



**GUISELEY
SCHOOL**

Supporting Pupils and Medical Conditions Policy

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Supporting Pupils with Medical Conditions Policy

1. Introduction

This policy is written to support those children and young people with individual medical conditions and outlines how their conditions will be met at Guiseley School.

This policy and the supporting guidance Supporting Pupils at School with Medical Conditions in School (DFE 2015) should be read together and aim to ensure that:

1. Children / young people, staff and parents / carers understand how our school will support children / young people with medical conditions.
2. The whole school environment is inclusive and favourable to children and young people with medical conditions. This includes the physical environment, as well as social, sporting, and educational activities.
3. Our staff are trained in the impact medical conditions can have on children and young people in order to be safe, welcoming, and supportive of children and young people with medical conditions.
4. Our school understands that children and young people with the same medical condition will not necessarily have the same needs.
5. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency.

2. Policy Statement

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with equal opportunities in our school.

This policy and supporting guidance Supporting Pupils at School with Medical Conditions in School (DFE 2015) meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting children and young people at their school with medical conditions. It is also based on the Department for Education's statutory guidance on [supporting children / young persons with medical conditions at school](#).

This policy and supporting guidance Supporting Pupils at School with Medical Conditions in School (DFE 2015) describe the essential criteria for how we will meet the needs of children and young people with short, long-term and / or complex medical conditions, including diabetes and asthma. No child or young person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made. However, in line with our safeguarding duties, we must ensure that children / young persons' health is not put at unnecessary risk from, for example, infectious diseases. There may be times we cannot accept a child / young person in school where it would be seriously detrimental to the health of that child / young person or others to do so.

All relevant staff understand the medical conditions that affect children and young people at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention. We accept responsibility for members of staff who give or supervise children and young people with the taking of medication / medical procedures during the school day.

The named member of our staff responsible for this medical conditions policy and its implementation is Jeanette Smith (First Aid Co-ordinator)

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3. Roles and Responsibilities

3.1 Our Governing Body

Our governing body has ultimate responsibility to make arrangements to support children and young people with medical conditions. Our governing body will also ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

They will do this by:

- Regular reviews of the medical conditions and provision of support in school
- Reporting by the school to the Personnel/Resources Governors Committee

3.2 Our Headteacher

Our Headteacher will:

- make sure all staff are aware of this policy and supporting guidance in Supporting Pupils at School with Medical Conditions in School (DFE 2015) and understand their role in its implementation,
- ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHCPs), including in contingency and emergency situations,
- ensure that all staff who need to know are aware of a child's condition,
- take overall responsibility for the development and monitoring of IHCPs,
- ensure that there is contact with the Local Authority or other relevant statutory partners in cases where children and young people have a medical condition that may require additional support than can be provided in school
- ensure that systems are in place for obtaining information about a child's medical conditions and that this information is kept up to date,
- ensure that supply and peripatetic staff are made aware of relevant information to support children with medical conditions.

3.3 Our Staff

Supporting children and young people with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to children and young people with medical conditions, although they will not be required to do so unless this is specifically part of their role in school. This includes the administration of medicines.

Our staff will take into account the conditions of children and young people with medical conditions that they teach. All staff will know what to do and how to respond accordingly when they become aware that a child or young person with a medical need requires help.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Our school staff are responsible for:

- following the procedures outlined in this policy and supporting guidance document Supporting Pupils at School with Medical Conditions in School (DFE 2015)

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- retaining confidentiality within policy guidelines,
- contacting parents / carers and/or emergency services when necessary and without delay,
- if they have children or young persons with medical conditions in their class or group; understanding the nature of the conditions in order to adequately support them. This information will be provided to them.

The Headteacher has overall responsibility for the development of IHCPs for children / young persons with medical conditions. The day-to-day management, production, and oversight of IHCPs has been delegated to Jeanette Smith (First Aid Co-Ordinator)

3.4 Our Parents / Carers

We expect that our parents / carers:

- will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.
- will provide the school with sufficient and up-to-date information about their child / young person's medical conditions,
- will be involved in the development and review of their child / young person's IHCP and will be involved in its drafting,
- will carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment.
- Individual arrangements (such as diabetes packs) cannot be quality assured by the school and remain the responsibility of the parents.
- are responsible for making sure their child / young person is well enough to attend school.

