



**Supporting Pupils at School with  
Medical Conditions Policy**

**Date agreed:** May 2023

**Review Date:** May 2028

## **1.0 Introduction**

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions.

This policy was created with reference to the Statutory Guidance 'Supporting pupils at schools with medical conditions' and the non-statutory guidance 'Guidance on the use of adrenaline auto-injectors in schools' and the Tower Hamlets Asthma and Allergy Friendly School guidance 2023.

The governors and staff at Stepney Park Primary School recognise that children with a medical condition will require individualised care and support in terms of both physical and mental health and well-being, to ensure that they play a full and active role in school life, remain healthy and achieve their academic potential. We will make whatever adjustments we can to limit any detriment to children's sense of belonging, progress and attainment which might otherwise be caused by their medical needs.

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, the governing body will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy outlines the procedures, communication and support available to all pupils with medical needs, and their families. It also outlines the roles and responsibilities of all those involved in supporting a child with medical needs and the support and training given to staff.

Within this policy the terms children and pupil apply to the full range of learners at Stepney Park Primary School from Nursery through to Year 6.

For some pupils their medical condition may mean that they are considered disabled, or that they have an Education Health and Care Plan, and so this policy should be read in conjunction with the Stepney Park Primary School SEN Policy.

A list of all other relevant policies can be found at the end of later on in this policy.

## 2.0 Definition of Medical Needs

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

- Short-term need, affecting their participation in school activities because they are on a course of medication, or are suffering a temporary injury requiring temporary additional support in school.
- Long-term need, potentially limiting their access to education and requiring extra care and support, requiring an IHCP.

Specific Responsibilities in relation to pupils with Medical needs:

- Designated Governor for Safeguarding: Ros Coffey
- Designated Lead for Child Protection: Andy Kay
- Senior Members of staff for Medical Needs (SENDco): Nathalie Palacio
- Senior members of staff Trips and Visits: Assistant Heads - Pastoral Care
- Community School Nurse: Debbie Edington
- Senior First Aider: Asma Bibi

## 3.0 Training of staff

Newly appointed staff are briefed about this policy during their induction meeting. Class teachers are given access to a document titled *Children with Medical Needs* with details of the medical needs at the start of each school year **(see Appendix 8)** .

Posters describing symptoms of asthma and anaphylactic shock are displayed in the staffroom, classrooms, school office and in the dining hall. Staff are reminded of these symptoms once a year, during the annual Health and Safety refresher training.

Only staff members who have undertaken specific training may undertake any specific healthcare procedures, such as administering an adrenaline autoinjector pen, unless instructed by NHS health professionals during an emergency.

Staff with significant contact with pupils should complete training to understand the basics of support for children with asthma/allergy/wheeze.

This requires watching the below videos:

- Asthma and Allergy Friendly Schools Introduction (6 minutes)
- Asthma Awareness Training (30 minutes)
- Allergy Awareness Training (20 minutes)

We promote this awareness training regularly. All staff with significant contact with pupils should complete refresher training every year.

We also communicate the following to staff:

- How to raise issues about pupils with uncontrolled symptoms or no/incorrect asthma/allergy/wheeze plan.
- Where pupil asthma/allergy/wheeze plans are stored.
- Where emergency kits are stored.
- Where to find the Medical Needs class summary (**Appendix 8**)
- Procedures for school trips, physical education and other settings outside the classroom/break time.
- Where medication is stored.
- Who their asthma champion/lead is at the school.

The school will keep a record of all training undertaken to support specific medical conditions, and will ensure training is kept up to date and undertaken at regular intervals. The school will ensure that there are a sufficient number of trained First Aiders in school at all times, including before and after school. Staff training around Asthma and Allergies and other medical conditions is outlined in **Appendix 20**

#### **4.0 Medical conditions register**

A medical conditions register will be maintained by the Senior First Aider on a spreadsheet and will be regularly reviewed by the SENDco. Class teachers are given an overview of the medical needs of the children in their class (**Appendix 8**) by the senior First Aider.

Supply staff and support staff will have access on a need to know basis.

#### **5.0 Individual Healthcare Plans (IHCPs) and other medical documents**

Children who need a IHCP usually are in need of support during the time they are in school, as these conditions are managed by medication or other types of support. Children who need this will often have individual health care plans that are provided to them by the GP or other medical professional.

IHCPs generally fall under the following categories:

- Asthma
- Allergies ( including food allergies and EPI pen dependant allergies)
- Eczema

Some children need a Personal Emergency Evacuation Plan (PEEP) as they have mobility issues which need to be supported in the event of an emergency evacuation.

Our School Individual Healthcare Plans provide a summary of all of the medical symptoms, medication requirements and parental consent in the event of emergencies of an individual child **(Appendix 1)**.

Although all children with asthma are required to have an Individual Asthma Plan, parents do not always provide us with one straight away. If this is the case, we will remind them 3 times to bring it to us, so that we can record details in the school IHCP. If we do not get this after three reminders, the Senior First aider will contact the School Nursing Team Service. In the meantime we would use the Emergency Asthma / Wheezer Action Plan **(see Appendix 13)**

We need the IHCPs to be easily accessible and succinct, so it is very clear what needs to happen in an emergency and when medication is administered. School IHCPs provide a summary of all of the key information provided to us by the parent, GP and school Nurse.

Our school IHCP ensures that we have evidence of written consent for the administration of medication and medical support needed in school and set out responsibilities for parents .

Please refer to the flowcharts in **Appendix 15 to 18** for a quick overview.

## 5.1 The process for creating a school IHCP and other medical documents

Creating a school IHCP usually follows the following steps:

- Upon admission to school, the parent or carer informs the school via the admissions form that their child has a medical need.
- The senior First Aider arranges an appointment with the parents and completes a school IHCP alongside the parents. **(See Appendix 1)**. The Senior First aider gives a copy of the signed school IHCP to the parent
- If medicines are required in school, the school will also ask the parent to complete a Medical Request form **(Appendix 5)**. The Senior First Aider gives a copy of the signed Medical request form to the parent
- As part of this process, the Senior First Aider will ask the parent if a GP or Nurse has provided them with a relevant individual Asthma care plan. If this is the case, the Senior First Aider will follow the guidance provided in this, take a copy of the care plan and use it to transfer key information onto the school IHCP.
- If the dosage of the medication needs to be changed later on, the parent will need to complete a new Medical Request form.
- Where necessary, the school will consult the school nurse or ask the parents to make an appointment with the GP to provide further guidance.
- Where necessary, the school will complete a (PEEP)
- School IHCPs will be reviewed at least annually or when a child's medical circumstances change, whichever is sooner.

Please refer to the flowcharts in **Appendix 15 to 18** for a quick overview.

## 5.2 Storage and sharing of medical documents

Medical documents need to be easily accessible whilst preserving confidentiality.

A paper copy of the school IHCP/ medical request form is kept in the child's medicine box or wallet.

All medical documents, including the school IHCPs/ Individual Care plans written by Health Care professionals/ Medical Request Forms/ PEEPS are scanned and stored electronically.

They are shared as follows:

- At the start of each academic year, the senior First aider will provide staff members access to the relevant school medical documents via a shared document or folder from the School Health folder on GoogleDrive
- The senior First Aider will alert staff members to the relevant school documents when they have been added or altered via a shared document or folder from the School Health folder on GoogleDrive

Where a pupil has a SEND Support Plan or an Education, Health and Care plan, the IHCP will be linked to it or become part of it where relevant.

### **5.3 Consent**

- All parents are asked to give consent for the administration of spare asthma pumps and spare auto injector epi pens when completing the admissions form upon registering at school
- The Senior First Aider will ensure that specific parents are asked to give consent for the administration of relevant medication when the school IHCP and Medical Request forms are completed

### **6.0 Educational visits and sporting activities**

Arrangements will be flexible enough to ensure pupils with medical conditions can participate in educational visits and sports activities and not prevent them from doing so unless a clinician states it is not possible.

Risk assessments will be undertaken, where relevant, in order to plan for including pupils with medical conditions. Teachers will be responsible for checking the provision they have for medical needs on the trip with a senior member of staff, giving enough notice for adjustments to be made if necessary.

Class teachers are responsible for ensuring that medication, including asthma pumps and adrenaline auto-injector pens, needed during the trip are collected from the school office and returned after the trip.

A suitably trained 1st aider should normally accompany a class on a school outing. If this is not possible, the trip risk assessment must reflect this and safeguarding measures should be taken into consideration.

### **7.0 Emergencies**

Medical emergencies will be dealt with by qualified 1st aiders, including specifically trained staff where appropriate.

- In an emergency a senior teacher, (or the most senior office staff present in school), will dial 999 immediately.
- As soon as the call has been made parents will be contacted.
- If parents have not arrived in time, a member of staff will accompany the child to hospital, if necessary.
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrives.

- Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.
- In the case of an evacuation of the school, an emergency medical bag will be taken out by the office staff. (Grab bag). The Grab Bag contains a spare blue emergency asthma pump and an adrenaline auto-injector pen.
- Where an Individual Healthcare Plan is in place, it should detail:
  - What constitutes an emergency
  - What to do in an emergency
- If a pupil needs to be taken to hospital, a member of staff will remain with the child until their parent/carer arrives.

## **8.0 Refusing Medication**

If a pupil refuses medication, the school will inform parents immediately. The refusal will be recorded on CPOMs

## **9.0 Disposal of medicines**

Unwanted, unused or outdated medicines will be returned to parents/carers, who should sign for their receipt. **(See Appendix 9)**. This form will be scanned and uploaded to the School Health folder on GoogleDrive by the Senior First Aider

In the event of parents/carers being unreachable, medicines will be given to the school nurse who will arrange disposal.

