



Managing / Supporting and Administering Medication Policy

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Rationale

The Children and Families Act 2014 (Section 100) places a duty upon the Trust to make arrangements for supporting pupils at school with their medical conditions in line with the statutory guidance issued.

The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported at school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.

This policy sets out the rationale and process regarding medications. For the most part, medication should be administered outside of school hours. However, where it is necessary to administer medication during school time, The Harmony Trust will only administer medication prescribed by an appropriate practitioner (see below) in accordance with the timings and dosage set out on the medication label.

Definition of medical condition

Pupils' medical conditions may be summarised as being of two types:

- Short-term affecting their participation in school activities while they are on a course of medication (requiring a Medical Information Consent Form)
- Long-term potentially limiting their access to education and requiring extra care and support (requiring an Individual Healthcare Plan).

Other definitions

- "Prescription medication" is defined as any drug or device prescribed by "appropriate practitioners".
- "Staff member" is defined as any member of staff employed by The Harmony Trust, including teachers.
- "Welfare Lead" refers to the member of staff whose role it is to undertake this pastoral support and can be, but is not limited to, the SENDCo, Inclusion Manager or nominated First Aider.

Responsibilities - The Roles

Who is an appropriate practitioner?

Under UK law, only "appropriate practitioners" can prescribe medicine in the UK. A prescriber is a healthcare professional who can write a prescription. This applies to both NHS prescriptions and private prescriptions.

Appropriate practitioners are:

- **an independent prescriber** – someone able to prescribe medicines under their own initiative
- **a supplementary prescriber** – someone able to prescribe medicines in accordance with a pre-agreed care plan that's been drawn up between a doctor and their patient

Independent prescribers

Independent prescribers are healthcare professionals who are responsible for assessing your health, making clinical decisions about how to manage your condition, including prescribing medication. They include:

- **Doctors** – such as a GP or a hospital doctor
- **Dentists** – who may prescribe medication to treat a condition affecting teeth
- **Nurse independent prescribers** – who can prescribe any medicine for any medical condition within their competence, including some controlled medicines under the Misuse of Drugs legislation (with the exception of diamorphine, cocaine and dipipanone for the treatment of addiction)
- **Pharmacist independent prescribers** – who can prescribe any medicine for any medical condition within their competence, including some controlled medicines (except diamorphine, cocaine and dipipanone for the treatment of addiction)
- **Optometrist independent prescribers** – who can prescribe any medicine for conditions that affect the eye and surrounding tissue, but can't prescribe any controlled medicines independently
- **Physiotherapists** – healthcare professionals who use physical techniques, such as massage and manipulation, to promote healing
- **Podiatrists** – foot care specialists
- **Therapeutic radiologists** – specialists in using radiation to treat cancer and some other medical conditions

Supplementary prescribers

Supplementary prescribers are responsible for continuing your care after an independent prescriber has assessed your health. They work with the independent prescriber to fulfil a clinical management plan agreed between the prescribers and you. Supplementary prescribers include:

- Nurses/midwives
- Pharmacists
- Diagnostic radiographers – specialists in using medical imaging techniques, such as X-rays
- Therapeutic radiographers
- Optometrists – healthcare professionals who examine eyes, test sight, and prescribe and dispense glasses and contact lenses
- Dietitians

A supplementary prescriber can prescribe any medicine, including controlled medicines, for any condition within their competence under the agreed clinical management plan. For example, a GP (an independent prescriber) may assess a condition such as asthma and refer you to a specialist nurse/physiotherapist (a supplementary prescriber) to manage your long-term care. The nominated nurse/physiotherapist will be able to prescribe medicines, such as inhalers, under the clinical management plan.

The Harmony Trust

Overall and ultimate responsibility for health and safety in academies is that of the employer i.e. The Harmony Trust. The Trust is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these pupils may need. The Trust Board and the Chief Executive with the assistance of the Trust H&S lead, Compliance Managers will:

- Ensure that this policy enables provision of effective support for medical conditions in its academies in line with the Statutory guidance “Supporting Pupils at School with Medical Conditions” December 2015 and any other related guidance from the DfE.
- Ensure that the policy complies with its duties under Equality law and the Trust’s Equality Objectives statement and any responsibilities in the SEN Code of Practice.
- Focus on the needs of individuals in ensuring that pupils and parents have confidence our Academy’s ability to provide effective support.
- Monitor and keep appropriate records.

Day-to-day responsibility for ensuring this policy is put into practice is delegated to Academy Executive Principals / Principals.

Executive Principal/Principals and Heads of Academy

The Executive Principal/Principal and Heads of Academy will:

- Ensure that everyone in the school is aware of the policy and that they understand their role in its implementation.
- Ensure that a named individual at each academy oversees the support of pupils with medical needs. In this policy they will be referred to as the Welfare Lead.
- Will ensure that the academy liaises with relevant partners, including, (but not limited to), parents, pupils and NHS staff in the delivery of this policy.
- Will ensure that written records of medicines administered to individual pupils are held.
- Will ensure that a record of training undertaken by staff and teachers qualified to undertake responsibilities

under this policy is maintained.

All Staff

Any member of academy staff:

- May be asked to provide support to pupils with medical conditions and develop individual healthcare plans.
- Will take appropriate steps to support children with medical conditions.
- Familiarise themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- May undertake appropriate training to support specific needs of pupils
- Will be conscious that pupils with medical conditions may be more at risk of bullying and isolation at school
- Will be mindful of the sensitivities around the pupil's condition, and respect this confidentiality, except where it would endanger the pupil
- Will take great care of any medications they have personally, following the protocols in Appendix 12.