Parents / carers should keep children / young people at home when they are acutely unwell.

- will provide medicines and equipment in line with this policy and supporting guidance in Supporting Pupils at School with Medical Conditions in School (DFE 2015) e.g. in original labelled containers, in date and sufficient for the child / young person's conditions,
- will provide up to date contact information and ensure that they or another responsible adult are contactable at all times for if their child / young person becomes unwell at school,
- will only request medicine or medical procedures to be administered at school when it would be detrimental to their child / young person's health or school attendance not to do so,
- will provide written agreement before any medicines can be administered to their child / young person. This permission can initially be given verbally in exceptional circumstances.

If an IHCP is required for their child / young person, it is expected that our parents / carers will work with our school and healthcare professionals to develop and agree it.

3.5 Our Children and Young People

Children and young people with medical conditions will often be best placed to provide information about how their condition affects them. Our children and young people will be involved as far as possible in discussions about their medical support needs and contribute as much as possible to the development of their IHCPs and they will be supported to self-manage their conditions in line with their growing maturity. They are also expected to comply with their IHCPs.

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3.6 School nurses and other healthcare professionals

We will work with our Local Health Authority School Health Service and Nursing Team to support the medical needs of children and young persons in our school. This may include assistance with supporting medical conditions, assistance with IHCPs, and assistance with supplementing information provided by the child's or young person's parents / carers or GP. We will also seek their advice for where specialist local health teams can be contacted for particular conditions e.g. asthma, diabetes, epilepsy etc.

The School Health Service and Nursing Team are also the main contacts for advice on training for staff to administer medication or take responsibility for other aspects of support.

The School Health Service and Nursing Team will notify our school when a child or young person has been identified as having a medical condition that will require support in school. This will be before the child or young person starts our school, wherever possible. They may also support staff to implement a child's IHCP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the School Health Service and Nursing Team and notify them of any children and young people identified as having a medical condition. They may also provide us advice on developing IHCPs.

Should a medical condition prevent a child from attending school for 15 or more days, we will make a referral to the Leeds CC Medical Needs Teaching Service (referral forms can be accessed on www.mntsleeds.org.uk and emailed to the email address on the form).

4. Storage, administration and management of medication

4.1 Provision of medication

We will allow medications to be brought to school when it is essential e.g. where it would be detrimental to a child or young person's health if the medicine was not administered during the 'school day' and where we have the written consent of parents.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Wherever possible, parents / carers are advised to request that any prescription is such that the child / young person does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

We will allow non-prescription medication to be provided if it is essential (as above) and needs to be taken during the school day. We will follow the same procedures for all medication.

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Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. All doses are recorded accordingly. Parents/carers will be informed if the school has any concerns.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Prescribed medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils.

Controlled drugs are prescription medicines that are controlled under the *Misuse of Drugs Regulations 2001* and subsequent amendments, such as morphine or methadone.

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

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

4.2 Administration of medication

We will administer medication / medical procedures or supervise the self-administration of medication / medical procedures only where there is specific prior written permission from the parents / carers. Such written consent will need to state the medicine and the dose to be taken / or the details of the medical procedure.

We will follow the detailed guidance in Supporting Pupils at School with Medical Conditions in School (DFE 2015) regarding administration of medication / medical procedures including disposal of out-of-date medication, record keeping and training for staff.

No child or young person under the age of 16 will be given aspirin or medicines containing unless prescribed by a doctor

4.3 Self-Management

We will allow and encourage children and young people who are competent to do so, to manage their own medication. This will be based on discussions with the child / young person and their parents / carers. Specific written consent from parents / carers will still be required. Where necessary we will supervise the child or young person whilst they are taking it.

Our school allows the following medication / medical equipment to be carried by our children and young people where it is deemed, they are competent, and it is safe to do so:

- Asthma inhalers,
- Auto Injection devices,
- Allergy medication,
- Diabetes devices / insulin
- Other medication may be requested and will be considered on a case-by-case basis.

