is noted in the provided record sheet and the parent is informed. If a child is using their inhaler three or more times a week, the teacher should inform the parent/carer as the child's asthma care may need reviewing.

It remains the responsibility of the parent to seek medical attention and to liaise with the school on the frequency with which inhalers are taken.

4 The Physical Environment

Many environmental aspects can have a profound effect on a child's symptoms at anytime. The four key points for schools are:

a) Materials

The school should as far as possible avoid the use of art and science materials that are potential triggers for asthma.

b) Animal Fur and Hair

Some children can have marked acute and chronic symptoms if they are exposed to animals including, mice, rabbits, rats, guinea pigs, hamsters, gerbils, chinchillas and birds. Consideration should be given to the placement of school pets in the classroom, and special vigilance may be needed on trips to farms and zoos where children handle animals.

c) Grass Pollen

Grass pollens are common triggers in provoking an exacerbation of asthma. Consideration should be given to grass being cut in school time. Children may require extra vigilance.

d) Sport

Children with asthma should be encouraged to participate in sports however teachers need to be mindful that exercise may trigger asthma. Children should effectively warm up before exercise and cool down following exercise. Reliever inhalers should be taken in to P.E. lessons and when the children are playing outside sports the P.E teacher may hold them.

5. **Access to Reliever Medication**

1. Asthmatic children must have immediate access to reliever inhalers at all times. If the child does not carry their device it must be immediately accessible if required and school staff and teachers should know where the device is.
2. Children in juniors and secondary school should all carry their own devices and self-administer their reliever medication. (see special concerns under section 8).
3. At the start of each school year a child should bring in a new reliever device and spacer clearly labelled with his/her name.' **It is the responsibility of the parent/carer to ensure that medication provided in school is in date.** This device remains the property of the school for the school year.. It can be returned to the child on the last day of the summer term.
4. In addition to the reliever device held by the school every child should have their own reliever that they keep with them. In the case of younger children this may be in a spice rack or wall pocket system.
5. All staff must know where the reliever devices are kept.

6. **WHAT TO DO IF A CHILD HAS AN ASTHMA ATTACK**

If an asthmatic pupil in your class becomes breathless or wheezy or starts to cough:

1. Keep calm, it's treatable. If the treatment is given at an early stage the symptoms can be completely and immediately reversible.
2. Let the child sit in a position they find most comfortable. Many children find it most comfortable to sit forwards with their arms crossed on the table.
3. Ensure the child has 2 puffs of their usual reliever.

If the pupil has forgotten their reliever inhaler or their device is out of date or empty then:

- i) Give 2 puffs of the school reliever inhaler provided by the parents, preferably via their spacer or aero chamber.
- ii) STAY WITH THE CHILD. The reliever should work in 5 – 10 minutes
- iii) If the symptoms disappear, the pupil can return to the lesson as normal.

iv) If symptoms have improved but not disappeared then:

Give 1 puff of the reliever inhaler every minute for 5 minutes
Stay with the child

IF THE CHILD HAS WORSENER SEE SECTION 7.

7. MANAGEMENT OF A SEVERE ASTHMA ATTACK

HOW TO RECOGNISE A SEVERE ATTACK

- The reliever has no effect after 5-10 minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts about the child's condition

STAY WITH THE CHILD

- 1) Call **999** or send someone else to call **999** immediately - Inform them the child is having a SEVERE ASTHMA ATTACK AND REQUIRES IMMEDIATE ATTENTION.
- 2) Using the child's reliever and spacer device give one puff into the spacer. Allow the child to breathe the medicine from the spacer. If the spacer device is an aeoro-chamber and it whistles ask the child to breathe more slowly and gently. After one minute give another puff and allow the child to breathe the medicine. Repeat at not more than one minute intervals until the ambulance arrives.
- 3) Contact the parents and inform them what has happened.
- 4) If you are concerned and need emergency advice ring the Accident and Emergency department at The Royal Oldham Hospital on 0161 627 8228.

8. Special Areas for Concern

1. Many teachers are concerned that an unsupervised child with an inhaler may result in the medication being taken by the peer group. This does not pose a danger to the health of other children.
2. Many teachers are concerned that using the device of another child will leave them vulnerable to legal action or criticism. Teachers are reminded they have a duty of care to the children in school. Taking no action, or not using another device could be interpreted in a failure of that care.
3. Reliever inhalers and spacer devices should always be taken to swimming lessons, sports, cross country, team games and educational visits out of schools, and used according to need. Children with known exercise induced asthma will need to take their reliever immediately prior to exercise.
4. Self administration of the reliever is the usual and best practice. Any concerns about inappropriate use or abuse of the devices should be reported to the Head Teacher or the parents/guardian.