Used or out of date adrenaline auto injector pens will be given to the ambulance crew who will dispose of it

## **10.0 Pupils who cannot attend school due to a medical condition**

If a child cannot attend school for a short period of time, or a number of short periods of time due to their medical condition, the school will support their learning through the pupil's class teacher, who will provide work for the child to complete at home, and such arrangements will be indicated in the IHCP where appropriate. If a pupil's medical needs mean that they require longer periods of time away from school, or that their period of absence totals greater than fifteen days, a review of the IHCP will be held to review support. The AWA will be consulted and further information may be gathered.

At this time the school, in agreement with medical professionals, the parents and the child, will implement the **Tower Hamlets Policy for Ensuring a Good Education for Children who Cannot Attend School because of Health Needs (2015)**. The parents will be given a copy of the policy at the meeting and the contents of the policy will be explained in the context of the child's support needs

### 11.0 Avoiding unacceptable practice

Stepney Park Primary School understands that the following behaviour is unacceptable:

- Assuming that pupils with the same condition require the same treatment.
- Ignoring the views of the pupil and/or their parents.
- Ignoring medical evidence or opinion.
- Sending pupils home frequently or preventing them from taking part in activities at school.
- Penalising pupils with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Creating barriers to children participating in school life, including educational visits.
- Refusing to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.
- Not providing lunch for children with allergies, although parents may be encouraged to provide a packed lunch in certain circumstances when the allergy is unstable, frequently changes and may be life- threatening.

### 12.0 Medication

- Where possible, unless advised it would be detrimental to health or regular school attendance, medication should be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a the Medical Request Form (**Appendix 5**)
- Medication will be administered in line with the procedure set out in **Appendix 3**

Medication will be accepted in school if:

- not giving it during the school day would be detrimental to the child's health;
- it is prescribed by the child's GP;
- it is labelled with the child's name;
- it has clear instructions for dosage; and
- the parent has signed a medical request form (**Appendix 5**).

If the medication is to be taken long-term, there will normally be a school IHCP, signed and updated annually.

DFE guidance states that schools should set out the circumstances in which non-prescription medicines may be administered. In Stepney Park Primary School, children requiring non-prescribed medicine during the school day, such as paracetamol, would not normally be allowed to take this medication at school, unless in exceptional circumstances and explicitly agreed by a senior member of staff. Where this has been agreed, the parents are expected to complete **Appendix 5**

### 12.1 Storage of medicines in school

Medicines will normally be stored in the secure school office. Asthma inhalers will be easily accessible to children in the office. Equipment and medication for treating diabetes will stay with the child at all times. Emergency asthma pumps and auto injectors are kept in the spare medicine boxes labelled: 'Emergency Asthma Inhaler Kit'. These are located in the following locations.

North	South
Ground floor: Reception Corridor	Ground Floor: Back Office
Middle Floor: Iris Room (old KS1 Literacy room)	Middle Floor: Computing room
Top Floor: Maths Resource room	Top Floor: 6 Pine classroom cupboard by computer desk

If an emergency asthma pump or epipen are used, both the AHT responsible for medical issues & the Senior First Aider from the admin team need to be informed immediately.

If an (emergency) epipen is used, it must be recorded on the Medicine Administration Log (**Appendix 12**), which is kept in the office, by the person supervising the administration. **999 and parents should be called, information should be shared with them and advice should be followed .**

The epipen should be given to the ambulance crew who will dispose of it. The Senior First aider should order a new spare epipen.

If an emergency asthma pump is used, it must be recorded on the Medicine Administration Log (**Appendix 12**), which is kept in the office, by the person supervising the administration. It should also be recorded on the emergency log situated on the wall by the emergency kit. The disposable spacer should be discarded.

Parents should be called & informed and invited to come in to check on their child or further medical advice sought i.e. 111 or 999 if necessary and as per their IHCP.

The Senior First Aider is responsible for ongoing checks in order to ensure all medication, including spare asthma pumps and adrenaline auto-injector pens are up to date. She will contact the parents where this is not the case, and ensure that up to date medication has been provided to the school as soon as possible.

**The emergency kits contain:**

- A salbutamol metered dose inhaler (MDI)
- At least two spacers compatible with this inhaler
- Two adrenaline-autoinjectors at each available strength
- Instructions on using the inhaler with spacer
- Instructions for using the adrenaline auto-injector, which are on the side of the device and on the allergy management plan
- Instructions on cleaning and storing the inhaler
- Manufacturers' information for inhalers and adrenaline auto-injectors
- A checklist of inhalers and adrenaline auto-injectors, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhalers, spacers and adrenaline auto-injectors;
- The names of the pupils permitted to use the emergency kit

## **12.2 Administration of medicines**

All medication is kept in a secure space.

If pupils are capable of doing so (recommendations and consent will be sought from parents, carers and/or medical staff), they will administer their own medication under adult supervision.

Each administration of medicine will be recorded on the Medicine Administration Log, which is kept in the office (**Appendix 12**) by the person supervising the administration. The supervising adult confirms that he or she has read and has understood the child's IHCP and medicine requirements.

Access to the school IHCPs has been provided in the children's medical boxes and in the health folder on the Staff Drive

Members of staff administering or supervising prescribed medication or treatment will have volunteered to do so.

Medicine Administration Logs are kept and archived following GDPR guidance

### **13.0 Record keeping**

Stepney Park Primary School uses a Medical Conditions Spreadsheet, electronic files and folders to keep records of all documents relating to medical needs.

The Medical Conditions Spreadsheet is maintained by the Senior first aider and is accessible to and regularly checked by the SENDco.

The Senior First aider will keep a log of all nurse visits and actions taken/ required (**Appendix 10**)

The senior First Aider will scan all medical documents and then add them the School Health folder in GoogleDrive, alerting staff members so that they are accessible to all members of SLT, as well as other relevant staff (as set out in part 5.2)

Individual children's electronic folders will contain:

- Scanned school IHCPs
- Scanned medical request forms
- Logs of any refusals and subsequent actions
- Scans of Personal Evacuation plans (PEEPs)
- Scans of disposal of spare medicine records, signed by a parent
- Any other medical documents and relevant information

### **14.0 Complaints**

In the first instance, parents/carers should raise their concerns directly with the school. If not satisfied with the response, they should make a formal complaint using the School's Complaints Procedure.

## **15.0 Monitoring and Evaluation**

The monitoring and evaluation of this policy will be undertaken by the SENDCo as required.

## **16.0 Roles and responsibilities**

The **Governing Body** is responsible for:

- Ensuring arrangements are in place to support pupils with medical conditions and in the event of emergencies and that such children can access and enjoy the same opportunities at school as any other child.
- Ensuring that the focus of support is on the needs of each individual child and how their medical condition impacts on their school life, including their physical health, mental health and well-being and their ability to learn.
- Ensuring that all support increases the confidence of the pupil and their family and promotes self-care, where appropriate.
- Ensuring that staff are properly trained to provide the support that pupils need and that levels of insurance in place reflect levels of risk.
- Ensuring that sufficient funds are allocated to supporting children with medical needs
- Ensuring that this policy is reviewed on a regular agreed basis, and is updated when new DFE guidance has been published.

These responsibilities align with the Governing Body's wider safeguarding duties.

## **16.0 Staff Responsibilities**

### **16.1 All staff**

All staff are responsible for:

- Ensuring they are aware of the signs and symptoms of asthma and anaphylactic shock
- Complying with this policy and associated procedures.
- Following up any advice and actions given by the school nurse or the Senior First Aider as required
- Ensuring they have read the Medical Needs Class summary and other relevant medical documents for children in their responsibility

Communication:

- Advising parents that all allergies must be reported to the office and stating to parents that they are not authorised to take responsibility for this.
- Reminding parents during home-visits that they must report allergies to the office (EYFS staff).
- Refer any concerns about any other medical conditions (non-allergic and non-urgent), either raised by parents or through their own observations, to the SENDco, so further investigations can take place.
- Reporting any incidents of consumption of food by children who are allergic to these particular types of food, whether there is an allergic reaction or not, so an investigation can take place, in order to prevent any such further occurrences.
- Ensuring that any letters they send to parents re. food at parties, contain information on the requirement for children who have food allergies to bring their party food in a sealed and labelled box

#### Inclusion and actions:

- Taking appropriate and reasonable steps to support children with medical conditions, ensuring that they are included in line with our school policy.
- Setting children work at home during short-term absences, where appropriate.

#### Medication, allergies and asthma:

- Reminding each child with an allergy is in the front of the line in the dining hall and is reminded to wear an allergy lanyard at the start of each lunchtime.
- Liaise with the Senior First Aider when informed of a missing allergy lanyard so it can be located and returned or so a new one can be created.
- Encouraging older children to be aware of their allergies and be pro-active in recognizing food they may not eat
- Enabling children to go to the office if they require an asthma pump- at any given time
- Ensuring younger children are reminded to go to the office for medication administration or take children there if needed
- Keep a close eye on children and immediately seek First Aid in the event of a suspected allergic reaction
- Ensure that children with food allergies only consume their own food, when food is taken in from the outside, for examples when they have a party, and that this food is stored in a sealed and labelled box
- EYFS staff before serving food: ensuring they get daily information about the food that is unsuitable for children with allergies

#### Trips, school journey and off-site visits:

- Establishing who is the member of staff in charge of overall Health and Safety during the trip
- Ensuring actions to limit risk around allergies and medical needs are reflected in the trip risk assessment, to be carried out by the member of staff with the overall responsibility.