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4.4 Refusal to take medicine

We will not force a child or young person to take medication / undergo a medical procedure should they refuse.

If information provided by the parent / carer and/or GP suggests that the child or young person is at great risk due to refusal we will contact parents / carers immediately and may also seek medical advice and/or emergency services support.

Where the information provided indicates that they will not be at great risk, but parents / carers have informed us that the medication / medical procedure is required we will contact the parent / carer as soon as possible.

4.5 Storage of medication / medical devices

We will store, manage, and dispose of out-of-date medication and medical devices in line with the detailed guidance in Supporting Pupils at School with Medical Conditions in School (DFE 2015).

We will ensure that any medication required critically in the case of an emergency e.g asthma inhalers, Adrenaline Auto Injectors (AAI), insulin, is always readily available wherever the child or young person is on our school premises or off site on school visits / activities.

We will keep a supply of emergency asthma inhalers in school.

4.6 Emergency Situations

Our staff will follow our school's normal emergency procedures (for example, calling 999). All children / young person's IHCPs will clearly set out what constitutes an emergency and will explain what to do.

If a child or young person needs to be taken to hospital, our staff will stay with them until the parent / carer (or designated adult) arrives or accompany a child / young person taken to hospital by ambulance and stay with them until the parent / carer (or designated adult) arrives.

In the event that use of one of the school's emergency salbutamol inhalers is required, the protocols at Appendix 1 should be followed.

5. IHCPs and Individual Children and Young People Risk Assessments (IPRAs)

We will follow the detailed guidance in Supporting Pupils at School with Medical Conditions in School (DFE 2015) regarding both the development and monitoring of IHCPs and when an IPRA may be required.

We will review IHCPs at least annually, or earlier if evidence is presented that the child / young person's needs have changed.

The Headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to the First Aid Co-Ordinator.

In liaison with the Student Administration team, IHCPs will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. IHCPs will not be reviewed if parents/carers confirm that there are no changes to the child's medical condition.

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHCP. By filling in a medical information form, the First Aid Coordinator would then decide if an IHCP would be an appropriate course of action. This decision will be based on all available evidence.

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

When a student is on the SEND register and has an IHCP need, then these documents will be linked to the child's special educational needs (SEND Support) or education, health, and care (EHCP) plan where required. If appropriate, the SEND administrator will be named as the first point of contact and will work closely with the SENDCO to ensure the IHCP is linked to the students SEND needs and support. The allocated Student Administration Officer and the allocated Sixth Form Administrator will contact the SEND Administrator to make them aware that an IHCP has been put in place so that they can work with the SENCO to ensure the IHCP is communicated to all staff as part of the student's SEND needs.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board assisted by the First Aid Co-Ordinator and/or a Customer

Services Administrator, will consider the following when deciding what information to record on IHCPs:

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

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- What to do in an emergency, including who to contact, and contingency arrangements.

Risk assessments will be carried out by an allocated Customer Services Administrator, a member of the Pastoral Team, Operations Director or the First Aid Co-Ordinator so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. The Operations Director is responsible for making sure that IPRA's are followed and will provide guidance where required from a health and safety perspective. The Operations Director will provide guidance where required from a health and safety perspective. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5.1 Being notified that a child has a medical condition

When our school is notified that a child / young person has a medical condition, the process outlined below will be followed to decide whether the child / young person requires an IHCP.

Our school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for children / young persons who are new to our school.

When notification of a child with a medical condition is received, our school will:

