St. Mary's Catholic Academy

Supporting Children with Medical Conditions Policy

This policy explains how St. Mary's, in line with statutory guidance from the *Children and Families Act* (2014) and ***DfE statutory guidance Supporting Pupils at School with Medical Conditions (2015),*** makes provision for children with medical conditions. We understand that children can suffer from physical and mental health conditions which can be long term, short term, chronic and acute illnesses.

The purpose of this policy is to make sure that safety measures cover the needs of all pupils at school, and to ensure that children with medical conditions are supported so that they are able to remain healthy, achieve their academic potential and play a full and active role in school life. Every child, regardless of their medical condition, will be granted dignity and respect at all times.

Some children with medical conditions may also be disabled and/or have special educational needs. For these children this policy should be read in conjunction with the Special Education and Disability Policy and the Disability Access Policy. These policies comply with the duties under the *Equality Act* (2010) and the *SEND code of Practice* (2014).

Aims and Objectives

As a school we aim to:

- Support pupils with medical conditions so that they have full and equal entitlement to all aspects of the curriculum including physical education, school visits, and extra-curricular clubs. This will be governed by assessment of risk and in conjunction with parent/carer support and wishes.
- Ensure school staff involved in the care of children with medical conditions are fully informed and adequately trained by a professional in order to administer prescribed medication.
- Ensure children, where appropriate, are encouraged and supported to look after their own medical conditions.
- Comply fully with the *Equality Act* (2010) for pupils who may have disabilities or special educational needs.

- Write, in association with healthcare professionals, individual healthcare plans where it is deemed necessary.
- Respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support.
- Keep, monitor and review appropriate records.

Roles and Responsibilities

The Role of the Local Authority

The Local Authority:

- Commissions school nurses for academies and promotes co-operation between relevant partners e.g. proprietors and governing bodies, clinical commissioning groups and NHS England.
- Provides support, advice, guidance and relevant training to help schools deliver individual healthcare plans effectively.
- Works with the school to support pupils with medical conditions to attend the school full time

The Role of the School Governing Body

The School Governing Body:

- Ensure that support for pupils with medical conditions is in place in the school, this includes making sure that this policy is kept up-to-date and implemented.
- Ensure that sufficient staff have received suitable training and are competent to support pupils with medical conditions.
- Ensure that the school clearly identifies the roles and responsibilities of those involved in the arrangements to support pupils at the school with medical conditions.
- Ensure school staff are appropriately insured and are aware that they are insured to support pupils with medical conditions.
- Support any members of staff who do not wish to administer medicines or who feel that they are being unfairly pressurised to do so.

The Role of the Head Teacher and Special Educational Needs (SEND) Co-ordinator

The Head Teacher, with the assistance of the SEND Co-ordinator:

- Ensure that all staff are aware of this policy and their role in its implementation.
- Ensure there is a sufficient number of staff who are trained and available to implement this policy.
- Ensure school staff liaise as necessary with Health Care professionals and services in order to access the most up-to-date advice about a pupil's medical needs and will seek support and training the interests of the pupil.
- Ensure individual healthcare plans are written, monitored and reviewed regularly.
- Ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their individual healthcare plan.
- Decide whether the school can assist a pupil who needs medication during the school day or if parents need to make alternative arrangements.
- Ensure transitional arrangements between schools are completed so as to disclose relevant medical information, healthcare plans and support needed in good time for the child's receiving school to adequately prepare for their arrival.
- Ensure, where necessary, that risk assessments for activities outside of the normal timetable are written and followed.

The Role of School Staff

The School staff:

- Are aware of and familiar with the contents of this policy.
- Are aware of any medical conditions or needs of pupils within their care; ensure they are up-to-date with any individual healthcare plans and medical requirements so they know what to do if a pupil with a medical condition needs help, including responding to any medical emergency procedures.
- Take on the responsibility of administering or supervising a pupil taking medication only if they feel competent to do so. There is no legal or contractual duty on school staff to

administer medicine or to supervise a pupil taking it. This is purely a voluntary role. Those that volunteer to undertake this duty should receive sufficient and suitable training.

- Ensure pupils with medical conditions are able to access the curriculum and fully participate in school activities including after school clubs – this may involve contributing to and following risk assessment procedures where necessary.

The Role of Health Care Professionals

Health Care Professionals:

- Notify the school when a child has been identified as having a medical condition which will require support in school.
- Support the Head Teacher and SEND Co-ordinator in the writing and implementing of individual healthcare plans and providing relevant advice and training.
- Support school with advice, training and implementation of individual medical care for pupils with specific conditions.