First Aiders/Office Staff/Teaching Assistants

First Aiders/Office Staff will support pupils by administering medication, where consent forms are in place, and support those pupils with long term conditions to administer their own medication under supervision.

The management of medicines can only be carried out by First Aiders/Office Staff who have had relevant and up to date training. This training is required bi annually or in line with changes as identified by a pupils IHCP or EHCP.

Other roles

Healthcare professionals may also provide notification, support and advice.

Pupils are encouraged to provide information and be part of discussions about their medical support needs.

Local Authority

The Local Authority has a duty to:

- Commission Healthy Child Services for maintained schools and academies
- Promote cooperation between relevant partners e.g. trust boards, Clinical Commissioning Groups (CCGs), NHS England
- Provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively
- Work with schools to support pupils with medical conditions to attend school full time
- Make alternative arrangements for pupils who would not receive a suitable education in a mainstream school because of their health needs
- Make arrangements for pupils who are absent from school for 15 days or more because of health needs including Mental Health (consecutive or cumulative across the school year)

Parents and Carers

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with all relevant information. Parents and carers are responsible for:

- Providing the Academy with sufficient and up-to-date information about their child's medical needs
- Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the Welfare lead or equivalent, other staff members and healthcare professionals
- Completing a parental agreement for school to administer medicine form before bringing medication into school.
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or when they have expired. Epi pens have a short expiration date.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- Where possible, arranging for medication to be taken outside of the school day

The role of the child

Pupils are to provide information and be part of discussions about their medical support needs. Children will be encouraged to take responsibility for managing their own medicines and procedures.

Most medication will be kept in a locked cupboard. Medications should only be accepted by the main office or senior leaders, and only after a medications form has been completed by the parent. For asthma and allergy medications, pupils will be allowed to carry their own medicines and devices in agreement with their parents and SLT. If this is not possible, their medicines will be located in an easily accessible location.

Where appropriate, pupils will be encouraged to take their own medication under the supervision of a relevant member of staff

If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.

Ofsted

Ofsted inspectors are briefed to consider the needs of pupils with chronic or long term medical conditions and to report on how well their needs are being met. They will expect the trust academies to be able to demonstrate that this policy is implemented effectively.

Individual Healthcare Plans (IHCPs) and Educational Health Care Plans (EHCPs)

Where necessary an Individual Healthcare Plan (IHCP) or an Educational Health Care Plan will be developed in collaboration with the pupil, parents/carers, the Welfare Lead, Special Educational Needs and Disabilities Co-ordinator (SENDCo) and relevant medical and other professionals.

The IHCP/EHCP will:

- Be easily accessible whilst preserving confidentiality.
- Where a pupil has an Education Health and Care Plan, the IHCP will be linked to it or become part of it.
- IHCPs will be reviewed at least annually or when a pupil's medical circumstances change.
- EHCP where a higher level of risk has been identified shall be reviewed termly or when a pupil's medical circumstances change whichever comes first.
- Where a pupil is returning from a period of hospital education or alternative provision or home tuition, the academy will work with the LA and education provider to ensure that the IHCP/EHCP identifies the support that the pupil needs to re-integrate.

Training of staff

All academy staff will:

- Receive general awareness training on supporting pupils with medical needs as part of their induction.
- Designated Teachers, teaching assistants, first aiders and office staff who have responsibility for overseeing medication will receive managing medication training and updates and training as part of their development to support and assist with IHCP's/EHCP's, including from outside agencies.
- No staff member, who has not received the appropriate training, may administer prescription medicines or undertake any healthcare procedures; they can only support students in taking their prescription medication.
- No staff member may administer drugs by injection unless they have received training in this responsibility.

Medicines

Where possible, it is preferable for prescribed medicines to be administered in frequencies that allow the pupil to take them outside of school hours.

If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.

No child will be given any prescription medicines without a completed and signed Parental Agreement to Administer Medicine form.

Children who are under 16 are not usually seen by GP's or any other independent prescriber without their parents/carers knowledge and therefore the expectation is that parents are aware of any medication their child/ward is taking. In the very rare circumstance an academy becomes aware that a pupil is prescribed medication without their parents/carers knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality. Where this may be considered a safeguarding issue, an appropriate decision will be made on disclosure after consultation with the Designated Safeguarding Lead at the Academy.

No child under 16 years of age will be given any medication without being prescribed by an independent prescriber prescription.

Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.

A maximum of four weeks supply of the medication may be provided to the school at one time. With the exception of inhalers and EpiPens which will require a longer supply.

Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.

Each Academy will:

- Ensure medications are stored in the Medical Room or another designated secure area.
- Have an emergency asthma inhaler and epi pen for anaphylaxis on site. This can only be used in an emergency.
- Any medications left over at the end of the course will be returned with the child.
- All inhalers and epi pens will be returned to the child at the end of the academic year or sooner if the expiry date is close.
- Written records will be kept of any medication administered to children.
- Pupils will never be prevented from accessing their medication.

Academies cannot be held responsible for side effects that occur when medication is taken correctly.