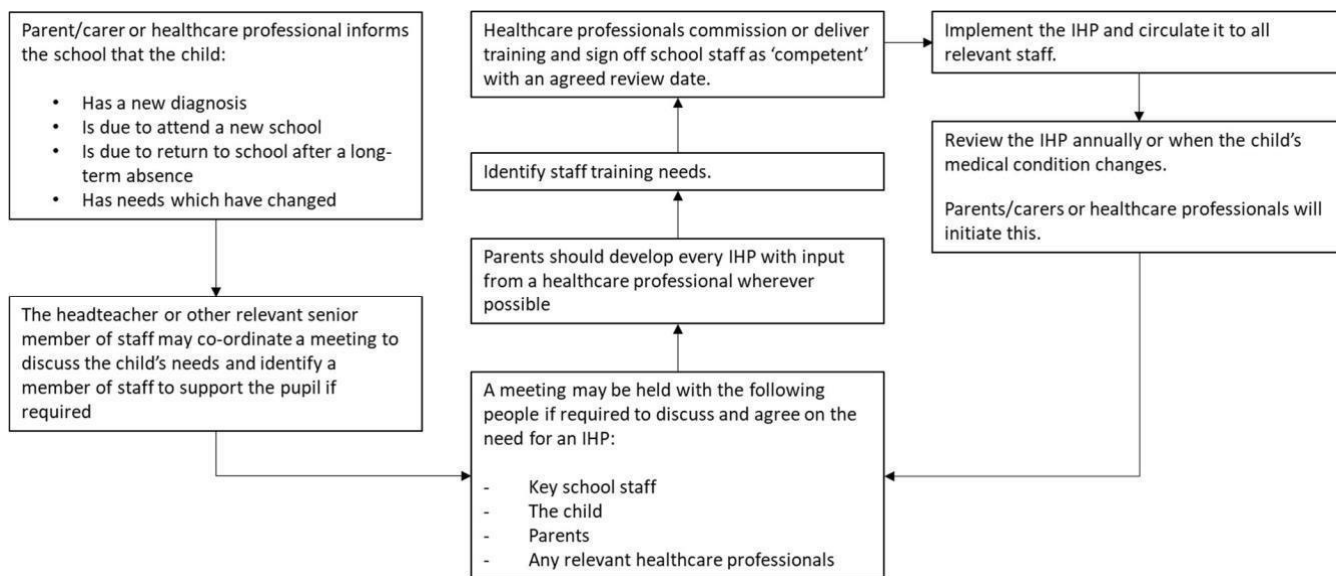
- Gather all the required information by providing parents / carers with the appropriate form and having follow-up conversations where necessary.
- Where possible, make appropriate arrangements for staff to administer any medication or medical procedures and to receive whatever training is necessary.
- Where required, instigate an IHCP.

Please note that if any member of staff is notified by a parent/carer or healthcare professional about a pupil's medical condition and this is not communicated via the Individual Healthcare Plan, they should contact the First Aid Co-Ordinator in the first instance who will ensure that the process outlined below is adhered to.

Medical conditions are typically considered to be those that are being treated by a medical professional or involve prescribed medication. An example of these types of medical condition would be: asthma; heart condition; allergies requiring the use of an epipen; diabetes etc.

Please note that medical conditions are distinct and separate from medical notes which are usually provided by parents/carers to inform the school of any allergies or medical issues that are managed by the child without prescribed medication and that will not affect their day-to-day ability to access lessons. This would also include information about previous illnesses/injuries the school may need to know about but that are not currently being treated. An example of these types of medical note would be: fallen arches; hay fever; allergic to Elastoplast; anxious; eczema etc.

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There is not always a need for a meeting to take place to discuss the Individual Healthcare Plan, providing parents inform us of a change. If parents are happy to complete a form at the start of each academic year and complete what medications are used and when etc, then a meeting is not needed. Some cases may be more complex and require a meeting.

6. School trips, off site activities and sporting activities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

We will follow the detailed guidance in Supporting Pupils at School with Medical Conditions in School (DFE 2015) regarding school trips, off site activities and sporting activities and ensure that any medical conditions are included in the specific risk assessments for those activities.

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

Risk assessments will be carried out by an allocated Customer Services Administrator, a member of the Pastoral Team, Operations Director or the First Aid Co-Ordinator so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. The Operations Director will provide guidance where required from a health and safety perspective. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

7. Unacceptable practice

Our school staff will use their discretion and judge each case individually with reference to the child / young person's IHCP, but it is generally not acceptable to:

- Prevent children / young persons from easily accessing their inhalers, medication or administering their medication when and where necessary.
- Assume that every child / young person with the same condition requires the same treatment.
- Ignore the views of the child / young person or their parents / carers.
- Ignore medical evidence or opinion (although this may be challenged).

