

Exceed to Succeed



MEDICAL POLICY

Statement of Principle:

As a UNICEF Rights Respecting School, the Rights of the Child underpin all our work with children:

Every Child has the right to access good medical care.

[Article 24, UN Convention on the Rights of the Child.]

Havelock Primary School and Nursery is an inclusive community that aims to care for, support and welcome pupils with permanent medical conditions and those who are subject to a temporary illness or injury.

This policy is designed to support the management of medical care in school and to support individual pupils with medical needs.

All pupils have an entitlement to a full time curriculum or as much as their medical condition allows.

It is drawn up in consultation with a wide range of key stakeholders and complies with Government guidelines including:

- The Equality Act 2010
- DfE Statutory guidance; Supporting Pupils at School with Medical Conditions (December 2015)
- The Human Medicines (Amendment) Regulations (October 2014)
- DoH Guidance on the use of emergency salbutamol inhalers in schools (September 2014)
- The SEND Code of Practice 2014

As a Rights Respecting School we uphold the articles from the United Nations Convention on the Rights of the Child. The following articles underpin this policy:

Article 24 (health and health services)

Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food and a clean environment so that children can stay healthy. Richer countries must help poorer countries achieve this.

Article 29 (goals of education)

Education must develop every child's personality, talents and abilities to the full. It must encourage the child's respect for human rights, as well as respect for their parents, their own and other cultures, and the environment.

Article 31 (leisure, play and culture)

Every child has the right to relax, play and take part in a wide range of cultural and artistic activities.

The Governing body and the Headteacher will ensure that arrangements are in place to support pupils at school with medical conditions.

We see it as our responsibility to provide children with medical needs the same opportunities offered to others by:

- Making the school welcoming and supportive to pupils with medical conditions;
- Encouraging and supporting pupils with medical conditions to take control of their condition and feel confident in the support they receive from the school to help them do this;
- Including all pupils with medical conditions in all school activities as far as possible;
- Making appropriate provision in order that all pupils have equal access to school facilities and a quality teaching and learning experience;
- Working with the parents and carers of pupils with medical conditions so that they may feel secure in the care their children receive at this school;
- Supporting children with medical needs to attend school regularly;
- Ensuring all staff understand their duty of care to pupils and procedures to follow in the event of an emergency;
- Developing the confidence of all staff in knowing what to do in an emergency with the regular opportunity to undertake basic First-Aid Training with an accredited trainer;
- Communicating the understanding to the whole school community that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood;
- Training all staff to understand the common medical conditions that affect children and appreciate the impact this can have on pupils.

All staff members are responsible for:

- Taking appropriate steps to support children with medical conditions and familiarising themselves with Care Plans and how to respond when they become aware that a pupil with a medical condition needs help.
- Knowing where individual pupil's medication is stored.
- Taking account of the needs of pupils with medical conditions in lessons.
- Undertaking any specialist training required to support pupils with medical conditions.
- We employ a Learning Support Assistant who has responsibility for organising and communicating Care Plans and any medication required. Also for monitoring that the school's Medical policy and procedures are being followed
- Liaising with parents/carers, informing them when medication needs to be replenished or replaced due to expiry of use by dates. Epipens, inhalers etc are checked termly.

School nurses are responsible for:

- Supporting staff who have raised health concerns about a child.
- Notifying the school when a child has been identified as requiring support in school due to a medical condition at any time in their school career.
- Supporting staff in requesting a Care Plan from a GP, implementing and reviewing Care Plans, giving advice and liaison on training needs.
- Liaising locally with lead clinicians, GPs and Health Visitors on appropriate support.

Parents and carers are responsible for:

- Keeping the school informed about any new medical condition or changes to their child/children's health.
- Participating in the development and regular reviews of their child's Care Plan.
- Providing the school with the medication their child requires and keeping it up to date including collecting leftover medicine.
- Carrying out actions assigned to them in the Care Plan and they, or a nominated adult, being contactable at all times.

Pupils are responsible for:

- Complying with their Care Plan and self-managing their medication or health needs including carrying medicines or devices, if judged of an appropriate age and competent to do so by a healthcare professional and agreed by parents.