Emergencies

Medical emergencies will be dealt with under the academy's emergency procedures. Where an ICHP or EHCP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

Medication Errors

Safeguards are in place to minimise the risk of medications being given in error. These include, but are not limited to:

- Medicines being kept in a locked cupboard / box / room
- Parental signatures required which give details of dosage (this must match the prescription label)
- Limited personnel administering medicines – only those with the express permission of Academy Leadership and with the necessary training may administer.
- Two people must be involved in the administration (one to administer and one to check). The staff member who administers the medication must be trained to do so (this is not necessary for the person checking the dosage).

The risk cannot be eliminated completely so should an error be identified, such as:

- Giving the **wrong** medicine to the child/young person
- An **incorrect dose** being given
- Out of date medication being given

The following procedure should be followed:

- Inform a member of the Academy's Senior Leadership Team - Notify to the Executive Principal/Principal if off site
- Contact the child's GP for further advice
- Inform the family if possible – if not possible at the time this must be done as soon as they are contactable
- Notify the Compliance team of the incident

- Record the incident in the child/young person’s records
- Record any advice and actions taken following advice from GP, Paediatrician or NHS Direct
- Complete an incident report **before the end of the school day and send it to the compliance team**

Insurance

Harmony Trust Academies maintain adequate insurance to cover to staff who provide support to students with medical conditions, providing they have received sufficient and suitable training.

Homeopathic medicines should not be viewed as non-prescribed medicines or administered in school. This is not covered by the trusts insurance policy.

Confidentiality and Data Protection

Trust academies approach should enable a parent to discuss their child’s medical condition knowing that the information will only be shared with those staff carrying out the care, those with supervision responsibility and those as agreed with the parent. Information must be handled sensitively.

Academies must ask parents for healthcare information when a pupil is first admitted and then at regular intervals e.g. annually in order to obtain current and up-to-date information. Due to patient confidentiality the onus is on the parents to reveal appropriate information. Academies can only act on information that they have been informed about.

Informed staff should be made aware that they must not divulge information regarding healthcare needs to anyone who does not have a role in managing those needs.

All paper based records and information must be securely stored and access control mechanisms must be in place e.g. password protected. These systems must follow the trusts Records Retention and Disposal Policy. Academies must be aware that:

- SEN records should be kept until the pupil in question reaches the age of 25 years.
- Some infections are reportable – contact the compliance team for further information

Data Protection Statement

The procedures and practice created by this policy have been reviewed in the light of our Data Protection Policy. All data will be handled in accordance with the school’s Data Protection Policy.

Data Audit For This Policy

What ?	Probable Content	Why ?	Who ?	Where ?	When ?
Medications policy	Name, address, personal information related to the pupil – especially related to	Required to be retained to ensure the pupil is safeguarded correctly,	Welfare Lead, Principal / SLT, Trust central team, staff or others as required to ensure the	Kept on file at academy	Held on file until child leaves school. (SEN records until pupil reaches 25 years)

	medical needs,		child receives suitable medication		
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As such, our assessment is that this policy :

Has Few / No Data Compliance Requirements	Has A Moderate Level of Data Compliance Requirements	Has a High Level Of Data Compliance Requirements
		✓