The Role of Parents and Carers

Parents and Carers:

- Must inform school of any medical condition which affects their child.
- Provide school with up-to-date information about their child's medical condition as, when and if it changes.
- Supply school with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container.
- Ensure that medicines given to school for their child are in date and clearly labelled.
- Support the development and review of their child's individual healthcare plan and carry out any action they have agreed to as part of its implementation e.g. provide medicines and equipment or details of a contact that can be reached at all times in case of emergency.
- Support their children, where competent, to take care of their own medical condition and administer their own medication, such as injections of insulin. This would only take place after discussions with Health Care Professionals and would be in line with the child's age, understanding and ability.

- Arrange safe disposal for their child's medication when it is no longer required.

Managing Medicines on School Premises

Medicines should only be administered at school if prescribed by a doctor and when it would be detrimental to a child's health or school attendance not to do so. School encourage parents to have medicines prescribed, where possible, with dose frequencies which enable the medicine to be taken outside of school hours. St. Mary's school, therefore, will usually only administer medication in cases where a child has been instructed to take 4 doses of the prescribed medicine per day. Parents and carers must fill in a parental agreement form before any medicine can be administered on the school premises.

- School will only accept prescribed medicines that are in-date, labelled and provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must be in date, but will generally be available to schools inside an insulin pen or pump rather than the original container.
- Essential medicines will be administered on Educational Visits. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.
- Before administering any medicine, staff will check that the medicine belongs to the child, and that the dosage they are giving is correct, and that parental permission has been received.
- All doses administered will be recorded by the staff member administering the medicine and countersigned by the staff member witnessing.
- Any child refusing to take medicine in school will not be made to do so. Parents/Carers will be informed about the missed dose.
- All medicines will be stored safely. Medicines needing refrigeration will be stored in the staffroom fridge.
- In cases where specific training has been sought to administer medication, staff will be named on the child's individual healthcare plan.
- Asthma medication should be self-administrated by children. Inhalers are kept in the child's classroom. All inhalers are marked with the child's name. Children have access to these inhalers at all times, though they must inform a member of staff that they are taking

a dose. Children with inhalers will take them on educational visits, however short in duration. Children self-administrating asthma inhalers do not need to be recorded.

- Parents are responsible for their child's medication and when they are no longer required medicines will be returned to the parent/carer to arrange safe disposal.
- Sharps boxes will be used for the disposal of needles and other sharps.
- Children with Type 1 Diabetes should be encouraged to self-manage their blood glucose testing and administration of Insulin. If a child is unable to administer their Insulin, named staff on their individual healthcare plan will follow alternative procedures.
- Sunscreen should be self-applied by children and supervised by an adult.
- Children should self-administer travel sickness tablets supervised by an adult. A parental permission form will need to be completed.

Monitoring Administration of Medicines

Written records must be kept of all controlled drugs administered to children within the school. They must record the name of the pupil, the drug name, dose given, route of administration, time and date given, by whom and who witnessed. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Storage of Medicines and Medical Equipment

At St. Mary's we ensure that health risks arising from medicines are properly controlled in line with the *Control of Substances Hazardous to Health Regulations* 2002 (COSH). We follow guidance on the safe storage of medicines and medical equipment.

- All medicines will be stored in secure areas of the school with restricted access e.g. a labelled box in a secure cupboard.
- Children are to know where their medicines are at all times and be able to access them immediately and where relevant know who holds the key to any storage facility.
- Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away.
- Epi-pens will be carried by the designated school staff members, in a clearly labelled rigid container in an identifiable bag following the individual healthcare plan details.
- Children who are capable of carrying their own inhalers should be allowed to do so following consultation with parents by the child's teacher, the SEND co-ordinator or the

Head Teacher. This will be documented on the inhaler parental agreement form and copies held in the class medical box and school office.

- Children requiring medical procedures or administration of medicines during school trips or off site will be individually risk assessed and the relevant equipment and/or medicine carried by the supervising adult. Specific details will be documented in their individual healthcare plan.
- Medication will be stored in accordance with product instructions taking particular account of the correct storage temperature.
- Medicines should be stored in their original containers, clearly labelled with the name of the pupil, the name and dose of the drug, the frequency of administration, any likely side effects and the expiry date.
- Parents will be asked to collect out of date medicines and all medicines held by the school at the end of the term or school year.
- Pharmacists can give advice about storing medicines.

STAFF MEDICATION

Staff are to ensure any medication brought into school for their own use is kept in a secure place that is not accessible to other staff or pupils.

