

# Greenford High School

## Policy Document



# First Aid and Supporting Pupils with Medical Conditions Policy

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Governing Committee	Resources
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# FIRST AID AND SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

Greenford High School is an inclusive community which seeks to develop the potential of every student in its care within a safe, supportive and caring environment. As an inclusive community we welcome and support students with medical conditions so that they can play a full and active role in all aspects of school life, remain as healthy as possible and achieve their academic potential. We also ensure that all of our students are looked after from a medical point of view, even if they don't have a pre-existing medical condition, by administering First Aid as and when it is needed.

The Department for Education statutory guidance 'Supporting pupils with medical conditions at school' (2014) states: "Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases."

This policy takes into account the school's legal duties under the Children and Families Act 2014 to make arrangements to support pupils with medical conditions, as well as its duties under the Equality Act 2010. This policy details the school's arrangements to support students with long term medical conditions. In this document 'medical condition' refers to any physical or mental health condition that requires ongoing health professional input.

This policy will be reviewed annually or earlier if there is any change in the regulations. The effectiveness of these procedures will be monitored by the governing body.

## **First Aid**

Any student needing medical attention during the school day can either visit the Welfare Office, if they are able to, or have the attending Welfare Officers come to them. Senior and pastoral staff will use the radios to alert the Welfare Officers to where the student is.

First Aid is given a high priority as an area of training - staff attend training for:

- Appointed Person Training
- First Aid at work
- Administration of Adrenaline Auto-Injectors (such as Epi-pen)
- Working with students with Diabetes

There are 39 trained first-aiders in the school. 3 of those have been trained in First Aid at Work. A list of those first aiders can be found on the VLE or requested from the school.

Certificates are displayed in the relevant offices and placed on staff files. Renewal of first aid training takes place annually.

At Greenford High School a member of the Welfare Staff is on duty throughout the school day to provide first aid cover. There is an adequately resourced Welfare Office in the school.

If a child is unwell, the parents/carers will be contacted and asked to collect their child. It is imperative that the school is kept updated with their contact details and inform the school of any changes so that they can be reached as soon as possible in the event of an emergency.

All visits to the Welfare Office are recorded on CPOMS, a database the school uses to monitor and record the details about the visit.

Sections 9 and 10 below give more details about how first aiders work in the Welfare Room. **Appendix 9** and **Appendix 15** give more information on the procedure that is followed by both the Welfare Officers and anyone covering the Welfare Office and the guidance surrounding First Aid Training.

In addition to the Welfare Officers, and staff who are trained First Aiders, the school also has a number of **Mental Health First Aiders** - those staff are Mrs Grimley, Ms Adhami, Ms Thomas, Ms Kaur, Ms Harper and Mr Mantey.

## **1- The school identifies all children with medical conditions**

1.1. The school asks parents/carers if their child has any physical or mental health condition on the medical questionnaire as part of the enrolment process (**Appendix 1**), and annually thereafter. The school asks for explicit consent to share this information with relevant school staff and healthcare professionals.

1.2. The school follows the procedure detailed in **Appendix 2** to ensure that every student with an ongoing medical condition has an individual healthcare plan in place before they start school (see section 3). Any exception to the requirement to have an individual healthcare plan in place before the child starts school will be at the discretion of the school.

1.3. Parents/carers are responsible for informing the school of any new diagnosis, or changes to their child's medical condition, as soon as possible. It is the school's responsibility to act on this information.

## **2 - The school keeps a record of all students with medical conditions**

2.1. The school keeps a register of students with medical conditions to identify and safeguard these students. This register is held in a central, secure location (welfare office) with access by staff as appropriate, and includes the child's individual healthcare plan.

2.2. The school ensures that the student's confidentiality is protected in line with the General Data Protection Regulation (GDPR), and will only share this information with relevant members of staff and healthcare professionals as appropriate.

### **3 - All children with a medical condition have an individual healthcare plan**

3.1. The school recognises that needs are specific to an individual pupil. As such, all students with a medical condition require an individual healthcare plan.

3.2. Most students with a medical condition will require a meeting to discuss the individual healthcare plan. This may be as part of the induction or admissions process. For more severe/complex conditions, an additional meeting between relevant school staff (including those who will be providing support to the student) and the parent/carer will normally be required to complete the individual healthcare plan, and may also involve health professionals and the student if appropriate. This should ideally take place before the start of the academic year or school term if mid-year entry (**Appendix 3**).

3.3. The format of an individual healthcare plan may vary according to the nature and severity of the medical condition. This may range from a school asthma card (see **Appendix 4**) to a more detailed individual healthcare plan as appropriate. All individual healthcare plans should detail the medication and care requirements at school, what to do in an emergency and details of the child's GP. **Appendix 5** links to templates for individual healthcare plans for common medical conditions.

3.4. For more severe and/or complex medical conditions, the individual healthcare plan should also include an individual risk assessment (**Appendix 6**) and an assessment of how the condition may impact on the child's learning, behaviour, performance and wellbeing, and plans to mitigate these risks and minimise disruption.

3.5. If a pupil has special educational needs or disabilities (SEND), these needs should be made clear in the individual healthcare plan and linked to their SEN or Education, Health and Care (EHC) plan if they have one.