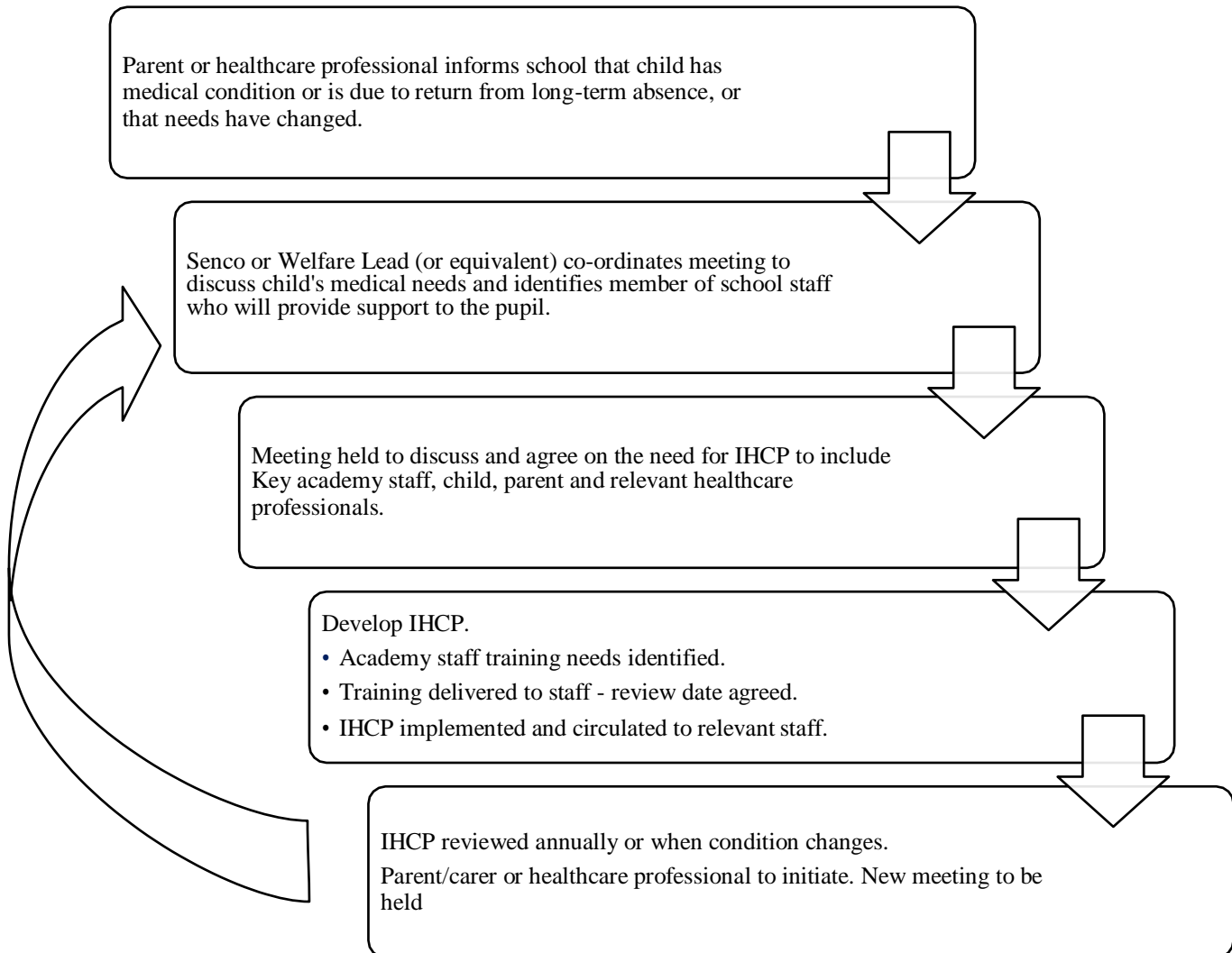
Complaints

The Harmony Trust Complaints Policy are set out on each Academy’s website and on request from the Academy office.

Should a parent or carer have a concern about the support provided for pupils with medical conditions they should in the first instance discuss this with the class teacher or Head of Academy. If the matter is not resolved satisfactorily parents should:

- Discuss the concern with the Executive Principal / Principal at the Academy
- Raise the issue as a formal complaint (please see The Harmony Trust Complaints policy for more information).

APPENDIX 1: Individual healthcare plan implementation procedure



APPENDIX 2: Individual Health Care Plan (IHCP)

Child's name			
Date of birth		Year/Class Group	
Child's address			
Medical diagnosis or condition			
Date		Review date	
Family Contact Information			
Name		Relationship to child	
Phone no. (work)		Phone no. (home)	
Phone no. (mobile)			
Name (Alternate)		Relationship to child	
Phone no. (work)		Phone no. (home)	
Phone no. (mobile)			
Clinic/Hospital Contact			
Name		Phone Number	
Hospital		Dept (if relevant)	
G.P.			
Name		Phone Number	
Surgery			
Who is responsible for providing support in school			
Name		Role	
Name		Role	
Name		Role	
Name		Role	

Please complete details on other side of the form

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.
Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision.
Signed Agreement for administration of medication Form completed <input type="checkbox"/>
Daily care requirements
Specific support for the pupil's educational, social and emotional needs
Arrangements for school visits/trips etc.
Other information
Describe what constitutes an emergency, and the action to take if this occurs
Who is responsible in an emergency (state if different for off-site activities)
Plan developed with
Staff training needed undertaken – who, what, when
Form copied to

APPENDIX 3: Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include xxx.

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I *[or add name of other staff lead]* would be happy for you contact *[me / them]* by email *[insert e-mail address]* or to speak by phone if this would be helpful.

Yours sincerely,

[xxxxxxxxxx]

Senco Welfare Lead

APPENDIX 4: Parental agreement to administer medicine template



The academy will not give your child medicine unless you complete and sign this form Date for review to be initiated:

Name of child			
Date of birth		Class	
Medical condition or illness			

Medicine NB: Medicines must be in the original container as dispensed by the pharmacy

Name/type of medicine (as described on the container)				
Expiry date				
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school/setting needs to know about?				
Pupil to Self-administer	Yes / No* *Delete as appropriate	Pupil to Carry his / her own medicine	Yes / No* *Delete as appropriate	Office use only Approved by Academy
				<input type="checkbox"/> Initials:

Please complete information on reverse

Procedures to take in an emergency

Emergency Contact Details

Name			
Phone no. (work)		Phone no. (home/ mobile)	
Relationship to child			
Address			
Alternative Contact			
Phone no. (work)		Phone no. (home/ mobile)	
Relationship to child			
Address			

I understand that I must deliver the medicine personally to *[theSenco/ Welfare Lead]*.

To be completed where the administration of Asthma / Anaphylaxis Medication is requested by this form

Emergency provision of salbutamol inhalers / adrenaline auto injectors (AAI)*

In the event of my child displaying symptoms of asthma / anaphylaxis*, and if their inhaler / AAI is not available or is unusable, I consent for my child to receive treatment from an emergency inhaler / AAI* held by the Academy for such emergencies. (**delete as appropriate*)

Tick
to
conse
nt

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 policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

APPENDIX 5: Academy log of medicines administered (to be held with the medicines)

Date / time	Pupil Name	Class / Tutor Group	Current Written Request from Parent <input type="checkbox"/>	Medication administered	Dose	Expiry Date Checked <input type="checkbox"/>	Staff member initials	Parent to be notified (Y/N)	Parent Notified (Initials of staff member)
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
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			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						
			<input type="checkbox"/>						

APPENDIX 6: Staff training record – administration of medicines

Name of Academy		
Name of trainer(s)		
Profession and title		
Training provided by		
Type of training received		
Date of training completed		

I confirm that the attendees below have received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by_____.