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- Send children / young persons with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs.
- If the child / young person becomes ill, send them to the school office or medical room with someone unsuitable. Staff should use their reasonable judgment to decide whether a student is able to go to the school office or medical room unaccompanied.
- Penalise children / young persons for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent children / young persons from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parents / carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child / young person, including with toileting issues. No parent / carer should have to give up working because the school is failing to support their child / young person's medical needs.
- Prevent children / young persons from participating or create unnecessary barriers to children / young persons participating, in any aspect of school life, including school trips.
- Administer, or ask children / young persons to administer, medicine in school toilets.

8. Complaints

If our parents / carers or children / young people have any issues with the support provided they should initially contact Jeanette Smith (First Aid Co-Ordinator) or the Headteacher to discuss their concerns. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's complaints procedure which is published on our school website.

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHCPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the First Aid Co-Ordinator. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

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10. Record keeping

The Governing Board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school where it is deemed necessary.

All records, including medicine doses, visits to first aid and IHCPs (SIMS) are kept electronically and not in paper form.

11. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The school arranges all insurance policies through Leeds City Council. The Public Liability Insurance is held with Zurich Municipal, P.O. Box 568, 1 East Parade, Leeds, LS1 2UA.

12. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

And the School's First Aid procedures.

13. Monitoring arrangements

This policy will be reviewed and approved by our governing body at least annually.

Appendix 1: Protocol for the Use of Emergency Salbutamol Inhalers

As a school we are aware of the Department of Health's ['Guidance on the use of emergency salbutamol inhalers in school' \(March 2015\)](#). We have summarised the key points from this guidance below.

Jeanette Smith (First Aider) is responsible for overseeing this protocol for use of the emergency inhaler, monitoring its implementation and for maintaining the asthma register.

Jeanette Smith and Alison Everett (First Aiders) are responsible for the supply, storage, care and disposal of the inhaler and spacer.

Children who can use an inhaler

Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack.

Emergency asthma inhaler kits are kept at Reception so that they are easy to access at all times.

Each kit contains:

- a salbutamol metered dose inhaler.
- at least two plastic spacers compatible with the inhaler.
- instructions on using the inhaler and spacer.
- instructions on cleaning and storing the inhaler.
- manufacturer's information.
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded.
- a note of the arrangements for replacing the inhaler and spacers (see below);
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans.
- a record of administration (i.e. when the inhaler has been used).

The emergency salbutamol inhaler should only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler; AND
- For whom parental consent for use of the emergency inhaler has been given.

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

Where parents / carers have notified the school that their child has been diagnosed with asthma or prescribed a reliever inhaler, the child should be included on the asthma register. The school should seek written consent from parents / carers of children on the asthma register for them to use the salbutamol inhaler in an emergency. Consent would usually be obtained as part of the development of an individual healthcare plan. Details of whether or not parental consent has been provided for a child should be included on the asthma register. A copy of the asthma register should be kept at Reception with the emergency inhaler.

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When the emergency inhaler is to be used, a check should be made that parental consent has been given for its use.

Consent should be updated regularly – ideally annually – to take account of changes to a child's condition.

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

Recording the use of the inhaler and informing parents / carers

Use of the emergency inhaler should be recorded. This should include where and when the attack took place, how much medication was given and by whom. Written records should be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

Arrangements for storage, care and disposal of the inhaler and spacer

The emergency inhaler kit should be maintained by Jeanette Smith and Alison Everett. They should ensure that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has a sufficient number of doses available;
- That replacement inhalers are obtained when the expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

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

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

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

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Spent inhalers should be returned to the pharmacy to be recycled.

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Any member of staff (known as the 'designated member of staff') may volunteer to take on these responsibilities, but they cannot be required to do so. This designated member of staff should help a child use the emergency inhaler, and be trained to do this, and should be identified as someone to whom all members of staff may have recourse in an emergency.

A member of staff may summon the assistance of a designated member of staff, to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer, by contacting Reception.

Training

Please refer to section 9 of the 'Supporting pupils with medical conditions' policy for details of training that should be provided to staff.