3.6. The school recognises that needs change over time. As such, individual healthcare plans should be updated annually, or whenever the pupil's needs change. It is good practice to meet with parents annually to review the

individual healthcare plans and the school considers ways of doing this, such as during parents' evenings.

3.7. A copy of the individual healthcare plan is maintained and updated by the school and is easily accessible to staff who need to refer to it, while also preserving confidentiality in line with the General Data Protection Regulation.

#### **4 - The school has clear guidance on administering medication at school**

4.1. Medication should only be administered at school when it would be detrimental to a child's health or school attendance not to do so. Where clinically possible, parents/carers should request their prescribing clinician to prescribe medication in dose frequencies which enable them to be taken outside the school day.

4.2. If medication is required at school, this will only be given as detailed in the student's individual health care plan, and when parents/carers fill out a medication consent form. If there is a short-term need parents/carers should contact the school to discuss and the medication consent form must be completed by parents/carers (**Appendix 7**).

4.3. The school keeps an accurate record of all the medication administered, including the dose, time, date and supervising staff (**Appendix 8**). Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

#### **5 - The school supports staff who administer medication**

5.1. The school ensures that there are members of staff trained to administer routine and emergency medication and undertake procedures to meet the care needs of an individual child (see section 11). A list of First Aiders in the school and the blocks in which they are based can be found on the VLE.

5.2. All staff are aware of the specific members of staff trained to administer medication or medical procedures in an emergency situation.

5.3. Staff who may be regularly expected to administer medication and undertake medical procedures should have this responsibility recognised in their job description. Staff are encouraged to volunteer for this role as part of their duty of care.

5.4. There are very clear instructions in the Welfare Office for anyone who is there to cover at any time – please see **Appendix 9**.

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

## **6 - The school has clear guidance on storing medication and equipment at school**

6.1. The school ensures that all medication is stored safely, and that pupils with medical conditions and staff know where they are at all times, and who holds the keys to the storage facility.

6.2. The school allows students to carry their own medication/equipment if this is appropriate for their age and individual healthcare plan and has been risk assessed. Parents/carers should check that this medication is in date. Please see **Appendix 10** for the documentation relating to this.

6.3. The school ensures that medication is in date and labelled in its original container where possible (although insulin will generally be supplied in an insulin injector or pump), and in accordance with its instructions including storage temperature.

6.4. The school keeps controlled drugs (e.g. methylphenidate [Ritalin], some strong painkillers marked CD on container) stored securely, but accessible, with only named staff having access.

6.5. Parents/carers must collect all medication/equipment annually, and to provide new and in-date medication at the start of the academic year.

6.6. The school should not dispose of any medication. It is the parent/carer's responsibility to dispose of out-of-date medication. It is also the parent/carer's responsibility to replace out-of-date medication – the letter on **Appendix 11** will be sent home if the Welfare Officer is unable to get the family to replace medicines.

## **7 - The school has clear guidance on emergency inhalers and adrenaline pens**

7.1. The school allows pupils to keep their own inhalers and adrenaline pens if appropriate (6.2) or stored securely, but accessible if not.

7.2. The school's emergency asthma inhalers and adrenaline pens are available for students to whom written parental consent and medical authorisation for use has been given. They are stored in a secure location but not locked away.

7.3. The letter that can be found on **Appendix 12** will be sent home if an inhaler has had to be administered at school.

## **8 - The school promotes staff training in supporting pupils with medical conditions**

8.1. The school recognises that different levels of training are required for different members of staff in order to meet the school's duties to support pupils with medical conditions.

8.2. The school has also given very basic training in the most common medical conditions to all staff, covered some basic medical conditions in assemblies to all students, and have posters up in parts of the school.

### **9 - Level 1: All staff are aware of the medical conditions policy, emergency procedures and are encouraged to undergo further training**

9.1. The school ensures that all staff, including temporary staff, are aware of this 'First Aid and Supporting Students with Medical Conditions' policy and their role in implementing the policy as part of induction.

9.2. All staff know which named members of staff should be called on in the event of a medical emergency and are familiar with the procedure for calling the emergency services. All staff are aware that if a pupil is taken to hospital by ambulance, a member of staff must accompany them and remain with them until a parent or carer arrives. Students should not be taken to hospital in staff cars.

9.3. The school has posters on display in the staff room and school office that reiterates the steps to take during an emergency.

9.4. The school encourages all staff to undertake awareness raising opportunities as part of its comprehensive programme of Continuing Professional Development (CPD), including First Aid training, as well as accredited online training modules tailored for schools around managing asthma and anaphylaxis (**Appendix 13**). The school keeps a record of staff training.

### **10 - Level 2: The school has a sufficient number of trained first aiders**

10.1. The school ensures they carry out risk assessments as appropriate and have sufficient numbers of trained first aiders, taking into account factors such as the size of the school (**Appendix 14**).

10.2. The first aiders are trained in the management of common medical emergencies and Basic Life Support, including Cardiopulmonary Resuscitation (CPR). This should be refreshed at least every three years.

10.3. The school has an Automatic External Defibrillator (AED) on site (main school office) which all staff are aware of (**Appendix 14**). Named members of staff are responsible for maintaining this.