Trainer's signature _____

Date _____

By signing below I confirm that I have received the training detailed above.

Attendees	
Print Name	Signature

APPENDIX 7 - Contacting Emergency Services

*****REMAIN CALM*****

Dial 999 (or 112 from a mobile) – ask for the Ambulance Service and be ready with the information below.

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

- Your telephone number and location (See below for Academy Addresses)
- Your name
- The exact location of the patient within the school
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient

Please also see the First Aid / A&E policy for further details.

APPENDIX 8 : Anaphylaxis Guidance

The Harmony Trust aims to support pupils with allergies and to ensure that they are not disadvantaged in any way whilst at school as defined in Supporting Children with Medical Conditions Policy. Pupils with known allergies should have an individual management plan in place (see below).

Definition of Anaphylaxis

It is a sudden, severe allergic reaction, when the body reacts to a foreign substance, which triggers an exaggerated response from the immune system. The reaction can be mild or severe with slow or fast onset. Foreign substances can include foods (e.g. nuts) animal venom (e.g. wasp or bee sting) objects (e.g. latex) or drugs (e.g. penicillin).

Symptoms and signs

The symptoms and signs of Anaphylaxis can include:

- Metallic taste or tingling in the mouth.
- Swelling of face, tongue, lips and throat.
- Difficulty in swallowing.
- Flushed complexion.
- Abdominal cramps and nausea.
- Rise in heart rate.
- Wheezing or difficulty breathing.
- Collapse, unconsciousness, death.

The pupil can have any of these signs and symptoms, in any order. There is no set pattern and just because certain signs and symptoms may have been experienced before does not mean that they will experience the same ones again.

Medication and Control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline. The device, an Adrenaline Auto injector (AAI), looks like a large pen and is pre-loaded with the correct dose (depending on size and weight) of adrenaline. It is normally injected into the fleshy part of the thigh, sometimes through light clothing depending on the situation. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. Each Adrenaline Auto injector is a pre-loaded single dose and can only be used once. In cases of doubt it is better to give the injection than to hold back. An ambulance should be called immediately.

Management of Anaphylaxis in Harmony Trust Academies

It is the parents' or guardians' responsibility to notify the academy if their child is at risk from anaphylaxis. Full details are required including the allergen and the name and dosage of medication prescribed.

- All staff (including kitchen staff and midday staff) are made aware of pupils with allergies.

- All staff are given anaphylaxis awareness training including the use of Adrenaline injectors at Inset days
- All staff are informed when a pupil diagnosed with anaphylaxis is enrolled at the school.
- The academy SENCO will ensure that teachers receive a copy of individual health care plans for those pupils at risk of anaphylaxis. The teacher is required to share this information with the pupils teaching/support staff.
- Parents should be involved in risk assessments and management plans.
- The academy SENCO will inform the Catering Managers of any pupils with severe dietary allergies.
- Each pupil should have access to minimum of 2 named Adrenaline injectors in each academy. 1 will be kept in the designated cupboard in the academy premises. The other will be carried by the pupil at all times where the age and competence of the child allows this. A designated first aider to check the expiry date on all AAls termly.
- The SENCO and Trip leaders are responsible for identifying pupils diagnosed with Anaphylaxis and ensuring they have their Adrenaline injectors with them on the trip.
- Parents are required to make a note of the expiry dates of their child's AAls before they are brought into school and to replace them as required.
- In the case of a first time reaction of an undiagnosed pupil an ambulance should be called immediately.

Emergency Adrenaline Auto-Injections

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows all schools to buy 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).

AAI injectors can be purchased from a pharmacy using the letter in Appendix A.

The Academy's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The Academy's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

An anaphylactic reaction always requires an emergency response. Any AAI(s) held by an academy should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s).

Administering the Adrenaline injector

There are three adrenaline injectors available on prescription in the U.K: EpiPen, Jext and Emerade and information about each and how to use can be found on the BSACI website. The EpiPen has a spring- loaded concealed needle that delivers a single measured dose when the pen is jabbed against the muscle of the outer thigh.

Jext has a locking needle shield which engages after use, designed to protect against needle stick injury.

Emerade is the most recent single-use adrenaline injector to become available. Emerade follows the UK Resuscitation Council's Guidelines for the Emergency treatment of anaphylactic reactions.

Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times.



If the child is conscious and able, he/she should be encouraged to self-administer the Adrenaline injector under supervision. All of the injectors are to be administered into the fleshy part of the thigh, through light clothing if necessary. The injection technique varies between brands. If you have to assist in using the Adrenaline injector, read the simple instructions on the barrel of the injector itself.

Every time you use an adrenaline auto-injector:

- Call 999, ask for an ambulance and state 'anaphylaxis', even if the pupil starts to feel better.
- Lie the pupil flat with their legs up to keep the blood flowing. If they are having difficulty breathing, sit up to make breathing easier.
- Stay with the pupil and monitor their breathing.
- If symptoms persist administer a second dose of adrenaline after 5 to 15 minutes. There are no serious side effects even if the medication is given repeatedly or from misdiagnosis. Relapse is possible after apparent recovery. The child should always be sent to hospital after an attack, even if they seem to have fully recovered.