Training of staff

- Staff, including SMSAs, involved in administering First Aid will receive regular, certified First Aid training
- Newly appointed teachers, supply or agency staff and support staff will be made aware of the school's Medical Policy as part of their induction.
- No staff member may administer prescription medicines as part of an individual Care Plan without undergoing training specific on the condition and being signed off as competent by the school nurse.

- School will keep a record of the individuals supported for their medical conditions, any training undertaken and a list of staff qualified to undertake responsibilities under this policy.

Medical conditions “Care Plan” register

- The school's admissions form requests information on pre-existing medical conditions.
- A medical conditions register is kept, updated and reviewed regularly by the nominated member of staff. Each class teacher and LSA has an overview of the list for the pupils in their care within easy access.
- Supply staff have access on a need to know basis.
- For pupils on the medical conditions list, transition handover meetings take place to enable parents, school and health professionals to review information and Care Plans and train staff as appropriate.

Individual Health Care Plans

- Where necessary, an individual Care Plan will be developed in collaboration with medical professionals, parents/carers and pupil. GPs may provide an initial Care Plan where a child is undergoing diagnosis.
- Care Plans will be easily accessible to all relevant staff, including supply/agency staff, whilst preserving confidentiality.
- Havelock Primary school aims to practise a nut free policy although we recognise that this cannot be completely guaranteed. Guidance in Appendix 10 serves to set out all measures to reduce the risk to those children and adults who may suffer an anaphylactic reaction if exposed to nuts to which they are sensitive.
- Care Plans will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.
- Where a pupil has an Education, Health and Care plan for SEND, the Care Plan will be linked to it or become part of it.
- Where a child is returning from a period of hospital education or alternative provision or home tuition, collaboration between the provision provider and school is needed to ensure that the Care Plan identifies the support the child needs to reintegrate.

Medicines

- Where possible, unless advised it would be detrimental to health, medicines should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental consent to administration of medicine form or Care Plan. (see Appendix 4)
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Medicines must be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these

criteria will not be administered, except in the case of emergency use of an inhaler to relieve asthma. (see Appendix 7)

- The school will keep controlled drugs that have been prescribed for a pupil securely stored, but easily accessible in an emergency.
- Medication will be stored in the pupil's Key Stage medical cupboard, in a clearly labelled plastic wallet.
- Any medication left over at the end of the course will be returned to the child's parents.
- Written records will be kept of any medication administered to children. (Appendix 5 & 6)
- Pupils will never be prevented from accessing their medication.
- General posters about medical conditions (diabetes, asthma, epilepsy etc.) may be displayed in the staff room and around the school as appropriate.
- Havelock Primary School cannot be held responsible for side effects that occur when medication is taken correctly.
- Staff will not force a pupil, if the pupil refuses to comply with their health procedure, to take their medication. Parents will be informed.

Asthma

- Children will NEVER be denied access to their inhaler.
- Following current guidelines, the school has emergency salbutamol inhaler kits available that can be used if a child's own inhaler is found to be unavailable or unusable. Parents sign a consent form for its use in an emergency.
- The asthma inhalers will accompany the child at all times including outdoor lessons, swimming, school trips and any evacuation.
- The child will be encouraged to take their inhaler themselves whenever possible.
- A shared spacer device may need to be used occasionally. This spacer will be cleaned between each use in accordance with local infection control policy.
- We will inform the parent/carer if their child is using their inhaler device more than usual, as the child's asthma care may need reviewing.
- We will do everything we can to make sure that our school is favourable to pupils with asthma and reduce the presence of triggers where possible.
- The Asthma UK "Asthma Attack" procedure will be displayed in medical areas, the staffroom and in every classroom.

Emergencies

- Medical emergencies will be dealt with under the school's emergency procedures which will be communicated to all relevant staff so they are aware of signs and symptoms. (See Appendix 1: First Aid chart)
- If child/adult is unconscious: the casualty should not be moved.
- Staff will call for help, send for the nearest First Aider and inform the Head/Deputy Head.
- If severe bleeding, begin treatment immediately while waiting for First Aider to arrive.