## **11 - Level 3: The school supports staff who take on specific responsibilities for supporting pupils with medical conditions**

11.1. The school has named members of staff who are 'Medical Conditions Co-ordinators/Leaders', a role that should be recognised in their job description. These staff are trained on managing medical emergencies and supporting the implementation of this through the 'First Aid and Supporting Pupils with Medical Conditions' policy. These staff are clear about the support they can receive and included as part of their annual appraisals. In the period that this policy covers those members of staff are Emma Harper (Welfare Officer), Rav Kaur (Welfare Officer) and Stuart Prentice (Health and Safety Officer).

11.2. Some children with medical conditions require more specific training for named members of staff. The school ensures that this training is provided by appropriate professionals (see **Appendix 15** for levels of training guidance on Ealing Grid for Learning).

11.3. The school ensures that there are sufficient numbers of staff trained to support students with specific medical conditions, taking into account staff absences, staff turnover and other contingencies.

11.4. Training should be sufficient to ensure that these members of staff are competent and have confidence in their ability to support students with medical conditions and to fulfil the requirements as set out in individual healthcare plans.

11.5. The family of a child should be key in providing relevant information to school about how their child's needs can be met, and parents/ carers should be asked for their views. They should provide specific advice, but should not be the sole trainer. **Appendix 16** is a checklist of the responsibilities of parents and carers.

## **12 - The whole school environment is inclusive**

12.1. The school is committed to providing an accessible physical environment for pupils with medical conditions. This includes out-of-school activities.

12.2. All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the school's bullying policy, to help prevent and deal with any issues.

12.3. The school uses opportunities such as personal, social, health and economic education (PSHCE), assemblies, tutor time and science lessons to raise awareness of medical conditions to help promote a positive environment.

12.4. The school recognises that any measures to identify students with medical conditions for their safety should be proportionate and take into account confidentiality and emotional wellbeing.



### **13 - The school ensures that arrangements are made for pupils with medical conditions to participate in all aspects of the curriculum where reasonably possible**

13.1. The school ensures that the needs of pupils with medical conditions are adequately considered so that they can participate fully in all structured and unstructured activities, extended school activities and residential visits.

13.2. The school understands the importance of all students taking part in physical activity (including out-of school clubs and team sports). All relevant staff should make reasonable adjustments to physical activity sessions in accordance with a pupil's individual healthcare plan. This may involve ensuring that pupils have the appropriate medication/equipment/food with them during physical activity.

13.3. The school makes sure that a risk assessment is carried out before an educational visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. This will require consultation with parents/carers and students and may require advice from the relevant healthcare professional to ensure that pupils can participate safely. An interim IHP will be set up for residential or other higher risk visits that a student with an IHP attends. The visit leader or named first aider will contribute to this plan and sign to confirm their understating of the IHP agreement.

### **14 - The school understands the impact a medical condition may have on attendance and learning**

14.1. School staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a student's medical condition.

14.2. Where a student has frequent absences or a prolonged absence due to a medical condition, it is expected that parents/ carers will work with the school and healthcare providers to ensure relevant information is available as part of a coordinated care/support approach.

14.3. The school will refer students with medical conditions who are finding it difficult to keep up educationally to a relevant member of staff (e.g. the Special Educational Needs Co-ordinator) who will liaise with the student (where appropriate) parent and the student's healthcare professional.

14.4. Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and educational provider to ensure that the child receives the support they need to reintegrate effectively. This may involve a

referral to Ealing Alternative Provision and updating their individual healthcare plan where necessary.

### **15 - The school learns from incidents and complaints**

15.1. The school investigates all serious incidents related to this policy and reports these to the Schools Health and Safety Advisor (Ealing Council Corporate Health and Safety). Learning from these incidents is shared with staff and used to inform any subsequent revisions to this policy.

15.2. The school responds to all concerns and complaints related to implementation of this policy, in line with the school's complaints policy.

Further information on key documents relating to the above can be found on **Appendix 17**.

# APPENDIX 1



**CONFIDENTIAL  
PUPIL RECORD SHEET**

**Please complete all sections of this sheet:**

Name of child			
Surname:		Forename:	
Date of Birth:		*Gender:	Male/Female

PARENT/CAREER 1 (This confirms that the person named below has full parental responsibility)			
Please indicate relationship to child:			
*Mr/Mrs/Ms/Other	Specify other:		
Surname:		Forename:	
Address:			
Post Code:			
Home Tel. No:	Mobile No:	Work No:	
Home Email:	Work Email:		

PARENT/CAREER 2 (This confirms that the person named below has full parental responsibility)			
Please indicate relationship to child:			
*Mr/Mrs/Ms/Other	Specify other:		
Surname:		Forename:	
Address:			
Post Code:			
Home Tel. No:	Mobile No:	Work No:	
Home Email:	Work Email:		

*Is young person in care or been adopted from care?	Yes/No
---	--------

*Is parent a member of armed services?	Yes/No
--	--------

Daytime Contacts (in case of emergencies if different from above information)			
Contact 1			
Name:		Relationship:	
Home Tel. No:		Mobile:	
Contact 2			
Name:		Relationship:	
Home Tel. No:		Mobile:	

\*Circle as appropriate

**Travel to School:** We have to record students' travel arrangements to school. Please tick only ONE method which should be the main form of transport that will be used.