Individual Academy Emergency AAI use Protocol

Location of the emergency AAI

Each academy has an emergency AAI located in a central place. See Appendix 10 for details.

The emergency anaphylaxis kit

The academy's emergency AAI is stored as part of an emergency anaphylaxis kit which includes:

- The AAI, clearly labelled;
- Instructions on how to use the AAI;
- Instructions on storage of the AAI;
- Manufacturer's information;
- A checklist of all the academy's emergency AAI, identified by their batch number and expiry date with monthly checks recorded;
- The arrangements for replacing the AAI;
- A list of pupils to whom the AAI can be administered; and
- A list of Staff with responsibility for helping to administer an emergency AAI

Administration of medicine

Designated members of staff should be trained in:

- recognising the range of signs and symptoms of severe allergic reactions;
- responding appropriately to a request for help from another member of staff;
- checking the allergy register;
- recognising when emergency action is necessary;
- administering AAI according to the manufacturer's instructions;
- making appropriate records of allergic reactions.

Storage and care of the AAI

The AAI should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Pupils are required to take their own prescribed AAI home before school holidays (including half-term breaks) to ensure that they remain in date and have not expired.

Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAI can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

School trips including sporting activities

A risk assessment must be completed prior to any school trip for pupil at risk of anaphylaxis taking part in the trip off school premises. This risk assessment should consider whether it is appropriate to take emergency AAI(s) for use on some trips.

Pupils at risk of anaphylaxis should have both of their AAIs with them, and there should be staff trained to administer AAI in an emergency. This includes when a child is on the school site but may be away from the building (e.g. on the playground or a school playing field where it would not be easy to get the AAI quickly should it be required).

For pupils with AAI, there should be a discussion with parents about whether the pupil has access to their medication on the journey to and from school.

Pupils to whom an emergency AAI can be administered

The academy may only administer its emergency AAI to a pupil:

- at risk of anaphylaxis;
- with medical authorisation; AND
- with the prior written parental consent for the emergency AAI to be used on them.

This includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed an AAI. In such cases, specific consent for use of the emergency AAI from both a healthcare professional and parent/guardian must be obtained.

Consent must be updated annually to take account of changes to a pupil's condition.

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 emergency AAI is appropriate

Administration of medicine

The academy's emergency AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay.

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

All pupils with a diagnosis of an allergy and at risk of anaphylaxis must be recorded in an allergy register and for each student, the following shall be recorded:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
- Where a pupil has been prescribed an AAI whether parental consent has been given for use of the emergency AAI which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made.



The signs and symptoms of an allergic reaction include:

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



**Watch for signs of ANAPHYLAXIS
(life-threatening allergic reaction):**

AIRWAY:

Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue

BREATHING:

Difficult or noisy breathing
Wheeze or persistent cough

CONSCIOUSNESS:

Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS



***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further dose of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS** use adrenaline autoinjector **FIRST** in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.



Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: pupils having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box above, it is vital that an AAI is administered without delay, regardless of what other symptoms or signs may be present.

Call or send for a designated member of staff. The designated member of staff should check the allergy register, collect the emergency AAI and provide assistance in administering the AAI if required.

Always give an AAI if there are ANY signs of anaphylaxis present. The pupil's own AAI should be administered if available. If not, the School's emergency AAI should be used.

The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest.

Provide reassurance. The pupil should lie down with their legs raised. If breathing is difficult, allow the pupil to sit.

If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own AAI and this has made them better.

A person receiving an AAI should always be taken to hospital for monitoring afterwards.

If the pupil's condition does not improve 5 to 10 minutes after the initial injection, a second dose should be administered. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

Recording use of the AAI and informing parents/carers

The SENCO or senior/lead first aider should record the use of any AAI device. This should include:



THE HARMONY TRUST

BELIEVE • ACHIEVE • SUCCEED

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

Individual allergy management plans

Pupils with known allergies should have an individual care plan in place. The link for the care plans we use is below (from the BSACI website). The specific plan depends on the type of medication given and the nature of the allergy.

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

Allergy plans should be shared appropriately and kept in a location which allows the right people to be able to access it whilst ensuring security of data.



Template Letter for Spare AAI

[To be completed on headed academy paper]

[Date]

We wish to purchase emergency Adrenaline Auto-injector devices for use in our school/college.

The adrenaline auto-injectors will be used in line with the manufacturer's instructions, for the emergency treatment of anaphylaxis in accordance with the Human Medicines (Amendment) Regulations 2017. This allows schools to purchase "spare" back-up adrenaline auto-injectors for the emergency treatment of anaphylaxis. (Further information can be found at www.sparepensinschools.uk).

Please supply the following devices:

Brand name*		Dose* (state milligrams or micrograms)	Quantity required
	Adrenaline auto-injector device		
	Adrenaline auto-injector device		

Signed _____

Date _____

Principal/Executive Principal/Head of School

*AAIs are available in different doses and devices. Schools may wish to purchase the brand most commonly prescribed to its pupils (to reduce confusion and assist with training). Guidance from the Department of Health to schools recommends:

Further information can be found at <http://www.sparepensinschools.uk>

For children age under 6 years:	For children age 6-12 years:	For teenagers age 12+ years:
<ul style="list-style-type: none">• Epipen Junior (0.15mg)or• Emerade 150 microgramor• Jext 150 microgram	<ul style="list-style-type: none">• Epipen (0.3 milligrams)or• Emerade 300 microgramor• Jext 300 microgram	<ul style="list-style-type: none">• Epipen (0.3 milligrams)or• Emerade 300 microgramor• Emerade 500 microgramor• Jext 300 microgram

Eczema guidance

Please see the link below for advice and guidance specific to the management of eczema in schools

<https://eczema.org/information-and-advice/information-for-parents-and-children/eczema-and-school/>

Here you will find a helpful pack to download.