Designated members of staff should be trained in:

- Recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- Responding appropriately to a request for help from another member of staff
- Recognising when emergency action is necessary
- Administering salbutamol inhalers through a spacer
- Making appropriate records of asthma attacks

How to recognise and respond to an asthma attack and what to do in emergency situations

The Department of Health 'Guidance on the use of emergency salbutamol inhalers in school (March 2015) states that the common 'day to day' symptoms of asthma are:

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

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

The Department of Health 'Guidance on the use of emergency salbutamol inhalers in school (March 2015) states that the signs of an asthma attack include:

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

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- Going blue

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

We also recognise that an ambulance should be called immediately and the asthma attack procedure should commence without delay if the child:

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

The Department of Health 'Guidance on the use of emergency salbutamol inhalers in school (March 2015) provides the following guidance on responding to signs of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- The child's parents or carers should be contacted after the ambulance has been called.
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

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Appendix 2: Managing Children with Medical Conditions Policy – Notifiable Diseases

Handling cases of specific diseases in school:

| Notifiable Illness | Recommended time away from school |
|--------------------------------------|--|
| Chicken pox | At least 5 days from onset of rash and until all blisters have scabbed over |
| German measles (Rubella) | Five days from onset of rash |
| Measles | Four days from onset of rash and well enough |
| Scarlet fever | Child can return 24 h after commencing appropriate antibiotic treatment |
| E. Coli 0157 VTEC | Should be excluded for 48 h from the last episode of diarrhoea |
| Typhoid & paratyphoid | 48 hours after the diarrhoea and vomiting |
| Shigella (dysentery) | Seek advice |
| Cryptosporidiosis | Exclude for 48 h from the last episode of diarrhoea |
| Tuberculosis | Seek advice |
| Whooping cough (pertussis) | 48 h from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment |
| Diphtheria | Exclusion is essential |
| Hepatitis A | Exclude until 7 days after onset of jaundice (or 7 days after symptom onset if no jaundice) |
| Hepatitis B | None |
| Meningococcal meningitis/septicaemia | Until recovered |
| Meningitis due to other bacteria | Until recovered |
| Viral meningitis | None |
| Mumps | 5 days after onset of swelling |

Please note that this list is not exhaustive: other diseases will be dealt with on a case-by-case basis and further information is available from www.gov.uk: Public Health Management of Specific Infectious Diseases.

Illnesses causing diarrhoea & vomiting

The general advice is that children and adults may return 48 hours after diarrhoea and vomiting have stopped and they feel well enough to return.

Cascade of actions to be taken

Parent notifies school by telephone or email (info@guiseleyschool.org.uk) and once the relevant information has been gathered, an assessment will be made on a case-by-case basis. In the event of an isolated case, the parent will be advised to follow medical advice.

The Customer Services Officer will collate this information, keeping a spreadsheet to identify potential outbreaks (considered to be 3 related cases for the purposes of this document). They will notify families on the vulnerable list (kept on SIMS) that we have a case of.....in school. A member of SLT (usually the Headteacher) should be informed when an outbreak is identified and advice may be sought from the Health Protection Team at www.gov.uk/health-protection-team.

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Outbreaks should be included on an online Outbreak notification form which is automatically submitted through to Leeds Health Protection Team & Schools Health, Safety and Wellbeing Team.

The HR Officer should also be informed so that they can notify any pregnant or vulnerable staff.

Vulnerable families, vulnerable staff and pregnant staff should also be made aware of cases of shingles or slapped cheek disease (parvovirus B19).

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Appendix 3: Controlled Drugs (CDs)

Buccal Midazolam
Dexamfetamine
Lisdexamfetamine
Methylphenidate (also known as Ritalin)
Morphine
Tramadol
Codeine

Our preferred option is to avoid the requirement to give doses of these medicines during the school day.

Where this cannot be avoided, parents must complete a "Permission to administer medicine" form.

Any controlled drugs from the list that we do keep in school will be kept in a locked, fixed medicine cabinet.

- Named staff only will access the cabinet.
- Lead with responsibility for the cabinet: First Aid Co-ordinator – Jeanette Smith
- Other staff authorised to access: Reception staff – Alison Everett, Rebecca Earl
- These drugs will only kept in small quantities and any doses given will be recorded on our system in a timely manner.