- Ensuring asthma pumps and adrenaline auto –injectors are taken when leaving the school site, including when going swimming or going on trips in the local area. (supervise the child whilst using the asthma pump and ensure that the use of the asthma pump is recorded upon return to school)
- Ensuring all staff on the trip are aware of food allergies and other medical conditions.
- Taking appropriate precautions to ensure children are not consuming food they are allergic to.
- Ensuring that there is a designated person who is responsible to (overseeing the administration of) the appropriate relevant medication, including asthma pumps and adrenaline auto-injectors.
- Ensuring that all relevant medication is carried by a designated person during the trip and is administered under supervision, ensuring that this is recorded on the appropriate pro-forma upon return, seeking guidance from the senior First Aider before the trip.

## **16.2 The Headteacher is responsible for:**

### Policy:

- Ensuring the appropriate implementation and management of this policy.
- Ensuring that new and emerging guidance is being followed and that this policy is regularly reviewed and approved by the Governing Body.

### Communication:

- Ensuring parents are kept up to date with procedures regarding medical issues and allergies through newsletters and through the school website.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring staff are given annual reminders of procedures in this policy and of signs and symptoms of asthma and anaphylactic shock.

### Protection:

- Ensuring that the school and staff are appropriately insured.
- Engaging with the AWA and social services where attendance due to medical health issues has resulted in meeting the Persistent Absences threshold, thus seeking ways to limit the effect on the child's education.

### **16.3 The SENDco is responsible for:**

#### Inclusion:

- Monitoring the appropriate inclusion of children with medical conditions, including gathering data on attendance, progress and achievement (the latter with support from the Deputy Head)

#### Relationships

- Establishing and maintaining working arrangements with partner agencies, including community nursing teams, other healthcare professionals and the Local Authority.
- Line-managing and monitoring the Senior First Aider.
- Arranging additional support for children with medical conditions where appropriate.
- Ensuring that IHCPs will be linked to or become part of SEND Support Plans or Education, Health and Care plans, where appropriate.

#### Record keeping:

- Reviewing the Medical Conditions Spreadsheet and medical CPOMs entries regularly with the Senior First Aider and ensuring they are kept up to date and that actions are being followed up as required.

#### Training, support and information sharing:

- Coordinating (with the support of the school health service and the Senior First Aider) the appropriate specific medical training for members of staff and ensuring it stays updated.
- Ensuring that all adults working with children who have medical needs have current information and advice about how to support those children, including those with IHCPs.
- Ensuring class teachers and other relevant staff have a Medical Needs Class Summary for the pupils with medical needs in their care.

#### Emergencies:

- Ensuring that relevant staff who teach children with an IHCP are aware of what constitutes an emergency and what to do in the event of an emergency.
- Ensuring that Individual evacuation plans (PEEPS) are written and communicated to relevant staff at the start of each year or sooner if needed.

- Ensuring that copies of PEEPS are shared with relevant staff and the Senior First Aider.
- Ensure risk assessments are completed for children with high-risk medical conditions such as oxygen dependence or Adrenaline auto-injector-pen dependent allergies.

#### **16.4 The Senior First Aider**

The Senior First Aider is responsible for:

##### School Nurse:

- Liaising with the school nurse and directing her to meet with relevant parents and children ( see section 5.1)
- Completing the school nurse log after each visit (Appendix 10)

##### Training:

- Maintaining an up to date Medical Training register, including first aid training and Adrenaline auto-injector-pen training
- Ensuring 1st aiders are booked on 1st aid training, Adrenaline auto-injector-pen training and other relevant refresher training as appropriate or as requested by the SENDco.
- In consultation with the SENDco, ensuring there are a sufficient number of trained 1st aiders in:
  - all key stages,
  - during lunch time
  - before school
  - after school
- Ensuring that EYFS 1st aiders have specific paediatric first aid training.
- Ensuring that there are two other staff in the office who are trained to keep records up to date and who are able to administer or supervise the administration of medicines in the event of an absence.

##### First Aid:

- Ensuring that the 1st Aiders/ specific medical training lists with names of all trained staff are kept up to date in all locations, and that copies are emailed to the Headteacher and SENDco after every update.
- Ensuring the 1st Aiders are booked on refresher training before their training certificate expires.

- Ensuring that 1st aid equipment and resources are checked half termly and liaise with a designated TA to ensure 1st Aid bags are restocked as required.

#### Medical Conditions Register:

- Maintaining the Medical Conditions Spreadsheet ensuring the SENDco has access to up to date information, with details of the following:
  - name
  - date of birth
  - class
  - details of medical need/ allergy
  - details of any medication kept in school, including information of the expiry date and date of last check. This includes checking spare asthma pumps and auto-injector pens (in Grab Bag and separate medical box locations), which should happen monthly.
  - date of school IHCPs and care plans
  - School IHCP review dates.
  - details on date of last 1st aid equipment check
  - Actions to be taken, including when an individual Asthma Care plan has not yet been received
- Ensuring allergy and medical information, including consent, from school admission forms is transferred onto the Medical Conditions Spreadsheet.
- Checking the Medical Conditions Spreadsheet weekly, taking appropriate actions where needed and recording these actions.
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#### Communication of Medical Conditions

- Organise and scan all medical documents
- Ensuring relevant staff, including class-teachers, breakfast club staff, after school club staff, midday meal supervisors, kitchen staff and SENDco are made aware of relevant medical conditions, including food allergies, both at the start of each school year and when new issues are reported, thorough CPOMS and the Class Medical Needs summaries
- Check the Medicine Administration log once a week, identify children whose asthma is poorly controlled with reference to the guidance in **Appendix 6**, and communicate this to parents and/or the school nurse so that appropriate actions can be taken.

#### Allergies:

- Ensuring an allergy lanyard is created for each child with an allergy and that this is given to the class teacher at the start of each school year, and is kept updated as and when required.
- Ensuring that a second allergy lanyard card is created for each child attending breakfast club
- Ensuring that the kitchen and lunchtime staff, the class teachers, clubs and the breakfast club staff are given an up to date list of children with allergies, including their photo, each time an new allergy has been reported
- Record any incident of an allergic reaction in school on the medical tracker spreadsheet under Allergy Management/ CPOMS.
- Record any incident requiring ambulance attendance in school on the medical tracker spreadsheet under Allergy Management/ CPOMS.
- Record any near misses of an allergic reaction in school the medical tracker spreadsheet under Allergy Management/ CPOMS
- Report any issues regarding Allergy Management involving the catering team to the Contract Services Manager so an investigation can be carried out.

#### Asthma:

- Monitor the use of blue Inhalers, identify children whose asthma is poorly controlled (see **Appendix 19** for signs) and refer children to the Asthma nurse specialist as required.

#### Medical folder

- Maintain the electronic medical folder with the following contents:
  - Individual children's folders with scanned medical documents
  - Blank relevant pro-formas
  - School nurse visit log ( Appendix 10)
  - An up to date list of First Aiders
  - A list of all 1st aid equipment (see Appendix 4) and the locations where they are kept around the school

#### Organising medication

- Check termly that the emergency inhalers, spacers and adrenaline pens are present and in working order, and that the inhaler has sufficient doses available and has greater than 3 months until expiry;
- Cleaning and/ or re-ordering spare asthma pumps and adrenaline auto –injector pens with plenty of time before the expiry date, following the guidance in **Appendix 6**
- Ensuring an up to date asthma pump and auto-injector pen has been included in the Grab Bag
- Ensuring that medication in medical boxes is in date

- Ensuring year-group medical boxes for children with IHCPs are organised appropriately as follows:
  - Boxes have on the outside:
    - A label with the relevant year-group,
    - Photos and names of relevant children
  - Boxes have on the inside:
    - A plastic wallet for each child with: Name and photo In-date medication (2 adrenaline auto injectors and instructions on how to use the device where applicable)
    - A copy of the school IHCP plan with actions in the event of an emergency clearly stated
    - A copy of the Medical Request Form - Appendix 5
  
- Ensuring that a separate medical box for children who require short-term medication has been organised appropriately as follows:
  - On the outside:
    - A label with: 'Short term medication box'
  - On the inside:
    - A plastic wallet for each child with: In-date medication ( if not stored in fridge)
    - Completed medical request forms- Appendix 5
  
- Ensuring that separate emergency medical boxes for a spare adrenaline auto-injector pens (in case a pupil's own prescribed adrenaline auto-injector is not available or fails to work appropriately) and a spare asthma pumps (for emergencies) have been organised appropriately as follows:
  - On the outside:
    - A label with : ' spare adrenaline auto-injector pen and spare asthma pump'
  - On the inside:
    - A salbutamol metered dose inhaler (MDI)
    - At least two spacers compatible with this inhaler
    - Two adrenaline-autoinjectors at each available strength
    - Instructions on using the inhaler with spacer

- Instructions on using the adrenaline auto-injector are on the side of the device and on the allergy management plan
- Instructions on cleaning and storing the inhaler
- Manufacturers' information for inhalers and adrenaline auto-injectors
- A checklist of inhalers and adrenaline auto-injectors, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhalers, spacers and adrenaline auto-injectors;
- The names of the pupils permitted to use the emergency kit

#### Administration of medication:

- Supporting and monitoring staff who supervise and record medicine administration on the Medicine Administration Log **(Appendix 12)**
- Encouraging pupils, where appropriate, to take their own medication under supervision.
- Recording any refusals on CPOMs

#### Working with parents:

- Arrange meetings with parents to discuss medical conditions that they have identified
- Ask parents for a copy of the individual Asthma care plan written by a GP or other health professional.
- Alongside parents, complete school IHCPs and medical request forms, ensure they give consent for the administration of medicine or treatment (Appendix 1 and 5) and take appropriate follow up actions.
- Provide parents with a copy of the school IHCP and Medical request form (Appendix 1 and 5)
- Work with the school nurse to seek support for parents with children who have complex needs where needed. (This should not stop the school taking the appropriate actions with regards to these allergies or medical conditions in the meantime).
- Update the school IHCP following updated guidance from the school nurse or GP and re-share this with parents
- Engage the SENDco where parents are repeatedly not complying with this policy, for example when repeatedly not supplying the school with up to date medical information and in-date medication.
- Ensure parents are given an annual prompt to renew their care plans and medication with the GP, and check that they are returned, and update the school IHCPs

#### General:

- Ensuring that allergy posters are displayed in all classes and key locations, including the dining hall, the Nursery, the staffroom and the school office.
- Ensure Adrenaline auto-injector-pen dependent allergies and other significant medical issues such as broken bones, are immediately reported to SLT, so a risk- assessment can be done or reviewed.