Bicycle	Train	Car/Van	Car Share	Public Bus Service
London Underground	Other (Please specify)			

**Medical Information:**

Doctor's Name:	Telephone Number:
Surgery Address:	

Does your child have Asthma?	*Yes/No
Is your child currently using an Inhaler?	*Yes/No
Is your child currently on any medication that he/she will need to take whilst in school	*Yes/No

Please state if your child has any medical problems:


Please tell us if your child has any food allergies or dietary needs:


**First Language.** If English is not the main language spoken by your child please specify what is the main spoken language?

--

**Religion:** (Please tick appropriate box)

Anglican	Baptist	Christian	Hindu	Jewish	Methodist
Muslim	Sikh	Catholic	No Religion	Other (specify)	

**Ethnicity:** (Please tick appropriate box)

Afghan	
African Asian	
Any other Black Background	
Any other Mixed Background	
Arab	
Bangladeshi	
Black Caribbean	
Black – Ghanaian	
Black – Nigerian	
Black – Somali	
Chinese	
Gypsy – Roma	
Indian	
Iranian	
Iraqi	

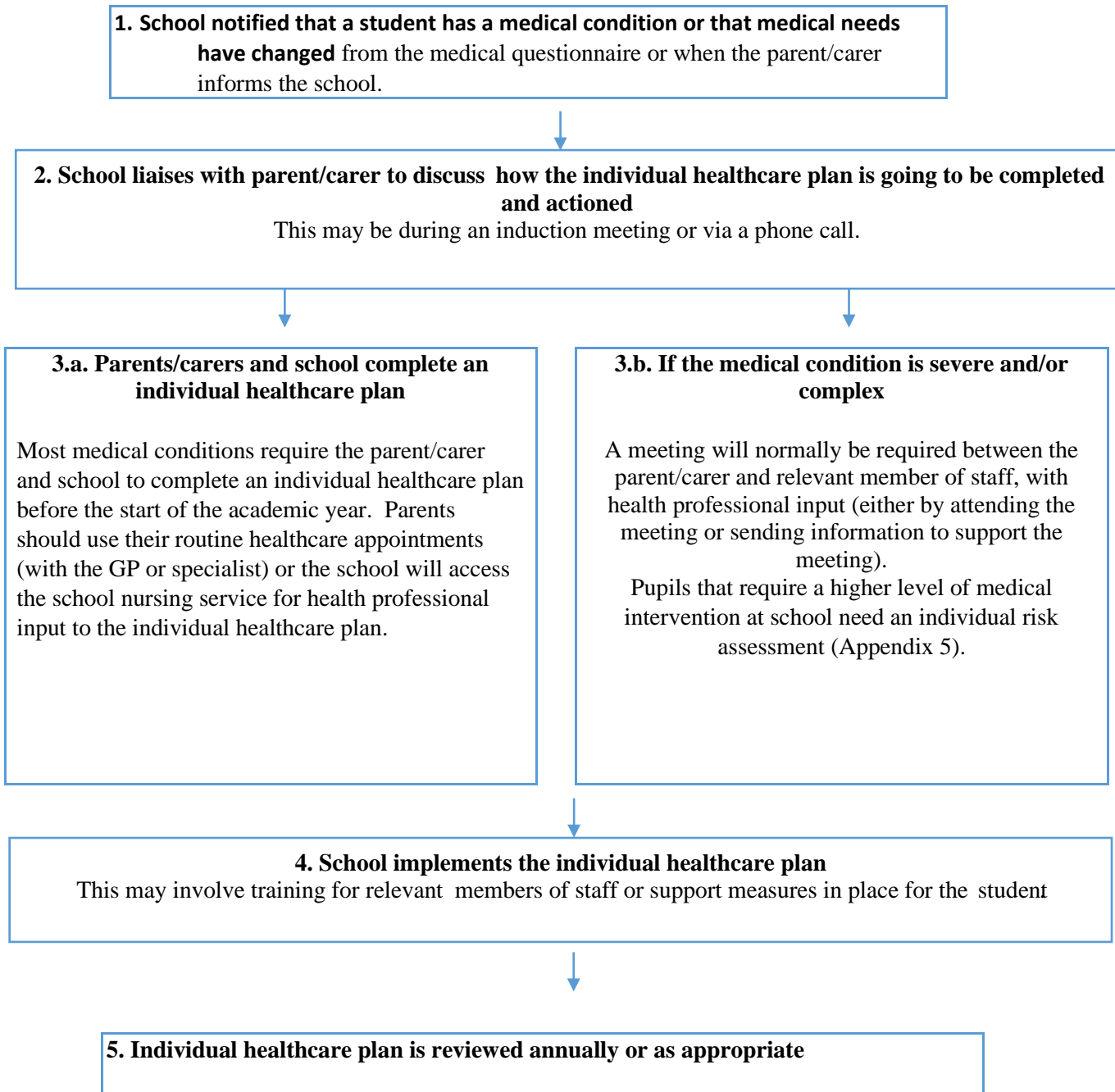
Japanese	
Pakistani	
Latin/South/Central American	
Other Black African	
Other Asian	
Traveller of Irish Heritage	
Other ethnic group	
White and Asian	
White	
White and Black Caribbean	
White and Black African	
White Western European	
White British	
White Eastern European	
White Irish	