- In case of severe allergic reaction send for medication and Care Plan immediately .
- If child/adult is conscious: Walk casualty to First Aid Station for treatment by First Aider.
- First Aider to treat casualty or assist person who has begun treating casualty. Staff with additional (3 day) First Aid training may be called upon to give advice.
- Head/Deputy Head/SLT to instruct office to call ambulance if required, using a pair of walkie-talkies to ensure effective communication.
- Parents will be informed immediately of any emergency including the decision to call an ambulance. They will be asked to come to the school or told which hospital to go to if that is the action decided.
- If a pupil needs to be taken to hospital, a member of staff will always remain with the child until their parents arrive.
- If the child has a Care Plan, a photocopy will be given to the paramedics to go with the child to hospital.
- When a Parent/Carer comes to school to collect the child, we will ensure they are given all the information about the accident /injury and treatment given. They will be asked to seek further medical advice.
- If there are signs of concussion, at the time or later, the child needs to be taken to hospital – follow Emergency advice.
- Head/Deputy Head/SLT to follow up later with call to Parent/Carer
- Head/Deputy Head/SLT will review if accident/incident needs to be reported to HSE, in which case an online RIDDOR (reporting of injuries, diseases and dangerous occurrences regulations) report will be made <https://ealing.info-exchange.com> Guidance found at: <https://www.egfl.org.uk/facilities/health-and-safety/accident-and-incident-reporting-first-aid>
- Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.

Day trips, residential visits and sporting activities

- All staff attending off-site visits will be made aware of any pupils with medical conditions and receive necessary information and guidance as to what to do in an emergency. First Aid Kit, Asthma kit and personal medication will always be taken if a class is off school premises.
- Unambiguous arrangements and any reasonable adjustments should be made to ensure pupils with medical conditions can participate in school trips, residential stays, sports activities and not prevent them from doing so unless a clinician states it is not possible.
- To comply with best practice risk assessments are undertaken, in line with H&S executive and LB Ealing guidance on school trips, in order to plan for the inclusion of pupils with medical conditions. Consultation with parents, healthcare professionals etc. on trips and visits will be separate to the normal day to day Care Plan requirements for the school day.

Insurance

- Staff who undertake responsibilities within this policy will be assured by the Governing body that they are covered by appropriate LA/school's insurance.
- Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions.

Complaints

- All complaints should be raised with the school in the first instance. The details of how to make a formal complaint can be found in the School Complaints Policy, which is on the school's website.

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| Drafted | February 2017 H Rundall |
| Adopted | March 2017 |
| Review | March 2018 |

Appendix 1

First Aid Action Chart
Is the casualty conscious?

NO

YES

Get Help Qualified First Aider
 Call 999 or 112 for an Ambulance
 DO NOT MOVE casualty from the scene. Recovery position or CPR if required.

Is it a MAJOR injury?
 (severe bleeding, broken bones, sprained or dislocated joint, allergic reaction)

NO

YES

Take casualty to First Aid station and have injury

Can the casualty be moved without causing further damage?

Record in medical log and give slip to child/teacher

YES

NO

HEAD INJURY
 Is there a visible bump or cut?

NO

YES

Apply Ice Pack for 10 min.
 Record in medical log and give slip to child/teacher.
 Observe child for signs of concussion.
 Put 'I bumped my head today' sticker on child's jumper.
 IF no signs of concussion, child returns to class.
 Observed by adults in class for rest of the day.
 Medical slip goes home to parents and teachers warn parents at collection time.

If bleeding - dress wound. If there is no bleeding—apply ice pack for 10 min.
 First Aider informs office of injury and asks them to call parents .
 Record in medical log and give slip to child.
 Put 'I bumped my head today' sticker on child's jumper.
 Parent/Carer to come in to assess or collect child . Ensure they have all the information about the accident /injury. Ask parent/carers to seek further medical advice. IF it is decided child to remain in school, observed by adults in class for rest of the day.