### **16.5 School Nurse**

In liaison with the Senior First Aider, the school nurse is responsible for:

#### IHCPs:

- Upon request: read and suggest actions for IHCPs when requested by the school, AWA or social workers.

#### Parents:

- Upon request by school or other health professionals: arrange meetings with parents and review the child's health concerns.
- Offering advice to and support to parents with managing medical conditions, where requested.

#### Communication:

- Feeding back to the Senior First Aider and/ or SENDco where any issues during meetings with parents have been raised.
- Communicating with the school in advance of meetings where specific times/ meeting rooms and/ or resources are needed.
- Liaising with the Senior First Aider and the SENDco and keeping them up to date with any relevant information.
- Communicate with other healthcare professionals, and share information with school.

#### Record keeping:

- Ensure that a visit log is given to the Senior First Aider at the end of every visit.

#### Child protection:

- Liaising with social workers, the AWA and the DSL and taking requested actions where Child protection related issues or other issues such as Persistent Absence due to sickness has been identified
- Attending TAC and CP conferences meetings where appropriate and possible.
- Reporting any concerns around child protections to the DSL in the school.

### **16.6 Lunch Time Staff**

Lunch time staff are responsible for:

- Checking each child with an allergy is wearing or is reminded to wear an allergy lanyard at the start of each lunchtime, and returns it before going outside.
- Keep a close eye on children and immediately seek 1st Aid in the event of a suspected allergic reaction.
- Report any incidents of consumption of food by children who are allergic to these particular types of food, whether there is an allergic reaction or not, so an investigation can take place, in order to prevent any such occurrences in the future.

### **16.7 Senior Lunchtime supervisor and deputies:**

- Ensure all lanyards are returned at the end of each lunchtime and inform the senior first aider or class teacher if a lanyard has gone missing

### **16.8 Kitchen Staff**

Kitchen staff, supervised by the cook (North Building) and the Senior Lunchtime Supervisors and deputies , are responsible for:

- Ensuring they are aware of the ingredients that are likely to cause allergies in each menu.
- Ensure that the allergy lanyard trolley is placed in the dining hall at the start of each lunchtime and is returned at the end of each lunchtime.
- Ensure that they are aware of the children who have allergies, and that they have an up to date allergy list .
- Ensure they check the allergy lanyards of children and ensure children are not offered food they are allergic to.
- Specific daily communication to Nursery staff around which foods are unsuitable for children with allergies (This is in contrast to the rest of the school as Nursery staff instead of Kitchen staff serve the food to the children)

### **16.9 Breakfast Club staff**

Breakfast club staff are responsible for:

- Ensuring they have a list with the names of children who have an allergy
- Checking each child with an allergy is wearing or is reminded to wear an allergy lanyard at the start of each breakfast, and returns it before going outside.
- Keep a close eye on children and immediately seek 1st Aid in the event of a suspected allergic reaction.

- Report any incidents of consumption of food by children who are allergic to these particular types of food, whether there is an allergic reaction or not, so an investigation can take place, in order to prevent any such occurrences in the future.
- Ensure all lanyards are returned to the breakfast club box at the end of each breakfast time and inform the senior first aider if a lanyard has gone missing

## **16.10 The Parents/Carers And the Pupils**

### **Parents and carers are responsible for:**

- Ensuring they disclose any allergies when completing the school admissions form, and keeping the school updated if anything changes
- Ensuring the care plans are completed by the GP and given back to school
- Completing a parental consent form to administer medicine or treatment before bringing medication into school (**Appendix 5**)
- Providing the school with the medication their child requires and keeping it up to date.
- Participating in the development, implementation and regular reviews of their child's school IHCP

### **16.11 Pupils are responsible for (where appropriate):**

- Providing information on how their medical condition affects them.
- Contributing to, and complying with, their IHCP.
- Remembering to wear an allergy lanyard at the start of each lunchtime, if applicable
- Being aware of their allergies and being proactive in recognising food they may not eat
- Taking their own medication, under supervision.

## **17.0 Policy Development Statement**

This policy has been developed using the following document:

Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained schools...in England (December 2015)

And as such it has given due regard to the following legislation:  
Education Act 2002

Children Act 1989  
Children Act 2004  
Equality Act 2010  
Children, Schools and Families Act 2010  
Children and Families Act 2014  
The Special Educational Needs and Disability Code of Practice (January 2015)  
Keeping Children Safe in Education (September 2016)

This Policy should be read in conjunction with the following policies and guidance agreed by the Stepney Park Primary School Governing Body:

Health and Safety  
Fire/ emergency evacuation  
Educational Visits  
Dealing with sharps, blood and bodily waste  
Single Equality Scheme  
Accessibility plan  
First Aid guidance  
Child Protection procedures  
Statutory framework for Early Years Foundation Stage  
SEND policy  
Supporting children at school with medical needs DFE guidance

This policy links directly to the following policy in providing care and support for pupils with medical needs:

The Tower Hamlets Policy for Ensuring a Good Education for Children who Cannot Attend School because of Health Needs (2015)

# Appendix 1 Stepney Park Primary School Individual Healthcare Plan

<b>Child Name and DoB</b>	Name: DoB:
<b>Date of school IHCP</b>	
<b>Review date of school IHCP</b>	
<b>Significant medical history</b>	
<b>Allergies, medical conditions and further information (triggers, irritants, signs, symptoms, treatment)</b>	
<b>Where applicable:</b> has a copy of the Individual Asthma Plan, written by a Healthcare professional, been received and used to complete this IHCP?	YES/ NO
<b>Preventative or supportive procedures and actions needed whilst in school</b> <ul style="list-style-type: none"> <li>• Medication, social and emotional support, other support</li> <li>• If medication is needed: a Medical request form needs to be completed</li> </ul>	
<b>Other useful information</b>	
<b>What should happen if a child refuses the medication or procedure?</b>	
<b>What constitutes an emergency? What should happen if there is an emergency?</b>	
<b>Name of Senior First Aider who completed this form</b>	Name:

with parents and date	Date:		
Parents carers:	Name:		
<ul style="list-style-type: none"> <li>• I am aware it is my responsibility to ensure that my child's medication kept in school is up to date.</li> <li>• I understand that it is my responsibility to let the school know if there are any changes in my child's medical conditions</li> </ul>	Signature: Date:		
I give consent for the preventative or supportive procedures and actions identified on this form whilst my child is in school, including spare asthma pumps and epi pens where applicable	Signature:  Date:		

## **Appendix 2 - Emergency Procedure to be followed in case of all medical emergencies**

1. Call nearest 1st aid trained staff member to aid support pupil/member of staff
2. Call an ambulance if needed – dialling 999

### **Speak clearly and slowly and be ready to repeat information if asked.**

- a. Give your telephone number
  - b. Give your name
  - c. Give your location as Stepney Park Primary School, Smithy Street, London E1 3BW
  - d. Provide the exact location of the patient within the school setting
  - e. Provide the name of the child and a brief description of their symptoms
  - f. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
  - g. Inform Premises/Admin to have gate open and to support access to site
  - h. Ambulance crew to be accompanied to child
  - i. Continue to monitor until arrival of ambulance crew – keeping all staff updated about arrival times
3. Parents are called and advised of the situation
  4. A senior member staff is called who can decide on how the situation is supported – ie keeping area clear of staff and pupils etc This person to notify and keep the Headteacher informed
  5. First aid trained member of staff stays with child/adult and liaises with senior member of staff
  6. Parents accompanied to their child upon arrival
  7. If a child needs to be taken to hospital then the child and parent travel to hospital with the ambulance
    - a. If parents not at school
      - i. member of staff accompanies child to hospital
      - ii. parents are called and advised to go to the hospital

iii. member of staff stays with child until parents arrive

8. An Incident form (AIR Form) is completed and submitted to the LA as soon as possible

9. Where appropriate: At the first available opportunity all staff involved attend a de-brief and review procedures and their effectiveness. The designated governor responsible for children with medical needs will also attend the debriefing session.