<input type="checkbox"/>	I do not wish an ethnic background to be recorded
--------------------------	---

\*Circle as appropriate

## APPENDIX 2

### Procedure following notification that a student has a medical condition (flow chart).



## APPENDIX 3

### Health Care Plan

Please complete form and return to the Welfare officer

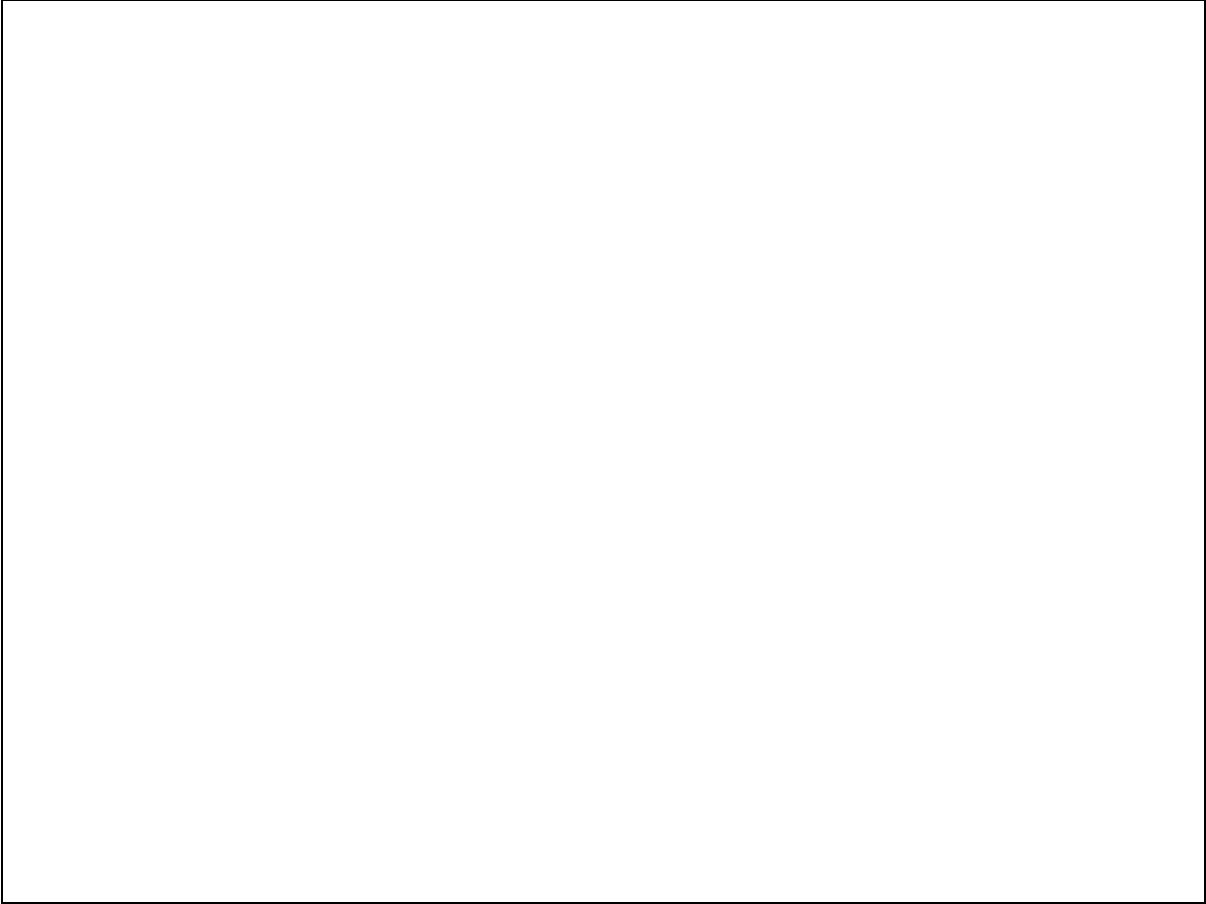
Child's name	
Form Group	
Date of Birth	
Child's Address	
Name of condition	
Review Date	
Review Date	
Review Date	
Review Date	
Review Date	
Review Date	

### Family Contact Information

Name	
Relationship to Child	
Phone no (Home)	
(Mobile)	
(Work)	
Name	
Relationship to child	
Phone no: (Home)	
(Mobile)	
(Work)	

**Diagnosis or condition:**

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

A large, empty rectangular box with a thin black border, intended for the user to provide detailed information about a child's medical needs, symptoms, and treatments as instructed in the text above.

## **APPENDIX 4**

## Asthma Health Care Plan

Please complete form and return to the Welfare officer

Child's name	
Form Group	
Date of Birth	
Child's Address	
Name of Inhaler and expiry date	
Review Date	
Review Date	
Review Date	
Review Date	
Review Date	
Review Date	

### Family Contact Information

Name	
Relationship to Child	
Phone no (Home)	
(Mobile)	
(Work)	
Name	
Relationship to child	
Phone no: (Home)	
(Mobile)	
(Work)	



**Diagnosis or condition:**

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

***Parents/carers of their child's use of the school's emergency inhaler***

Childs Full Name .....