5. In an event of an uncertainty about a child's symptoms being due to asthma, TREAT AS FOR ASTHMA. This will not cause harm even if the final diagnosis turns out to be different.

9. Information to parents and guardians and carers

As part of the school policy it is proposed that all parents are made aware of how the school will manage a child who has symptoms due to their asthma whilst they are in school. The school will need a Metered Dose Inhaler reliever and spacer prescribed by the child's GP to be kept in school. All parents of children entering the school are issued a Data Checking Sheet to complete which requires parents to indicate if their child is asthmatic. If a child is identified from this as having asthma, then parents will be asked to sign a separate consent form allowing the teachers to give the reliever and use the spacer device if necessary.

10. Pupils with special educational needs

Children who are statemented under Part III of the Education Act 1996 receive a statement of special educational needs. It is possible that for any of these children who may have asthma they will have special requirements to ensure that they take their asthma medication appropriately and that they are appropriately treated in the event of an acute attack. This will be made explicit by the medical team responsible for giving the medical advice input in to the statement.

11. Care of the Spacer Devices

After use they should be washed in warm soapy water, and allowed to dry naturally in the air. The spacer device once dry they should be stored carefully.

12. Training

It is anticipated that policy implementation will include a commitment to staff training. This will include individual schools and individual teachers as is necessary. Training to support the policy will be provided and will require commitment from the Health Authority, Local Hospital Trust and Education Authority. Dissemination to all levels within the school is required.

References

British Thoracic Society Guidelines (2008) on the Management of Asthma.

Asthma U.K., (May 2006) School Policy Guidelines, Asthma U.K.,

Dfes, Department of Health, (2004) National Service Framework for Children, Young People and Maternity Services,

Dfes, Department of Health (March 2005) Managing Medicines in School and Early Years Settings

Dfes, Department of Health, (2006), Looking for a School Nurse?

Peer Review

This Policy was originated by Jackie Pye Asthma Nurse Specialist for the Acute Trust and she has agreed to the review of this policy for Oldham Community Health Services and Oldham Local Authority.

The Policy has also been reviewed by:

Janet Wray Nurse Consultant, Oldham Community Health Service

Asthma U.K.

Gillian Leigh: School Health Advisor. Oldham Community Health Service

Jackie Pye Asthma Nurse Specialist, Pennine Acute

Linda Devlin, Oldham Healthy School Programme Manager/Coordinator.

Comments by the peer reviewers have been taken into consideration and the document had been amended accordingly.

APPENDIX A ASTHMA

USE OF INHALERS DURING AN EMERGENCY

INTRODUCTION

Asthma is one of the commonest conditions affecting children and young people. This can result in the pupils' inability to fully access learning.

Asthma affects 1.1 million children in the UK. One in 10 children has asthma. Asthma is the commonest reason why medication will have to be given to children whilst in school.

Its severity varies considerably from mild symptoms to a severe attack and the condition can be episodic.

It is important therefore that:

- All known asthmatics have immediate access to their inhalers.
- All staff are familiar with the school asthma policy.
- All staff in schools are aware of the emergency procedures in case of an asthmatic attack and can recognise a severe attack and take appropriate action.

LEGAL PERSPECTIVE

Every asthmatic pupil should carry their own reliever Inhaler both in schools, at PE and out on of school visits. For young children, usually those in infants, this is not practicable. There should therefore be a system that staff, parents and children know about which allows safe ready access e.g. a spice rack or cloth pouch system with the children's names and devices marked and accessible at all times.

Preventer inhalers should **NOT** be brought to school as these are usually taken morning and evening and will not be effective during an attack.

All diagnosed asthmatics should have an emergency inhaler and spacer in school which is stored in such a way as to ensure easy access at all times. Regular checks should be made to ensure that this inhaler is within date.

GIVING AN INHALER IN CASE OF AN EMERGENCY

- Self - administration of the inhaler is best practice.
- Where a pupil is struggling to use their inhaler staff should assist.
- In the extreme circumstance where a pupil does not have access to their own inhaler and there are signs of a severe attack another person's inhaler may be used to sustain life.
- In the event of an uncertainty about a pupil's symptoms being due to asthma **TREAT AS ASTHMA** – this will not cause harm even though the final diagnosis may be different.
- The Local Authority offer staff full indemnity against claims for negligence provided they are acting within the scope of their employment, have received adequate training and are following appropriate guidelines.