APPENDIX 9: Asthma Guidance

What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

At the Harmony Trust, we recognise that asthma is a widespread, serious, but controllable condition. We welcome all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date trust managing medications policy
- a named Welfare lead,
- all pupils with immediate access to their reliever inhaler at all times
- all pupils have an up-to-date asthma action plan
- an emergency salbutamol inhaler
- ensured all staff have asthma awareness training
- promoted asthma awareness pupils, parents and staff.

Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that:

- there is an up-to-date copy of their personal asthma action plan,
- their reliever (salbutamol/terbutaline) inhaler is available/accessible in the academy,
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Welfare Lead

Each academy has a Welfare lead. It is the responsibility of the Welfare lead to:

- manage the asthma register,
- update the medication policy appendices,
- advise the leadership in how the academy is adhering to the medications policy,
- manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015)
- ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

For all pupils, reliever inhalers are kept in a known location within the classroom with easy accessibility to them. School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child.

If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the managing medication policy for further details about administering medicines.

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a Trust, we recognise that having to attend hospital can cause stress for a family. Therefore we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions.

Staff training

Staff will need regular asthma updates. This training can be provided by the school nurse service or an agreed alternative.

School Environment

The Harmony Trust does all that it can to ensure our school environments are favourable to pupils with asthma. The academy has a definitive no-smoking policy including the use of vapes. Pupil's asthma triggers will be recorded as part of their asthma action plans and the academy will ensure that the likelihood of pupils coming into contact with their triggers is minimised.

We are aware that triggers can include:

- *Dust and house dust mite*
- *Colds and infection*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke*

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the academy will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

When asthma is effecting a pupil's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms.

However, the academy recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Emergency Salbutamol Inhaler in school

As a Trust we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015). The key points are summarised below.

Academies are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription.

Each academy has an emergency kit(s), which is easily accessible. Each kit contains:

- A salbutamol metered dose inhaler;
- At least two spacers compatible with the inhaler;
- Instructions on using the inhaler and spacer;
- Instruction 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:
- A record of administration

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

We will ensure that the emergency salbutamol inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

The Welfare lead and academy team will ensure 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 to storage following use, or that replacements are available if necessary. Before using a salbutamol inhaler for the first time, or if it has not been used for 2 weeks or more, shake and release 2 puffs of medicine into the air

Any puffs should be documented so that it can be monitored when the inhaler is running out. The spacer cannot be reused. We will replace spacers following use. The inhaler can be reused, so long as it hasn't come into contact with any bodily fluids. Following use, the inhaler canister will be removed and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean safe place. The canister will be returned to the housing when dry and the cap replaced.

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

The emergency salbutamol inhaler will only be used by children:

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

The name(s) of these children will be clearly written in our emergency kit(s). The parents/carers will always be informed in writing if their child has used the emergency inhaler, so that this information can also be passed onto the GP.

Common 'day to day' symptoms of asthma

At The Harmony Trust we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year (*see below*). This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per the Department of Health document; they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed in the staff room.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

*Appears exhausted

*is going blue

*Has a blue/white tinge around lips

*has collapsed

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.(1 puff to 5 breaths)
- If there is no improvement, repeat these steps up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

- **References**

- Asthma UK website (2015)
- Asthma UK (2006) School Policy Guidelines.
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

Academy Asthma Action Plan

Date:

Name:..... Date of birth:..... Allergies:..... Emergency contact:..... Emergency contact number Doctor's phone number:..... Class.....	Affix photo here
--	------------------

What are the signs that your child may be having an asthma attack?

Are there any key words that your child may use to express their asthma symptoms?

What is the name of your child's reliever medicine and the device?

Does your child have a spacer device? (please circle) Yes No

Does your child need help using their inhaler? (please circle) Yes No

What are your child's known asthma triggers?

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required.
Their inhaler is clearly labelled and in date.

Signed..... Date.....

Print Name..... Relationship to child.....

Consent form: Use of emergency Salbutamol Inhaler

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)
2. My Child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day/that will be left at school (delete as appropriate)
3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies

Signed

Date.....

Name (print).....

Relationship to child.....

Child's Name.....

Class.....

Parent's address and contact details:

.....

.....

.....

Telephone.....

Email.....

Symptoms of an asthma attack

- Not all symptoms listed have to be present for this to be an asthma attack
- Symptoms can get worse very quickly
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

Cough

A dry persistent cough may be a sign of an asthma attack.