10. Parents are called the next day, where appropriate, for an update on the child's welfare.

**Follow-up ( where appropriate) :**

For children:

Pastoral Care Team support follow up with parents/ child about the well-being of the child

For adults:

Line managers/HR to follow up with staff/adults about their well-being In either case there may be a need to refer parents/adults to a senior member of staff who can go through the process taken by the school, and refer them to relevant complaints documentation if that is required.

### **Appendix 3 - Procedure for administering medication to pupils at Stepney Park Primary School**

Medicines will 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, medicines should be prescribed in dose frequencies that enable them to be taken outside school hours.

When pupils need to take medication in school, parents/carers must complete a Medical Request Form **(Appendix 5)**

Prescribed 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, and asthma pumps) with dosage instructions. **Medicines that do not meet these criteria will not be administered.**

Medication will be individually labelled, with use by dates clearly displayed, and stored within the office.

No child will be given medication that contains aspirin without a doctor's prescription.

Children requiring non-prescribed medicine, such as paracetamol during the school day would not normally be allowed to take this medication at school, unless in exceptional circumstances and explicitly agreed by the SENDco or Headteacher. Where this has been agreed, the parents are expected to complete the Medical Request form **(Appendix 5)**

Any medications left over at the end of the course, unwanted, unused or outdated medicines will be returned to parents/carers, who should sign for their receipt **(Appendix 9)**

Records will be kept of any medication administered to pupils on a Medicine Administration Log **(Appendix 12)**

Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed.

All medicines will be placed in a secure location away from other children.

Medicines and devices such as asthma inhalers, blood testing meters and adrenaline pens will always be available to children and not locked away.

If medicines require refrigeration parents will be advised of the school's ability to store such medicines at the time of application via the medication form.

#### **Appendix 4 - List of 1st aid equipment to be kept at school in all relevant locations:**

Individually wrapped sterile adhesive dressings,(assorted sizes);  
Six medium sized (approximately 12cm x 12cm) individually wrapped sterile unmedicated wound dressings;  
Large (approximately 18cm x 18cm) sterile individually wrapped unmedicated wound dressings  
Sterile eye pads;  
eye wash  
Individually wrapped triangular bandages, (preferably sterile);  
Six safety pins;  
Disposable gloves.  
Gauze Swabs  
Washproof Plasters  
Resuscitation Face Shield  
Vomit bags  
Instant Ice Pack  
Adhesive Tape  
Scissors  
Alcohol Free Moist Wipes  
finger dressing  
foil blanket  
forehead thermometer  
bump head strips

**Appendix 5 - Stepney Park Primary School Medication Request Form**

<b>Name of child</b>	
<b>Date of birth</b>	

<b>Date of Medication request completion</b>	
<b>For long term medication:</b> <ul style="list-style-type: none"> <li>• The medication must be prescribed by a doctor</li> <li>• A school IHCP needs to be completed</li> <li>• The Senior First Aider will arrange for a meeting with the school nurse</li> <li>• The senior First aider will update this form after the meeting with the school nurse if needed</li> </ul>	<b>For short term (non) prescription medication:</b> <ul style="list-style-type: none"> <li>• The SENDco or Headteacher must approve</li> <li>• Duration should not be longer than 1 week</li> </ul>
<b>Medication needed for:</b>	Long term                  Short Term
<b>If the medication needs to be taken for a short term</b>	<b>What is the date the child can stop taking the medication?</b>  <b>Has this been approved by the SENDco or Headteacher?</b>  Yes                                  No
<b>If the medication needs to be taken for a long term</b>	<b>What is the expiry date of the medication?</b>  <b>Is there an individual care plan written by a Healthcare professional ?</b> Yes                                  No
<b>Name of the medication</b>	
<b>What is the dosage of the medicine needed?</b>  <b>For Asthma:</b> <ul style="list-style-type: none"> <li>○ When and how much the 'preventer' (brown) inhaler should be used at home or as a short term precaution.</li> <li>○ When and how much salbutamol (reliever) inhaler to use to treat asthma symptoms, like difficulty breathing (normally blue).</li> </ul>	
<b>How should the medicine be administered?</b>	

<b>For Asthma:</b> <ul style="list-style-type: none"> <li>Inhalers should be used with a spacer- a plastic tube that helps with breathing in the medication</li> </ul>	
<b>Can the child self-administer?</b>	Yes                      No
<b>What time(s) does the medicine need to be taken?</b>	
<b>Should the medication be stored in the fridge?</b>	Yes                      No
<b>Consent for spare asthma pump/epi pen given?</b>	Yes                      No
<b>Are there any possible/ known side effects?</b>	
<b>Parent/carer emergency contact numbers</b>	
<b>Parent/Carer's name</b>	
<b>Parent/Carer's signature to indicate consent for the administration of medication in school</b>	
<b>Senior First Aider signature</b>	
<b>Date</b>	

## **Appendix 6 - Stepney Park Primary School Asthma and Allergy Friendly School Policy**

Stepney Park Primary School recognises that asthma is an important condition affecting many school children and positively welcomes all pupils with asthma.

The school encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, Tower Hamlets LA and our pupils. Supply teachers and new staff are also made aware of the policy. Asthma training is held for staff once a year.

### **Aims:**

- Provide key information for schools so they can support pupils with asthma, wheeze, and/or allergies at school.
- Provide guidance on response to emergency asthma/wheeze attacks and anaphylaxis.
- Improve asthma and allergy-related communication between education and healthcare services.
- Reduce the number of children with poorly controlled asthma, wheeze and allergy in schools with the support of local health services.

### **Why is controlling asthma/allergy induced wheezing important to Schools?**

- 1 in 9 children has asthma/wheeze in Tower Hamlets.
- 40% of Tower Hamlets children have poorly controlled asthma and wheeze.
- 5-8% of children have a food allergy in the UK.
- Poorly controlled conditions can lead to: asthma/wheeze attacks or anaphylaxis, increased anxiety, increased sick days, failure to participate in exercise, and general poor health.
- Good care and support can help pupils manage their condition and limit asthma/wheeze attacks and anaphylaxis.

### **School's Responsibilities**

Schools are responsible for providing general support for asthma/wheeze/allergy.

- We are not responsible for pupils' asthma/allergy/wheeze clinical care and will be reliant on other partners to provide this.
- We have procedures in place to notify partners and parents where medication or asthma/wheeze/allergy plans are missing or incorrect or when asthma seems poorly controlled ( see section 16.4 and appendix 19)

### **What is Asthma?**

- It's a long-term health condition that affects how someone breathes.
- When someone with asthma comes into contact with an irritant/trigger, like dust or animal fur, they can find it harder to breathe
- Each pupil with asthma should have an asthma plan that explains how to care for their condition. Ideally, this should be personalised, but a generic emergency Asthma/ wheeze plan should be used where this is not in place. The plans should cover:
  - When and how much preventer inhaler to use (normally brown).
  - When and how much salbutamol (reliever) inhaler to use to treat asthma symptoms, like difficulty breathing (normally blue).
  - Inhalers should be used with a spacer- a plastic tube that helps with breathing in the medication.
  - The pupil's known triggers/irritants that could cause worse asthma symptoms.

### **What is a wheeze?**

- Wheeze is a breathing condition that affects young children where they find it difficult to breathe.
- It is caused by a virus.
- The child will make a high-pitched whistling sound when the pupil breathes
- It normally affects 0-5 year olds.
- Pupils will normally get better on their own, but some with more severe symptoms will be given a reliever/salbutamol inhaler.
- If you are concerned with a pupil's symptoms, you should contact the NHS- GP, 111, 999- depending on severity.

### **What is an allergy?**

- An allergy is when the body's immune system attacks a normally harmless substance, such as nuts.
- It is a long-term condition
- Antihistamines can be used to address more minor allergy symptoms.
- Anaphylaxis is a severe, potentially life-threatening allergic reaction. It can occur within seconds or minutes of exposure to something you're allergic to.
- Pupils who are allergic to a substance should avoid that substance to prevent anaphylaxis.
- A pupil will need to take an adrenaline pen in the event of anaphylaxis.
- Every pupil with a severe allergy should have an allergy plan that explains how to manage their conditions.

**We have the following in place to ensure that we are and Asthma and Allergy friendly school:**

- An asthma and allergy policy.
- A register of all pupils with medical needs including those with asthma and allergies, this is reviewed continually and updated when required.
- We ensure children can easily access their medication.
- We have Individual Asthma and Allergy Care Plans for all children with asthma or allergy
- We have a number of emergency kits including recommend contents listed in this policy
- Yearly: all staff training on awareness, correct use of associated medical devices and emergency policies.
- A named Asthma Champion (our SENDco) who is responsible for adherence to asthma and allergy friendly school standards in the school.

**Access to medication**

- We will support all children with asthma/allergy/wheeze to have immediate access to their medication at all times.
- Not all children with asthma, allergy or wheeze will have medication prescribed- depending on the severity of their condition- we will review a pupil's plan to identify any prescriptions.
- Asthma/Wheeze- pupils should have access to their reliever inhaler (blue pump inhaler) and spacer- if they have a prescription- at all times.
- Moderate/Severe Allergy- pupils should have access to two adrenaline pens- if they have a prescription at all times- staff should contact the pupil's school nurse where this is not in place.
- More capable/independent pupils should be responsible for carrying their own medication. Schools should remind pupils of this and highlight the risks of not carrying it.
- For pupils not capable of carrying their own, medication should be stored in an accessible location that is known to staff.
- Each administration of medicine will be recorded on the Medicine Administration log (**Appendix 12**)

**Individual Care Plans and Emergency Asthma/Wheeze Action Plans**

- Each child with asthma or allergy should have an Individual Asthma or Allergy Care Plans. Details are recorded on the School Individual Healthcare Plans (**Appendix 1**) and are available both electronically and on paper in the child's medical box
- When children join the school, parents are asked to state if their children have a medical need, including asthma and, if so, what medication is needed. This is recorded on the School Individual Health Care Plan (**Appendix 1**) and on the Medical Request Form.