Walk casualty to First Aid station.
 Treatment by First Aider.
 First Aider/member of staff to call parent/carers immediately.
 Inform parent/carers of accident, injury, treatment being given.
 Call Head/Deputy Head for second opinion if needed.
 Parent/Carers to collect child . Ensure they have all the information about the accident /injury.
 Ask parent/carers to seek further medical advice.
 Give the medical slip/ injury form to Parent/Carers

Do NOT MOVE casualty.
 Call for help. Member of staff to call Head/Deputy Head.
 If severe bleeding, begin treatment immediately while waiting for FirstAider to arrive.
 In case of severe allergic reaction send for medication and Care Plan immediately .
 If child has Care Plan, take to First Aider immediately.
 First Aider to treat casualty or assist person who has begun treating casualty.
 Head/Deputy Head/SLT to instruct office to call ambulance and parents/ carers
 Complete Major injury form. Office to photocopy and copy to go with child to hospital.

If signs of concussion – child needs to be taken to hospital – follow Major accident advice.

All Havelock staff are qualified first aiders and may have occasion to assist a child.

- Children requiring attention due to illness or injury **during lesson time** are dealt with by the LSA working in that year group.
- Where a class or year group does not have an LSA with them, they will need to contact another appropriate LSA – use your phone or send a child with a brief written message. **Please do not send the injured child.**

At playtimes and lunchtimes LSAs are on medical duty

- KS1 children go to medical room by KS1 playground
- KS2 children go to KS2 “medical area” (kitchen area)
- If LSAs know they are going to be out, they will arrange to swap duties with a colleague.

Attending to a child :

- If you are attending to a child, **do not leave them on their own.**
- If you need assistance and are in the **medical room** use the phone. (eg: to ask office staff to phone home, to contact a member of SLT)
- If you need assistance and are in the **KS2 medical area** ask a colleague or send a monitor / responsible pupil to the staffroom/office with a message .

First Aid

All staff will use their expertise and judgement to ensure our pupils are given the highest standard of care.

- Always use the disposable gloves provided.
- Cold compresses are kept in freezer in medical room /area
- Use alcohol-free wipes (not paper towels) to clean any wound and apply plaster/gauze pad as required..
- Dispose of any items in labelled bin provided.
- Decide if any further action is required.
- **For head or other serious injury**, phone/send monitor to tell office staff to inform parents. If a child needs to go home, phone/send monitor to inform a member of SLT and, if appropriate, take the child to wait in the school reception area to be supervised by office staff.
- If parents decide the child can remain in school, put an “I bumped my head today” sticker on child’s jumper. Take them back to class/playground and inform the class teacher.
- If you have to hand them over to another colleague’s care, ensure they are given all the information they need.
- Record details of injury or illness in the Medical Log, including action taken, time, date etc , sign, then tear out the slip.
- For KS 2 pupils : Give slip to child to give to teacher .
- For KS1/ EYFS pupils: Give slip/s directly to the child’s teacher at end of break/duty.

- If staff on First Aid duty are concerned about a child, they must tell the class teacher that they need to be monitored once back in class.
- It is the teacher's responsibility to ensure parents/carers are informed of any serious incidents, especially to head or face when they collect their child. For less serious incidents, the child takes the slip home to show to their parents.
- Year group Medical Information and copies of **Care plans** are displayed in the KS1 Medical room and in the labelled cupboard in the KS2 area, as well as in classrooms and the staffroom. For children with allergies, Care Plans are also displayed in the school kitchen.
- Year group Medical Information and a list of pupils with a Care Plan is also given to non-class based staff and club leaders.
- Our priority is the children's care and welfare . If you notice several children waiting for First Aid, please offer to help your colleague on duty.

Appendix 3: Guidance for specific injuries or conditions

What to do if a Child is suffering an asthma attack (see Appendix on Asthma)

- Keep calm and reassure child, encourage them to sit up and slightly forward
- Use the child's own inhaler- if not available, use the emergency inhaler
- Remain with the child whilst 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
- Staff 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.

Child with a temperature

- If the temperature is less than 36.5, retake after 15-30 minutes.
- If the temperature is higher than 37.5, or persistently lower than 36.5, contact the parents and recommend the child is taken home and give the child a cool drink whilst waiting to be collected.
- In all cases, check for other signs of illness and act appropriately.
- In all cases, record in the Medical Log

Child with a rash

- Administer the 'Glass test'.
- Consult with another First Aider and if in doubt / concerned, contact the parents and recommend the child is taken to the doctor / hospital.
- In all cases, record in the Medical Log.