Chest tightness or pain

This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache

Shortness of breath

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'

Wheeze

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

Increased effort of breathing

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking

The child may not be able to speak in full sentences

Struggling to breathe

The child may be gasping for air or exhausted from the effort of breathing

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

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

Administering reliever inhaled therapy through a spacer

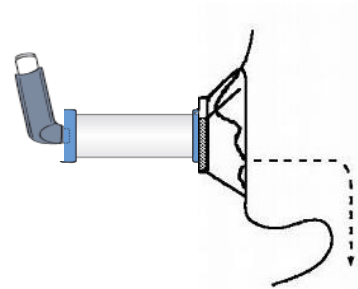
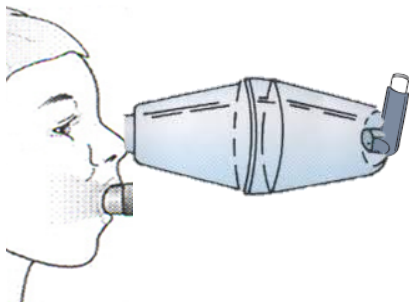
A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks then press the inhaler twice into the air to clear it.**

A Spacer might be

- Orange
- Yellow
- Blue
- Clear

A spacer may have

- A mask
- A mouthpiece



1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Dependent on response steps 2-7 can be repeated according to response up to 10 puffs.

If there is no improvement **CALL 999**. If help does not arrive in 10 minutes give another 10 puffs in the same way.

If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**

Appendix 10: Suggested wording for covering letters

For requesting an IHCP

RE: Individual Healthcare Plan

From our records it shows that your child has a medical condition. Please complete the attached form thoroughly so as we have all the information needed to support your child with their medical need. It is imperative that this be filled out as soon as possible so we have this on your child's record. We may wish to invite you into school to discuss your child's need further.

Please do not hesitate to contact me should you require any further information.

For requesting completion of a parental permission to administer medication form

RE: Medication in school

Our records show that your child has a medical need which requires medication. It is your responsibility to complete the attached form to advise us of the medication required.

Please also take careful attention to indicate on the form if your child will be carrying the medicine themselves (where permitted by the Academy) and if you wish them to self-administer the medication.

If your child suffers from asthma or severe allergic reaction, you should ensure that your child carries their medication with them and that we have spare medication on site. Please indicate on the attached form if you permit the Academy to administer their emergency asthma inhalers or Adrenaline Auto-Injectors in the event of an emergency.

All medication must be in date and in the original container as dispensed by the pharmacy. We recommend that you note the expiry date of any medication provided to the school as it is your responsibility to ensure that it is in date. Please complete the attached form and send it back to school along with the medication.

Please do not hesitate to contact me should you require any further information.

For sending medication home / alerting parents to expired medication

Re: Medication

From our records it shows that your child has additional medication at school. For the summer holidays we will be sending this medication home with your child. Should your child need to have the medication stored at school for the new academic year, we ask that you send in the medication on the first day of the new term.

Please advised of the following;

- Should your child be an asthmatic they will be required to carry their own inhaler and also have a spare which stays on the school premises.
- Should they have an Epi-Pen please be reminded that it is your responsibility for them to be in date which at least 8 months left before expiry.
- You will need to inform us of any change in your child's condition.

If you have any questions regarding this, please do not hesitate to contact me.

APPENDIX 11: Individual academy information

Name of Executive Principal _____

Name of Principal / Head of Academy _____

Name of Welfare Lead _____

Medications are held (individual medications, central asthma / AAI medication etc):

Medication is administered by:

Medical registers (asthma, allergy, general) are held:

Medical information is shared to (and who shares it?):

APPENDIX 12: Staff medication on site

Staff may require medication for a short period or as ongoing treatment for a longer-term condition. Where possible, bringing medication into school should be avoided but the Trust appreciate this is not always possible. When medication is brought into school, the following procedures must be followed.

Short-term medications for acute conditions (including paracetamol etc).

- Only bring medication into school if absolutely needed. If medication is brought into school it **must** be kept in a locked drawer or cupboard where it cannot be accessed by the children.
- Medications which might make staff drowsy or unable to undertake their role should not be used.
- Controlled medications must not be brought on site without the explicit agreement of the Principal / Head of Academy. A specific care plan will be drawn up for you.

Longer-term medications

- A care plan should be in place for staff requiring medications on site (see form below)
- Unless the medication should be kept on or near the person at all times, medications should be locked away.
- Asthma inhalers and epipens – senior leadership should be made aware of these medications and there must be a clear plan of where the medication is kept.
- Staff must check any bags / coat pockets they bring into school to ensure there is no medication inadvertently left in there.

These procedures are designed to protect pupils from accidentally coming into contact with medicines which could be potentially very dangerous for them. If staff have a need to take regular medication in school or develop a medical condition which may require this, they must speak to their senior leadership team so a care plan can be written. If a job role need changing to accommodate medical needs, a risk assessment should be written detailing risks and action to mitigate them.



Staff medical care plan

STAFF EMERGENCY CARE PLAN-medical

Academy Name		
Employee Name		
DOB / Age / Gender		
Care plan date		
Reason for care plan		
What could happen	To who?	What is already in place to prevent and/or support staff member
Background of condition		
Further recommendations following care plan discussion		
Whom to contact in the event of an emergency	Name: Phone Email	
Are medicines kept in Academy? If so, where are they stored? Need to be away from pupils but accessible in an emergency .		
Any other information needed in the event of an emergency?		

Agree who this care plan will be shared with and why	
Staff member signature/date	
Completed by /date	

The purpose of this Emergency Care Plan is to support the staff member in the event of a medical emergency whilst at work. All information will be stored in secure location. A separate risk assessment needs completing if workplace adjustments are required in order for the staff member to carry out their duties.