- Upon joining school, children may not yet have an individual Asthma Care Plan, which should be done by a medical profession such as the GP/Practice Nurse/Asthma Nurse or Hospital. Until we have this, we will follow the Emergency Asthma/ Wheeze Action Plan (see **Appendix 13**)
- We remind parents to bring in the Individual Asthma Care Plan. If we still do not receive this after 3 reminders. We will contact the The School Health team, who can check GP records to see if there is a current plan on record. If there is not, the School Health team will send a letter to the GP to request a review meeting is held.
- Allergy Care Plans are updated by the relevant health care professional. **If a child has an Auto Injector pen they must have an Allergy Plan.**
- School Health contact details: thgpcg.schoolnurses@nhs.net 02039507176

## Emergency Kit

The school is responsible for acquiring and maintaining emergency kits, to be used in the event of an asthma/wheeze attack or anaphylaxis- where the pupil's own medication is not immediately available.

Consent for use of the emergency kit is recorded on our School Individual Healthcare Plans.

Emergency inhalers and adrenaline pens are kept in the Grab Bag and in the spare medicine boxes labelled: 'Emergency Asthma Inhaler Kit'. These are located in the following locations.

North	South
Ground floor: Reception Corridor	Ground Floor: Stock Room
Middle Floor: Iris Room (old KS1 Literacy room)	Middle Floor: Computing room
Top Floor: Maths Resource room	Top Floor: 6 Pine classroom cupboard by computer desk

## Emergency kit contents:

- A salbutamol metered dose inhaler (MDI)
- At least two spacers compatible with this inhaler

- Two adrenaline-autoinjectors at each available strength
- Instructions on using the inhaler with spacer
- Instructions on using the adrenaline auto-injector are on the side of the device and on the allergy management plan
- Instructions on cleaning and storing the inhaler
- Manufacturers' information for inhalers and adrenaline auto-injectors
- A checklist of inhalers and adrenaline auto-injectors, identified by their batch number and expiry date, with monthly checks recorded;
- A note of the arrangements for replacing the inhalers, spacers and adrenaline auto-injectors;
- The names of the pupils permitted to use the emergency kit

### **Maintaining Emergency Kit.**

- The Senior first aider will check monthly that the inhalers, spacers and adrenaline pens are present and in working order, and that the inhaler has sufficient doses available and has greater than 3 months until expiry. She will obtain replacement inhalers and adrenaline pens if the expiry date is within 3 months
- 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. Return the emergency kit after cleaning and drying.
- The spacer cannot be reused. Replace spacers following use.
- Empty inhaler canisters will be [returned to the pharmacy](#) to be recycled.
- 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
- The adrenaline pen devices should be stored at room temperature (in line with manufacturer guidance), protected from direct sunlight and extremes of temperature
- Used adrenaline pens can be given to ambulance paramedics on arrival or disposed of in a sharps bin (available from pharmacies or online) for collection by the local council;

### **Using the Kit**

- Emergency medicines should be used if a pupil has an asthma/wheeze attack or anaphylaxis and they don't have access to their own medication.

- Medication should be used as instructed in the pupil's asthma/wheeze/allergy plan.
- All schools should have a process for storing asthma/allergy/wheeze plans and ensure that staff know where they are stored.
- The Asthma and Allergy Register will give a full list of pupils with asthma/allergy/wheeze plans to help with identifying if the pupil having an asthma/wheeze attack or anaphylaxis has a plan.
- For emergency medicines to be used, the following is needed:
  - Each pupil needs a signed parental consent given for use of emergency medicine.
  - A record of the prescription for the medicine- for pupils with asthma/wheeze this would be a salbutamol prescription; for pupils with allergy this would be an adrenaline pen prescription. Not all children with wheeze will have a salbutamol prescription.
- For pupils with an allergy, an adrenaline pen should only normally be used on a CYP without the consent of parent/carer/guardian if emergency medical services (e.g. 999) or other suitably qualified person advises this. However, where doubt exists then the adrenaline pen should be used as unnecessary delays have been associated with death.
- Staff members who have completed the online training are permitted to support the child to use the emergency kit.
- Asthma and Allergy Champions or other First Aid leads within the school may want to consider additional first aid training to support the use of the kit in an emergency.
- In the event of an asthma/wheeze attack or anaphylaxis and after a decision on using the emergency kit has been made:
  - The pupil's parents and guardians should be informed, this should be recorded on CPOMS
  - Consider calling 999/ going to A&E.

## **Staff Awareness Training**

Staff with significant contact with pupils should complete training to understand the basics of support for children with asthma/allergy/wheeze.

This requires watching the below videos:

- Asthma and Allergy Friendly Schools Introduction (6 minutes)
- Asthma Awareness Training (30 minutes)
- Allergy Awareness Training (20 minutes)

Note: On YouTube, click on 'show more' to have access to more relevant video clips and links. Please view the essential videos in the links. The additional time has been included in the watch time above.

We promote this awareness training regularly. All staff with significant contact with pupils should complete it and should do refresh training every year.

We also communicate the following to staff:

- How to raise issues about pupils with uncontrolled symptoms or no/incorrect asthma/allergy/wheeze plan.
- Where pupil asthma/allergy/wheeze plans are stored.
- Where emergency kits are stored.
- Where to find the asthma and allergy register.
- Procedures for school trips, physical education and other settings outside the classroom/break time.
- Where medication is stored.
- Who their asthma champion/lead is at the school.

The school will keep a record of all training undertaken to support specific medical conditions, and will ensure training is kept up to date and undertaken at regular intervals. The school will ensure that there are a sufficient number of trained First Aiders in school at all times, including before and after school. Staff training around Asthma and Allergies and other medical conditions is outlined in **Appendix 20**

### **Asthma Champion Responsibilities**

The Asthma Champion is responsible for the following.

- Ensure that the Medical register is updated as required
- Ensure measures are in place so that medication is accessible.
- Working knowledge of all local asthma/allergy friendly school resources, including the full set of recommendations
- Sharing key messages with other members of the school team
- Oversight of emergency kits, including promotion to staff and maintenance

### **Exercise and Activity**

- Exercise and activity is beneficial for pupils with allergy/asthma/wheeze and should be actively encouraged.

- Blue inhalers via a spacer should only be used before exercise when exercise is an identified trigger in the pupil's asthma/wheeze plan.
- Blue inhalers are normally used to relieve symptoms, such as wheeze/difficulty breathing, and not before these symptoms start.
- Some pupils will breathe heavily because they are not used to exercise- this does not always mean they are having asthma/wheeze symptoms. School staff should use their own judgement and consult with colleagues when unsure.
- If a pupil regularly has excess shortness of breath, chest tightness or cough with exercise, this will be communicated to the school nurse or their GP

### **School Trips**

- A risk assessment should be completed for pupils with asthma/allergy/wheeze.
- Staff should ensure pupils have their medication before departing for the trip
- Staff should bring a copy of each pupil's asthma/allergy/wheeze plan.
- On residential trips, some pupils may need to take preventer inhalers (brown top)- these are normally used once a day- outside of school hours. The pupil's asthma/wheeze/allergy plan should be reviewed before the trip to identify the need.

### **Asthma attacks**

Adults who come into contact with asthmatic children in school will know what to do in the event of an asthma attack.

They will:

- 1) Stay calm, reassure the child, move everyone away.
- 2) Find the inhaler and support the child to use it.
- 3) Send for a first aider another trained staff member

When the attack is over, the child will return to normal activity where possible. If the inhaler gives no benefit after 3 doses, or 10 minutes, the first aider will ask someone to call an ambulance and the child's parents.



## **Appendix 7 - Oxygen Medication policy**

### **Introduction**

1.0 This policy applies to all pupils that have medical conditions which require the use of oxygen at school whether they require assistance or not.

It is intended to identify the necessary measures required to support pupils with this need. It will also, as far as possible, enable regular attendance and will be supported by formal and agreed local systems and procedures within the school.

### **Responsibilities**

2.1 Parents, carers or guardians (herein referred to as parents) have the primary responsibility for their child's health and must ensure they provide up to date information on the requirements of their child's medical condition.

2.2 It is the duty of the Local Authority to be responsible for the Health and Safety of all staff and persons on the school premises. (Health and Safety etc. Act 1974) including advice on policy, support on implementation and training.

2.3 It is the Head Teacher's responsibility to ensure that policy is implemented in practice and to make staff and parents aware of the contents. It is also their responsibility to ensure safe and secure storage of medicines and keep accurate records.

2.4 It is the duty of the Health Authority (Education Act 1996) to provide help to the Local Authority for a child with Special Educational Needs (including medical needs). This should be in the form of training/advice to Education staff on procedures for dealing with a pupil with medical needs. A health care professional will confirm staff proficiency

2.5 Members of staff have duty to ensure safety of children in their care however administration of medicines must be voluntary and staff must have received sufficient training. If the documented procedure is adhered to members of staff will be covered by employer's public liability insurance.

### **General Procedures**

3.1 Upon admission to the school the Headteacher will agree with parents the support the school is able to provide after consultation with relevant bodies, e.g., G.P., School Health Service, first aid team

3.2 Parents will be asked to complete a school IHCP alongside the school nurse and SENDco, outlining details of the medicine, administration and dosage. This will also contain contact details of both the parents and a separate emergency contact.