I do/do not give consent for my child to use the school's emergency inhaler.

Parents/Carers Full Name .....

Parents/Carers Signature.....

# APPENDIX 5

## Individual healthcare plans templates

The school uses these resources as a basis from which to develop a care plan. The student may have a different individual healthcare plan from their health professional which would be acceptable.

### **Asthma UK school asthma card**

[https://www.asthma.org.uk/globalassets/health-advice/resources/schools/school\\_asthma\\_card\\_september\\_2014\\_ver\\_b.pdf](https://www.asthma.org.uk/globalassets/health-advice/resources/schools/school_asthma_card_september_2014_ver_b.pdf)

### **BAS allergy action plans**

<http://www.bsaci.org/about/download-paediatric-allergy-action-plans>

### **Diabetes UK sample individual healthcare plan**

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/ihp-a-childs-individual-healthcareplan>

### **Young Epilepsy sample individual healthcare plan**

<http://www.youngepilepsy.org.uk/dmdocuments/IHP-child-form.pdf>

### **Health Conditions in School Alliance generic individual healthcare plan**

[http://medicalconditionsatschool.org.uk/documents/Individual%20Healthcare%20plan\\_Part%20.pdf](http://medicalconditionsatschool.org.uk/documents/Individual%20Healthcare%20plan_Part%20.pdf)

### **Bladder and Bowel conditions individual healthcare plan**

<http://medicalconditionsatschool.org.uk/documents/IHP-Bowel-Bladder-conditions.pdf>



# APPENDIX 7

## Medicines permission letter for pupils with medical conditions

In line with this school's 'Supporting Students at School with Medical Conditions' Policy, the school will not give your child medicine unless you complete and sign this form.

Name of school/setting	
Date	
Pupil's name	
Group/class/form	
Name and strength of medicine	
Reason for use	
Expiry date	
How much to give (i.e. dose to be given)?	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

**Note: Medicines must be in the original container as dispensed by the pharmacy** Daytime phone no. of parent/carer

Name of GP, GP practice name and phone number

Agreed review date to be initiated by

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

Parent/carers signature .....

Print name .....

Date .....

Designated member of staff's signature .....

Print name .....

Date .....

# APPENDIX 8

## Medication records

### Record of medicines administered to an individual child

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

Staff signature -----  
 -----

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 9 - WELFARE COVER**

If you are covering Welfare, please make sure you do the following **EVERY TIME** a student visits:

- **Log the visit on CPOMS** and in the **First Aid Book** – this is in the top drawer on the left of this desk.
- **Email** the relevant **Year Team**.
- **Check** the student on **SIMS** to see if there is a **medical condition**.

If there is a medical condition, you now need to do the following:

- **Check the A3 sheet** to see if there is a link between the visit and the condition.
- **Phone home** to let the parent/carer know, **EVERY TIME!**
- **Phone reception**.
- **Email/phone** the relevant **Year Team** – they will follow up.
- If you are any doubt at all, speak to either the relevant Year Team or GRI.

If there is a more serious incident, you need to do the following:

- **Check the A3 sheet** for guidance on what to do.
- **Phone an ambulance** if need be.
- **Phone home** to let the parent/carer know, **EVERY TIME!**
- **Phone reception** – they will inform SLT.
- **Email/phone** the relevant **Year Team** – they will follow up.
- If you are in any doubt at all, speak to either the relevant Year Team or GRI.



## APPENDIX 10

### ***REQUEST FOR PERMISSION TO CARRY MEDICATION***

Please note this form only applies to medication used for non-permanent conditions, such as the occasional headache. If your child carries medication for an existing medication condition, please contact the school office for the appropriate form.

Name of Student: \_\_\_\_\_

Year group: \_\_\_\_\_

I request that the above named student be allowed to carry medication on any occasion necessary.

I agree to the following:

- I will only provide over the counter medication such as paracetamol
- I will only provide enough medication for one day at a time
- I will ensure my son/daughter is aware that they need to take the medication in front of a member of staff
- I will ensure my son/daughter knows the medication is for their personal use ONLY

Signed: \_\_\_\_\_

Print: \_\_\_\_\_

Relationship to child:  
\_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX 11

Insert Date

Dear

I am writing to ask you to update \_\_\_\_\_'s medicine as soon as possible.

Our Welfare Officer has written to you 3 times to remind you that we need up-to-date medication in order to best safeguard your child. I would, therefore, be very grateful if you could ensure that we have some \_\_\_\_\_ on site for \_\_\_\_\_, just in case there is an emergency.

If you have any queries, do not hesitate to get in touch with me.

Yours sincerely

Ms Kaur and Ms Harper  
Welfare Team

## APPENDIX 12

### Letters to inform parents/carers of their child's use of the school's emergency inhaler\*

School name:.....

Child's name:.....

Child's class:.....

Date:.....

Dear.....

This letter is to formally inform you that.....has had problems breathing today.

This happened when.....

They did not have their own inhaler with them 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 strongly advise you that your child is seen by their own doctor as soon as possible.