Child with a nosebleed

- Assist the child to pinch the end of their nose whilst leaning forward until the bleeding stops or up to 10 minutes.
- If bleeding continues after 30 minutes, phone the ambulance and then the parents.
- In all cases, make a record in the Medical Log.

Child experiencing sickness or diarrhoea

- If a child is experiencing sickness or diarrhoea, contact the parents and send them home at the earliest convenience.
- In all cases, record in the Medical Log

- Each and every child should remain at home for 48 hours after the last bout of sickness or diarrhoea.
- If a child is brought into school before the 48 hour period has expired, contact the parents and send them home again.
- The Welfare Officer / Caretaker will clean areas thoroughly.
- All members of staff, not just first aiders, must wear gloves whenever dealing with wounds/bodily fluids and when changing wet/soiled clothing. You must have another member of staff with you.

Child suffering from Anaphylactic Shock

- If the child experiencing Anaphylactic Shock has an epipen in school, administer the epipen as a matter of urgency.
- If the child does not have an epipen in school, phone the ambulance and then the parents.
- Remain with the child, reassuring the child as much as possible.
- Record in the Medical Log.

Child with a broken bone

- If a broken bone is suspected / possible, do not move the child.
- Consult with other First Aiders.
- If concerned, phone the ambulance and then the parents.
- In all cases, record in the Medical Log

Child with a foreign object in the body

- Assess the severity of the medical problem and act appropriately.
- Do not try to remove the foreign object and if concerned, contact an ambulance then the parents.
- Splinters may be removed and child given a green slip to take home.
- Record in the Medical Log.

Child with cuts or grazes

- Wash and dry gently.
- Check with the child if they have had any problems when using a plaster before
- If there is a cut that is bleeding, cover to prevent infection.
- Tell the child to take the plaster off when they get home, preferably in the bath.
- In all cases, record in the Medical Log.

Children in need of medicine / antibiotics

- Children on antibiotics should stay at home if they feel unwell.

- If the child has fully recovered, but needs to finish the course, they should be taken at home before / after school and before bedtime, unless the parent is willing / able to come into to school to administer them. If the parents is unable to administer medication but has requested that a member of staff to do this, then a consent form will need to be completed and handed into the office to pass onto the Year group's First Aider . See Appendix 4
- Medication for health needs that are significant and ongoing can be administered by a First Aider according to the Care Plan/Medical Form
- No painkillers are to be administered to children.
- In all cases, record on Record of Medication sheet (Appendix 5 & 6) one copy of Appendix 5 for parents, one copy for school .

Appendix 4

Request to administer medication at school

1. My child is well enough to attend school but will need to complete a course of medication.

Type of medication.....

2. I am unable to administer the medication but request permission for the following person (known to the child) to do this on my behalf:

.....

Name (print): Signature:.....

(Parent/Carer)

Child's name:

.....

(BLOCK CAPITALS)

Year Group:

.....

Parent/Carer full address and contact details:

.....

.....

Telephone number/s :

.....

Permission given by

Date.....

Appendix 5 Record of medicine administered to an individual child

Kept in medical file and copy given to parent/s.

| | |
|----------------------------------|--|
| Name of school/setting | |
| Name of child | |
| Date medicine provided by parent | |
| Group/class/form | |
| Quantity received | |
| Name and strength of medicine | |
| Expiry date | |
| Quantity returned | |
| Dose and frequency of medicine | |

Staff signature _____

Signature of parent _____

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

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

Appendix 6: School Record of administration of medicines

- In response to instructions on a child's Care Plan
- In response to a signed "Request to administer medication at school" form (Appendix 4)

| Date and time given | Name of child | Circumstances | Medication, dose given, any reactions | Administered by (print name and sign) |
|----------------------------|----------------------|----------------------|--|--|
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Appendix 7

Asthma

Havelock Primary School recognises that asthma is a widespread, serious but controllable condition affecting many pupils in the school. We welcome pupils with asthma and they are encouraged to take a full part in all activities, to achieve their potential in all aspects of school life.

From October 2014 the "Human Medicines (Amendment) Regulations 2014" allows schools to obtain, without prescription, salbutamol inhalers to use in emergencies, where the pupil's own inhaler is not available.