3.3 Parents are responsible for ensuring their child is well enough to attend school. If the child becomes unwell at school the parents will be contacted and in the event they are unavailable the emergency contact will be informed.

If a child becomes acutely ill at school arrangements will be made for the child to be taken to hospital by ambulance. A member of staff will accompany the pupil and remain with him/her until parents arrive

### **Storage and monitoring of oxygen**

4.1 Parents should provide oxygen cylinders/canisters directly to the school reception.

4.2 The cylinders/canisters must be stored in a cool room away from heat sources (including direct sunlight). The room should be secure with keys available readily (normally from reception) to those authorised to administer oxygen. Wherever possible the storage area should be near a fire exit. In Stepney Park Primary School this room will be the school office

In the event of a fire, the cylinder should be removed to a safe place provided it is safe to do.

In the event of a fire within the school building the Fire Brigade must be alerted to the presence of the oxygen cylinder and its location.

The room will require signage on the door indicating the presence of a potentially flammable gas.

Signage should also be displayed on the exterior of the building indicating the presence of a potentially flammable gas.

If it is necessary to leave the cylinder in the vehicle during a school outing, it is essential that the vehicle is parked within a reasonable distance of the venue to allow easy access to the equipment in an emergency.

### **Training of Staff**

6.1 Training can be given by a number of parties including parents, first aider training organisations, local GP services and oxygen supply company and dispensing pharmacies.

In all cases, those trained should be at least a first aid appointed person.

Training should be fully recorded and refreshers given at least annually.

6.2 All staff and volunteers should be made aware of the child and escalating symptoms, who has been trained and procedures in the event of the child requiring oxygen.

### **Recording administration**

7.1 For insurance purposes a record of each time oxygen is administered should be kept with details of amounts and any issues. Issues may not necessarily be medical but could be the child panicking or becoming uncooperative.

All issues should be reported immediately to the parents.

## Appendix 8: Medical Needs Class Summary

<b>School year:</b>	
<b>Class name</b>	
<b>Class teacher's name:</b>	
All children listed below have a school Individual Health Care plan Some children listed below need medication or support at school All relevant medical documents are shared with teachers at the start of the year and when they are updated through CPOMs	
<b>Children with asthma and details:</b>	<b>Children with food allergies and details:</b>
<b>Children with eczema and details:</b>	<b>Children with other medical conditions and details:</b>

Children with \* have medication in office

Children with ^ keep cream in the classroom

**Appendix 9 Left over, unwanted, unused or outdated medicines**

<b>Name of child</b>	
<b>DoB of child</b>	
<b>Name of returned medication</b>	
<b>Reason for return</b>	Left over Unwanted Unused Outdated Other:
<b>Date of return</b>	
<b>Name of parent</b>	
<b>Signature of parent</b>	

## Appendix 10: Nurse Activity Log

[illegible]

**Appendix 11 Annual Reminder (amend as required)**

Dear Mr and Mrs NAME

This is a reminder that your child NAME's School Individual Health Plan and/or medication need(s) to be reviewed, as it has been a year since the last time this was done.

Please note that NAME's medication is due to expire on DATE

Please come to see me on DATE at TIME and bring up to date medication for NAME to this appointment.

Kind Regards,  
NAME

## Appendix 12 Medicine Administration Log

**All Individual Health Care Plans and Medicine Request Forms are saved in the individual child's folder. In addition, a paper copy is kept in the child's medical box. By signing this log, the supervising adult confirms that he or she has read and has understood the child's IHCP and medicine requirements**

[illegible]

## **Appendix 13 Emergency Asthma/Wheeze Action Plan**

## Emergency Asthma/Wheeze Action Plan



### THINK

- Are they coughing, wheezing, finding it hard to breathe, have a tight chest, unable to walk or talk?
- Do they need their inhaler?
- Do you need to call for an ambulance?
- **REMEMBER: stay with the child at all times.**



Under 5

### INTERVENE

- Keep calm and reassure child.
- Sit them up and slightly forward.
- **Ask someone to get blue inhaler and spacer, administer inhaler and note the time (see medicine steps).**
- Do you need to call for an ambulance?



Over 5

### MEDICINE

- **Shake blue inhaler and place in spacer, spray one puff and take 10 breaths.**
- Repeat up to 10 times if needed.
- Do you need to call an ambulance?
- If symptoms are resolved contact the parents to get a GP review. If this is happening frequently then please refer to the Community Children Specialist asthma nurse [TH.paedasthmanurse@nhs.net](mailto:TH.paedasthmanurse@nhs.net).



Teens

### EMERGENCY

# 999

- If no improvement or you are worried or unsure, call 999 and request an ambulance.
- Note time of calling 999, school's postcode
- If ambulance takes longer than 15 minutes repeat medicine steps.

### ANAPHYLAXIS

- Do they have an adrenaline pen?
- If there is no improvement, they could be having an anaphylactic reaction causing inflammation in the lungs.
- **If in doubt, follow their allergy management plan and inject.**
- Call an ambulance stating anaphylaxis 'ANA-FI-AX-IS'.



Parent Consent:

Child Name

'I give the school permission to give my child their inhalers and/or adrenaline pen, or to use the school's emergency supply if my child's own supply is out of date or unavailable'.

Signature

Date of signature



## **Appendix 15 Flowchart Care Plans**

# Individualised and standard care plans

## What is the difference between the individualised and generic care plans?

### Individualised Care Plan

#### For day to day management

All children with asthma need an individualised care plan. It contains information specific to that child on how to manage their asthma, what to do if asthma symptoms get worse and what to do during an asthma attack or in an emergency.

The individualised care plan must come from a GP or specialist and when their treatment changes at their review. Parents/carers need to provide a copy of the individualised care plan to their child's school to have on file.

Please see flow chart for working with parents/carers to get a child's individualised care plan.

### Generic Care Plan

#### For use during an asthma attack or anaphylaxis

The generic (also known as the standard or emergency) plan is the same for all children. It contains standard information for what to do in an emergency.

As this plan is the same for all children, the GP Care Group have created a generic care plan that can be downloaded and printed at your school. It must be signed by parents/carers and returned to school to have on file.

Generic care plans do not need to be reviewed. Once signed, they last for the whole school journey.

Please see flow chart for working with parents/carers to get a child's care plan.

**My Asthma Plan**

Name: \_\_\_\_\_

1. My daily asthma medicines

2. When my asthma gets worse

If my asthma gets worse, I should...

Does doing sport make it hard to breathe?

Remember to use my inhaler with a spacer if I have one!

Example of an individualised care plan provided by a GP or specialist.

Emergency care plan downloadable here: [Final\\_A4\\_Asthma\\_care\\_plan\\_\(clarity.co.uk\)](http://Final_A4_Asthma_care_plan_(clarity.co.uk))

A generic care plan is sufficient and safe for the Asthma and Allergy Friendly school programme. However, for best practice we are advising schools to have a process in place for obtaining individualised care plan when a child with asthma join the school.

**Emergency Asthma/Wheeze Action Plan**

**THINK**

**INTERVENE**

**MEDICINE**

**EMERGENCY 999**

**ANAPHYLAXIS**

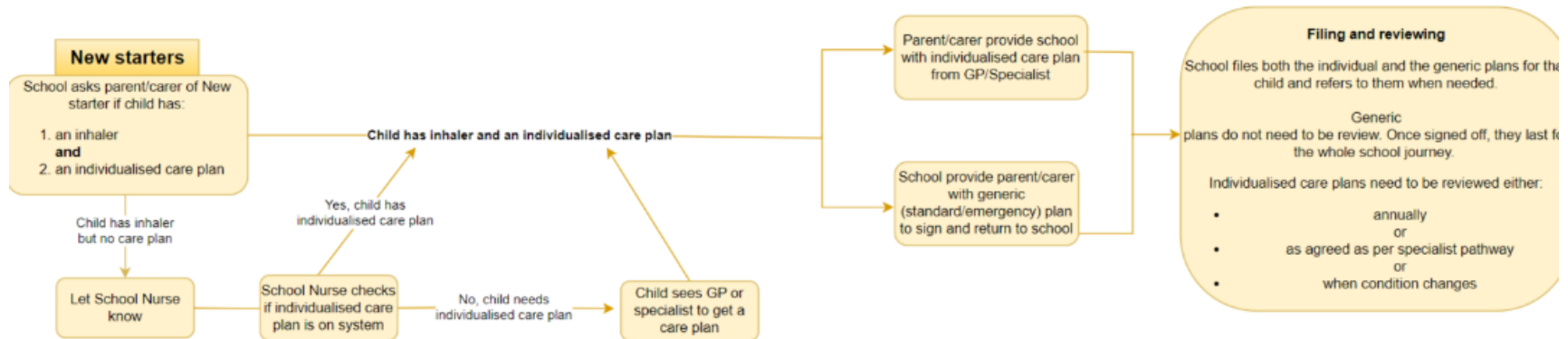
Does doing sport make it hard to breathe?

Remember to use my inhaler with a spacer if I have one!



## Appendix 16 Flowchart New starter with asthma

# New starter with asthma



### Care plan reviews

All children with asthma should have an annual review of their asthma, where their care plan may change. Children under specialist care may have their care plan reviewed more frequently. Care plans may also be reviewed if a child sees a clinician because their condition changes.