Please provide a new unopened replacement spacer as soon as possible.

Please can you ensure that your child brings in a working in-date inhaler and spacer for use in school. Both should be clearly labelled with your child's name and date of birth.

Yours sincerely

*\*Please note that parents will be informed immediately when a child has used the school's emergency adrenaline autoinjector (and emergency services called).*

# APPENDIX 13

## Emergency Inhalers and Adrenaline Auto-Injectors (AAIs)

This section needs to be read in conjunction with the following Department of Health guidance:  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline\\_auto\\_injectors\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Schools are not required to hold an inhaler or AAIs – this is a discretionary power enabling schools to do this if they wish. However, keeping an inhaler and/or AAIs for use in an emergency prevents unnecessary and traumatic trips to hospital for a child and potentially saves their life. Schools that choose to hold an emergency inhaler and/or AAIs need protocols for their use to protect staff by ensuring they know what to do in the event of a child having an asthma or anaphylactic attack.

The protocol should include:

- Arrangements for the supply, storage, care, and disposal of the inhaler, spacers and AAI devices, in line with this 'Supporting Pupils with Medical Conditions' policy • Having a register of children in the school who have been:
  - Diagnosed with asthma or prescribed a reliever inhaler. A copy of the register should be kept with the emergency inhaler
  - Prescribed AAIs (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).
- Having written parental consent for use of the emergency inhaler and/or for use of the spare AAI(s), included as part of a child's individual healthcare plan. This should be signed in the school asthma card or the allergy action plan (Appendix 4).
- Ensuring that the emergency inhaler and spare AAIs are only used by children with written parental consent for their use
- Appropriate support and training for staff is provided in the use of the emergency inhaler and spare AAIs in line with this 'Supporting Pupils with Medical Conditions' policy
- Keeping a record of use of the emergency inhaler and/or AAIs as required by this 'Supporting Pupils with Medical Conditions' policy (Appendix 7) and informing the parent/carer when their child has been administered an inhaler/AAI and whether this was the school's spare inhaler/AAI or the pupil's own device (Appendix 9). This should include where and when the attack took place, how much medication was given and by whom.
- Having at least two volunteers responsible for ensuring the protocol is followed

Schools can purchase small quantities of inhalers, spacers and AAIs from a community pharmacy. The pharmacy will need a request signed by the principal or head teacher on headed paper stating:

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

## ASTHMA

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

**The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.**

An Emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler;
- At least two plastic spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information;
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhaler and spacers;
- 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). This should include where and when the attack took place how much medication was given and by whom.

Schools can consider keeping more than 1 kit if they cover more than 1 site.

It is recommended that at least 2 volunteers from school staff should have responsibility for ensuring that:

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

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's inhalers and the inhaler(s) labelled to avoid confusion with a child's inhaler.

The plastic spacer should not be reused and can be given to the child to use at home. The inhaler can be reused provided it is cleaned after use.

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.

See also: *Healthy London Partnership pharmacy guidance:*

<https://www.healthy london.org/wp-content/uploads/2017/10/Pharmacy-guidance-for-supply-ofsalbutamol-to-schools.docx>

## ANAPHYLAXIS

From 1 October 2017, the Human Medicines (Amendment) Regulations 2017 allows schools to obtain adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working (e.g. because it is broken, or out-of date).

**Schools may administer their “spare” adrenaline auto-injector (AAI), obtained for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. The school’s spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.**

**In severe cases the allergic reaction can progress within minutes into a life-threatening reaction. Severe reactions can require much more than an adrenaline injection and it is therefore vital to contact Emergency Services as early as possible.**

**In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.**

**SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.**

Depending on their level of understanding and competence, **children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times.** If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil’s name but NOT locked in a cupboard or an office where access is restricted.

AAIs are available in different doses depending on the manufacturer. Schools should hold a single brand to avoid confusion in training and administration. ‘EpiPen’ is the most well-known and likely to be the brand used by most pupils.

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s)
- Instructions on how to use the device(s)
- Instructions on storage of the AAI device(s)
- Manufacturer’s information
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- A note of the arrangements for replacing the injectors · A list of pupils to whom the AAI can be administered · An administration record.

The kit must be kept in a safe place but must not be locked away. It should be kept separate from any children's AAI and then labelled to avoid confusion. The kit should be located not more than 5 minutes away from where it might be needed.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer. If someone appears to be having a severe allergic reaction (anaphylaxis), emergency services (999) MUST be called without delay, even if they have already used their own AAI device, or a spare AAI.

- When dialling 999, give clear and precise directions to the emergency operator, including the location's postcode.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
  - If the child is known to have an allergy
  - What might have caused this reaction e.g. recent food;
  - The time the AAI was given.

# APPENDIX 14

## Training resources for Ealing school staff

### Online

#### **Anaphylaxis Campaign AllergyWise Online Course**

Free online anaphylaxis training course AllergyWise for Schools is designed to ensure that key staff in schools are fully aware of the signs and symptoms of anaphylaxis, how to provide emergency treatment and the implications for management of severely allergic children from Key Stages 1 to 5 in an education setting.