We follow the good practice outlined in the non-statutory "Guidance on the use of salbutamol inhalers in schools (March 15)".

AIMS

- All children with asthma have immediate access to their emergency relief inhaler, or a spare inhaler provided by the school.
- All teaching and support staff are asthma aware and receive training provided by the School Nurse or Specialist Asthma nurse.
- All children understand asthma so that they can support their friends.
- Records are kept of the children with asthma, which are regularly updated.
- There is good communication between home and school.

AT SCHOOL

- When a child joins the school parents/carers will be asked if their child has asthma. Parents/Carers of children with asthma will be given a school asthma card to complete. From this information a school asthma register is compiled.
- The parent/carer will need to complete, sign and return the school's emergency form ensuring their contact information is up-to-date. They will also need to complete the consent form for the use of the school's emergency inhaler if required.
- It remains the responsibility of the parent/carer to seek medical attention, to liaise with the school and update the card if there are any changes in their child's asthma or medication.
- We will do everything we can to make sure that our school is favourable to pupils with asthma and reduce the presence of triggers where possible.

INHALERS

- Immediate access to emergency relief inhalers is essential.
- Each child's blue inhaler, clearly labelled, and a spacer device where provided, is kept in a labelled wallet in the cupboard in the nearest medical area.
- Parents/Carers must supply one emergency relief inhaler to the school and must make sure that they are in date.
- Preventer inhalers (brown, orange, purple or green) are not accepted in school.

- The asthma inhalers will accompany the child at all times including outdoor lessons, swimming, school trips and any evacuation.
- The child will be encouraged to take their inhaler themselves whenever possible.
- Children will NEVER be denied access to their inhaler.
- Following current guidelines, the school will have spare inhalers available that can be used if a child's own inhaler is found to be unavailable or unusable.
- A shared spacer device may need to be used occasionally. This spacer will be cleaned between each use in accordance with local infection control policy.
- We will inform the parent/carer if their child is using their inhaler device more than usual, as the child's asthma care may need reviewing.

POTENTIAL TRIGGERS

- Staff should be aware of triggers such as animal fur and hair, grass pollen and, as far as possible, avoid the use of art and science materials that are potential triggers for asthma.

EXERCISE AND ACTIVITY

- We encourage all pupils to take part in sport and other activities.
- P.E teachers and supply staff will be aware of children with asthma in their group.(Medical information is kept in supply & class teachers' folders and in medical areas.)
- Pupils with exercise triggered asthma will be reminded to take their inhaler 10 minutes prior to exercise.
- We make sure all pupils warm up and down thoroughly.
- Pupils will be allowed to take their inhaler if needed and to re-join the lesson when they have recovered.

IF A PUPIL'S ATTENDANCE AND LEARNING IS AFFECTED

- The class teacher will initially speak to the parent and suggest an asthma review appointment at the G.P surgery.
- The teacher may also request the advice and support of the School Health Nurse or Special Educational Needs Co-ordinator.

ASTHMA FRIENDLY SCHOOL

- Our school is 'asthma friendly' and makes use of every opportunity to raise awareness of asthma in our community.

ASTHMA ATTACK

- The Asthma UK "Asthma Attack" procedure will be visibly displayed in medical areas, the staffroom and in every classroom.

Further information for staff on Asthma symptoms, triggers and the management of a severe attack.

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 breathe. 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 must medical attention be sought (See section on management of an acute asthma attack).

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 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.

Use of Relievers

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.

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.

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 on managing an acute asthmatic attack)

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

The Physical Environment and potential triggers

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.

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, 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.

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 the office 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 aerochamber 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) The office will contact the parents and inform them what has happened.

Appendix 8 parents'/carers' consent for emergency inhaler use:



CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Havelock Primary School & Nursery

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma and has been prescribed an inhaler.
2. My child has a working, in-date inhaler, clearly labelled with their name, which they keep at school.
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Name(print) :

Child's name :

Class:

Parent's /Carer's contact details:

Telephone:

Appendix 9 letter to inform parents/carers of emergency inhaler use:



Havelock Primary School & Nursery

LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear Parent/Carer,

This letter is to formally notify you that.....has had problems with his / her breathing today. This happened when

.....
.....