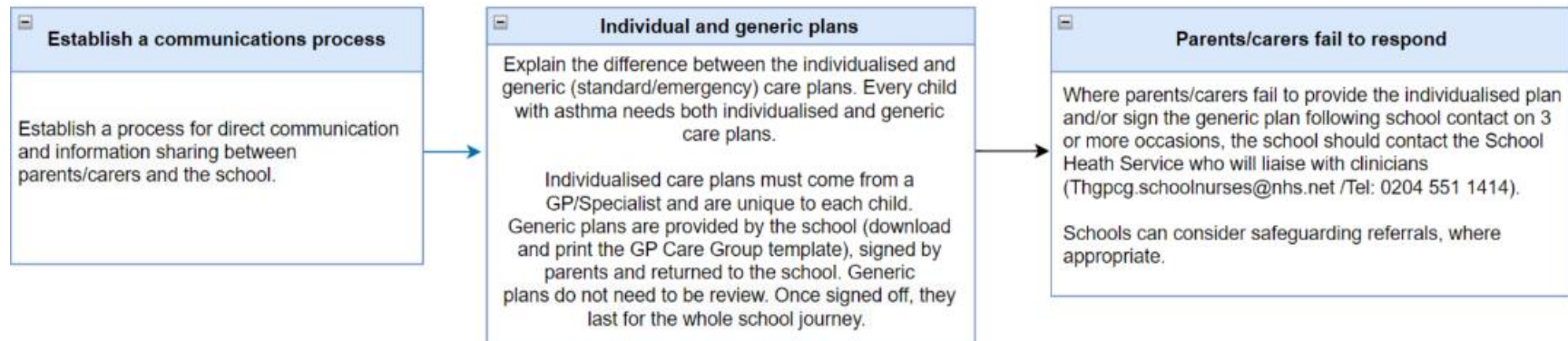
## Appendix 17 Flowchart Process for getting care plans

# Process for getting care plans



### How to work with parents/carers to sign off care plans

This flow chart details the actions and who is responsible to update, sign off and file care plans. Use this when there is a new starter with asthma or a new asthma case identified that needs care plans or when a care plan needs to be reviewed and updated.

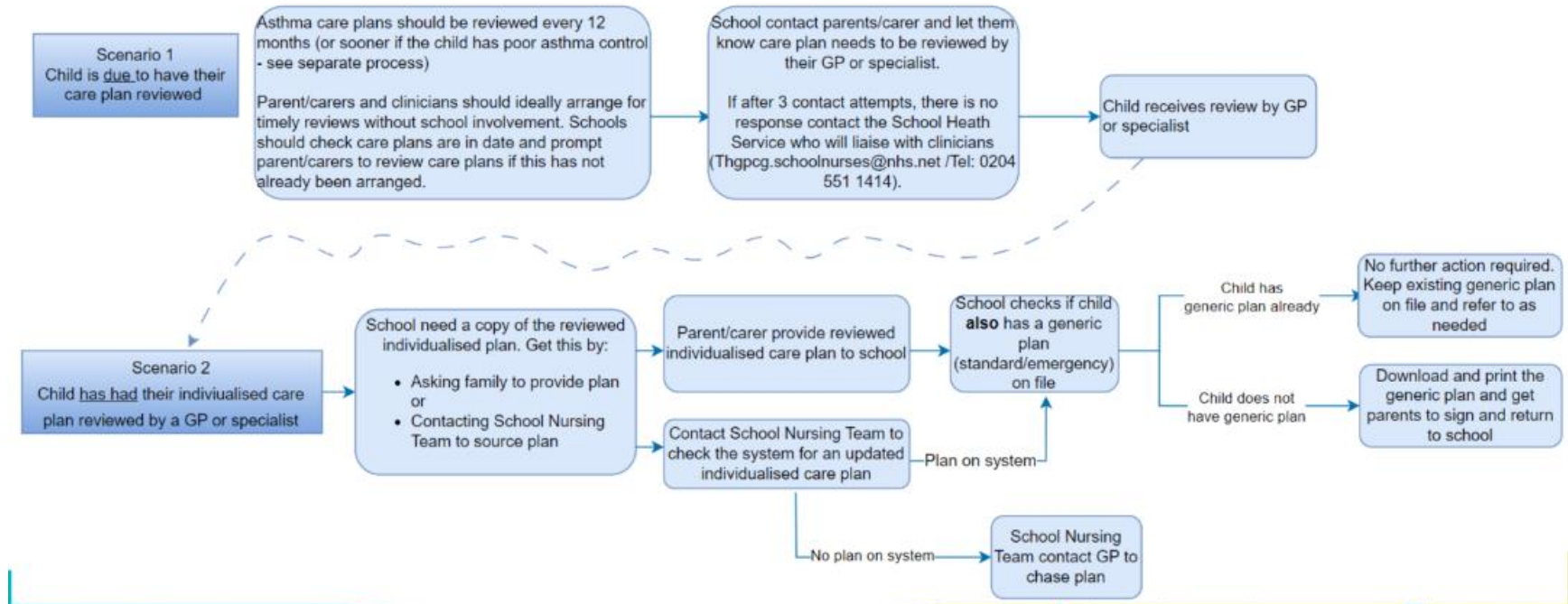


## Appendix 18 Flowchart Asthma care plan reviews

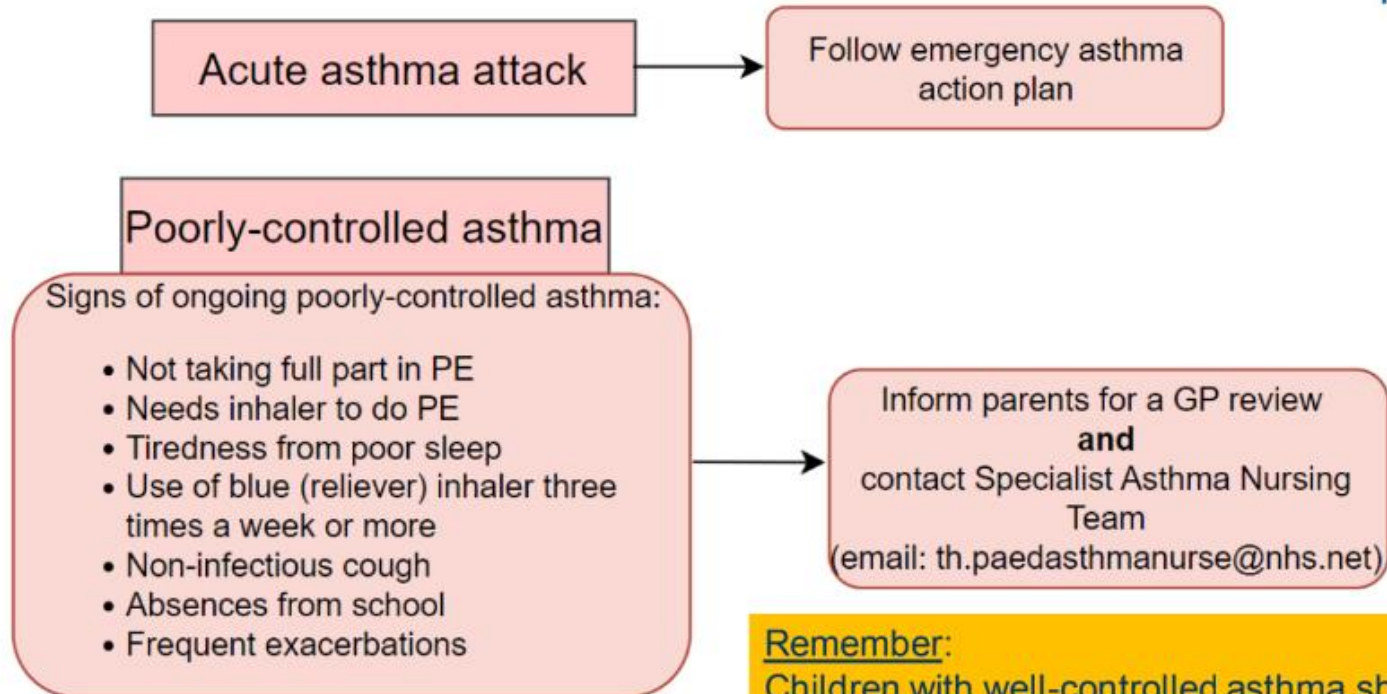
# Asthma care plan reviews



### Care plan reviews



# Poorly controlled asthma



Remember:

Children with well-controlled asthma should have no symptoms at all on a daily basis.

## Appendix 20 Medical Training requirements

Focus	Frequency	Who	How
asthma awareness	annually	All staff including first aiders	Online, watch video compiled by Barts Health NHS Trust
Allergy awareness	annually	All staff including first aiders	Online, watch video compiled by Barts Health NHS Trust
epilepsy	annually	Senior First Aider SLT responsible for medical needs All first aiders Relevant class/ year group staff	Live Webinar with school nurses Tower Hamlets GP Care group
eczema	annually	Senior First Aider SLT responsible for medical needs	Live Webinar with school nurses Tower Hamlets GP Care group
defibrillator	annually	All first aiders + any volunteers	1st aiders: part of 1st aid training Volunteers/Refreshers: TBD
diabetes	annually	Senior First Aider SLT responsible for medical needs All support staff directly working with relevant child	Specialist Diabetes Nurse
1st aid	Every 3 years	Trained First Aiders (all contracted TAs, MMS, PCT, members of admin team and further agency TAs who volunteer)	Accredited provider (dependant on cost and timing)