<https://allergywise.org.uk/course-login/>

#### **Supporting Children's Health Asthma Online Course**

Being aware of asthma and its triggers can help to ensure children with asthma in your care are safe and can get involved in the same activities as any other child without issue or harm. This module aims to help you support children who have asthma by:

- Raising your awareness of the condition and how it's managed
- Exploring plans, you may need to ensure that children with asthma in your care are

supported <https://www.supportingchildrenshealth.org/asthma-module/>

#### **MindEd**

MindEd is a free educational resource on children and young people's mental health for all adults.

<https://www.minded.org.uk>

### Face to face

School nursing service training (includes management of medical emergencies training for schools):

<https://www.egfl.org.uk/services-to-schools/ealing-school-nursing-service-201819>

Ealing Health and Safety training (includes First Aid training for schools):

<https://www.egfl.org.uk/facilities/health-and-safety/health-and-safety-training>



# APPENDIX 15

## First aid training guidance

First-aid can prevent deaths and can also prevent minor medical problems and injuries from escalating into major ones. Guidance exists for schools on the subject of first aid and this section of the 'Supporting Pupils at Schools with Medical Conditions' policy draws and refers to these accordingly.

### First aid in schools:

The Department for Education good practice guidance titled [Guidance on First Aid for Schools](#) explains that the numbers of first aid personnel required in schools is not an exact science. A suitable and sufficient risk assessment needs to be carried out taking into account the school's specific circumstances such as: the size and location of the school, any specific hazards on-site, any specific needs and any historic accident data. Schools should consider the risks to employees, pupils and visitors as part of this risk assessment.

In addition, HSE document [L74](#) (Third edition-2013) details useful guidance on first aid matters in the workplace including: first aid courses content, suggested numbers of first aid personnel, first aid kits and training provider selection. This document is a valuable resource to help schools complete their first aid risk assessment.

Ealing Council has a page on [EGfL](#) dedicated to first aid which is also a useful resource for schools. This page includes a blank template that Schools can use to carry out their first-aid risk assessment.

### Automatic External Defibrillators (AEDs) in schools:

Ealing Council purchased the Powerheart® G5 AED for schools in the Borough in 2017. This was the most appropriate unit for schools as advised by the London Ambulance Service.

The Department for Education guide for schools on [automated external defibrillators \(AEDs\)](#) provides guidance on the purchase, use, installation, training, maintenance and additional considerations (such as the development of a resuscitation plan and safety considerations) of AEDs. This guidance explains that AEDs are designed for use by people who can simply follow the step-by-step instructions provided on the AED at the time of use, without any specific training. This guidance also explains that it should be sufficient for schools to circulate the manufacturer's instructions to all staff and then to provide a short general awareness briefing session in order to meet their statutory obligations. Any awareness briefing could be incorporated into any wider training on CPR and the chain of survival.

Ealing Council has a page on [EGfL](#) dedicated to AEDs which is also a useful resource for Schools. This page includes a video that demonstrates the use of the Powerheart® G5 AED.

## APPENDIX 16

### Checklist: responsibilities of parents/carers

- ✓ Informing the school if your child has a 'medical condition' (as defined in the 'Supporting Students with Medical Conditions' policy) and providing consent to share this information with relevant healthcare professionals including the school nursing service.
- ✓ Liaising with the school to complete an individual healthcare plan, ideally before the start of the school year. The individual healthcare plan requires health professional input, either by the school nursing service (arranged by the school), or by appointment with your health professional (GP, practice nurse or specialist).
- ✓ Completing a medicines permission letter if your child requires medication during school hours.
- ✓ Completing an individual pupil risk assessment form during a meeting with school staff if your child's needs are severe, complex or potentially life threatening.
- ✓ Informing the school of any medicines the child requires during visits, field trips and other out-of school activities.
- ✓ Ensuring your child's medicines and medical devices are labelled with their full name and date of birth, in the original pharmacy packaging.
- ✓ Ensuring that your child's medicines are within their expiry dates.
- ✓ Ensuring that new and in date medicines come into school on the first day of the new academic year, to collect all medication back at the end of the school year, and to dispose of any out-of-date medication.
- ✓ Ensuring that your child catches up with any school work they have missed if they are off school due to their medical condition or healthcare appointments.
- ✓ Providing the school with supporting information from your healthcare professional if your child has frequent or prolonged absence(s) from school.
- ✓ Informing the school of any changes to your child's condition.
- ✓ Liaising with the school annually to ensure that the individual healthcare plan is up to date (even if just to say 'no changes').

# APPENDIX 17

## Other key reference documents

### Department for Education guidance

Supporting pupils at schools with medical conditions guidance:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3#history>

### Healthy London Partnership resources

Asthma schools' guidance: <https://www.healthy london.org/wp-content/uploads/2017/11/London-schools-guide-for-children-and-young-people-with-asthma.pdf>

<https://www.healthy london.org/resource/london-asthma-toolkit/schools/>

Diabetes schools' guidance:

<https://www.healthy london.org/resource/london-guide-teachers-parents-children-young-people-diabetes/>

Epilepsy schools' guidance:

<https://www.healthy london.org/resource/london-epilepsy-guide-schools/>

Bladder and Bowel guidance:

<https://www.eric.org.uk/healthy-bladders-and-bowels-at-school>