[Delete as appropriate]

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

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

Yours sincerely,

Appendix 10

Nut Free School

Havelock Primary school aims to practise a nut free policy although we recognise that this cannot be completely guaranteed. This guidance serves to set out all measures to reduce the risk to those children and adults who may suffer an anaphylactic reaction if exposed to nuts to which they are sensitive. The school aims to protect children who have allergies to nuts yet also help them, as they grow up, to take responsibility as to what foods they can eat and to be aware of where they may be put at risk.

We forward our Nut Free Policy letter to new parents so they are aware that we do not allow nuts or nut products within our setting for snack, lunch boxes, party cakes or seasonal treats and we outline the symptoms of anaphylaxis. Our Nut Free policy is cited in our Medical Policy and displayed around the school.

Definition

Anaphylaxis (also known as anaphylactic shock) is an allergic condition that can be severe and potentially fatal. Anaphylaxis is your body's immune system reacting badly to a substance (an allergen), such as food, which it wrongly perceives as a threat. The whole body can be affected, usually within minutes of contact with an allergen, though sometimes the reaction can happen hours later.

Staff

The onus falls on all staff to read and follow the Medical Policy in relation to severe allergies, both in school and when out on trips and outings. Staff and volunteers must ensure they do not bring in or consume nut products within the school and ensure they follow good hand washing practice.

- Caution must be taken at certain times of year such as religious festivals. If Staff distribute confectionary, care must be taken to ensure that no nuts are included in the product. Particular products that are a cause for concern are: - Celebrations – Roses – Heroes - Quality Street etc.

- All product packaging must be checked for warnings directed at nut allergy sufferers and if the following or similar are displayed, the product must not be used in school without supervision of staff and supervised hand washing:

- Not suitable for nut allergy sufferers

- This product contains nuts

- This product may contain traces of nuts.

Parents

The staff/school must be notified of any known or suspected allergy to nuts and provide with all information detailed on their child's individual Health Care plan.

Parents must not bring in any food or treats (such as for birthdays) unless they have checked the ingredients carefully, likewise for snack and lunch box choices.

If you're unsure about a selection please speak to a staff member before bringing in the food item into pre-school.

Packaging must be checked for the wording below, indicating this is unsuitable for school consumption.

-Not suitable for nut allergy sufferers

-This product contains nuts

-This product may contain traces of nuts.

. Lunch box items will be removed by staff and replaced with snack items if containing nuts or nut products

Children

All children are regularly reminded about the good hygiene practice of washing hands before and after eating which helps to reduce the risk of secondary contamination. Likewise children are reminded and carefully supervised to minimise the act of food sharing with their friends.

Care Plans and Emergency Response

We have individual Care plans for children with allergies highlighting triggers, medication and emergency procedure. Medication will be stored, administered and documented in accordance with our Medical Policy. Staff and parents are made aware of this policy and the symptoms associated with anaphylaxis.

Symptoms

The symptoms of anaphylaxis usually start between 3 and 60 minutes after contact with the allergen. Less commonly, they can occur a few hours or even days after contact.

An anaphylactic reaction may lead to feeling unwell or dizzy or may cause fainting due to a sudden drop in blood pressure. Narrowing of the airways can also occur at the same time, with or without the drop in blood pressure. This can cause breathing difficulties and wheezing.

Other symptoms:

swollen eyes, lips, genitals, hands, feet and other areas (this is called angioedema), itching, a strange metallic taste in the mouth, sore, red, itchy eyes, changes in heart rate a sudden feeling of extreme anxiety or apprehension itchy skin or nettle-rash (hives),unconsciousness due to very low blood pressure abdominal cramps, vomiting or diarrhoea, or nausea and fever.

Anaphylaxis varies in severity. Sometimes it causes only mild itchiness and swelling, but in some people it can cause sudden death. Anaphylaxis can lead to death if breathing becomes severely obstructed or if blood pressure becomes extremely low (known as shock). If symptoms start soon after contact with the allergen and rapidly get worse, this indicates that the reaction is more severe.

Legal framework

The Human Medicines (Amendment) Regulations (October 2014)

Supporting pupils at school with medical conditions (December 2015)