Individual Healthcare Plans

An individual healthcare plan will be used to ensure that the school effectively supports pupils with medical conditions that need extensive or regular support. They will be essential in cases where the medical condition fluctuates, is long-term and complex or where there is a high risk that an emergency intervention will be needed. They provide detail about the child's condition, what needs to be done, when and by whom in supporting the child's medical needs. Examples of these include children with:

- Type 1 Diabetes requiring insulin
- Severe allergies requiring an epi-pen,
- Epilepsy
- Leukaemia

The format of the individual healthcare plan may vary to enable school to choose which format is most useful for the specific needs of each pupil but the following should be noted:

- Individual healthcare plans may be initiated or reviewed in consultation with the parent by a member of school staff and/or a healthcare professional involved in providing care to the child.
- The healthcare plan will be easily accessible to all who need to refer to them, while preserving confidentiality.
- The level of detail in the plan will depend on the complexity of the child's condition and the degree of support needed.
- Plans should be drawn up by the school in consultation with parents, relevant healthcare professional and pupils whenever appropriate.
- The individual health care plans should be reviewed annually or earlier if the child's needs have changed – parents and carers are responsible for informing school of changes to their child's condition.

An individual healthcare plan will contain the following information:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupils resulting needs, including medication (dose, side-effects), other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements and environmental issues.
- The level of support needed and who will provide this support. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who in the school needs to be aware of the child's condition and the support required.
- Signature of the parent giving permission for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- Define what constitutes an emergency for that child and explain what to do including whom to contact and contingency arrangements.

INFORMATION SHARING

A list of children with medical conditions is displayed in the medical cupboard of each class. Whole school lists are displayed in the staffroom and school kitchen to ensure all staff are aware of the potential impact of individual children's medical conditions. Information displayed includes a photo of the child and essential information regarding the child's medical condition.

Children with medical conditions which may require emergency attention, e.g. Epilepsy or Diabetes, will have their individual healthcare plan accessible in their classroom. All adults working with the child will be aware of this information.

Day Trips, Residential Visits and Sporting Activities

St Mary's will actively seek to provide support for pupils with medical conditions so that they are able, where possible, to participate in school trips, residential visits or in sporting activities. The school will seek to make any reasonable adjustments needed in order for pupils with medical conditions to be able to fully participate according to their own abilities unless evidence from a clinician such as a GP states that this is not possible.

In order to consider what reasonable adjustments need to be made to enable pupils with medical needs to participate fully and safely on visits, a risk assessment will be carried out and steps planned to ensure that the pupil is included and kept safe. This will be done in consultation with parents, pupils (where they are able to contribute) and the relevant healthcare professional if necessary. These procedures will be in line with the Health and Safety Executive (HSE) guidance on school trips.

Staff Training and Development

St Mary's provide training for staff to ensure they are competent and confident in supporting pupils with medical conditions and fulfilling the requirements as set out in pupil's individual healthcare plans. The SEND Co-ordinator and senior management team will oversee staff training. This will consists of:

- Whole school awareness training, at least yearly, to ensure all staff are aware of the school's policy for supporting pupils with medical conditions, administering medicines and preventative and emergency care procedures.
- External training, where relevant, to increase their competence and awareness of specific medical conditions and medical procedures.
- Additional whole school awareness training, at least yearly, to address specific care of pupils with medical conditions that may need emergency medical attention e.g. Type 1 Diabetes, Epilepsy or severe allergies requiring epi-pen administration.
- Ensuring there is an adequate number of staff who are first aid trained in each key stage and for breaks and lunch time supervision.

- 1 to 1 training, where necessary, by either a trained health care professional or a competent trained member of staff as directed by a health care professional. This will be updated at least yearly or when necessary.

Emergency Procedures

In a medical emergency, teaching staff have been trained to administer basic first aid. If necessary, the school's primary First Aiders, Mrs Myles, Miss Brady, Miss Shevlane, Ms Francis, Mrs Daykin, Mrs Wilson, Mrs Moss and Mrs Hodgkinson will be asked to attend to the child.
If an ambulance needs to be called, staff will:

- Outline the full condition and how the emergency occurred.
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions.

Children will be accompanied to hospital by a member of staff if this is deemed appropriate. Parents must always be called in a medical emergency, but do not need to be present for a child to be taken to hospital.

SEVERE ALLERGIES

Any member of staff can administer an epi-pen in an emergency.

The pen (cap off) should be pushed against the child's thigh, through clothing if necessary. The pen should be held for a count of 10 seconds before being withdrawn.

Cetrizine may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. This is a liquid medicine stored with the epi-pen. If symptoms are more severe, the epi-pen should be given immediately.

An ambulance must be called immediately. Parents should be contacted after this call has been made.

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication.
- Assume every child with the same condition requires the same treatment.
- Ignore the views of the child, their parents/carers, or medical advice.
- Prevent children with medical conditions accessing the full curriculum, unless specified in their individual healthcare plan.
- Penalise children for their attendance record where this is related to a medical condition.
- Prevent children from eating, drinking or taking toilet breaks where this is part of effective management of their condition.
- Require parents to administer medicine where this interrupts their working day.
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

Complaints Procedure

At St. Mary's children, staff, parents and carers are expected to treat one another with respect. Where an issue arises, a parent/carer should follow these steps to resolve an issue:

1. In the first instance, make an appointment to discuss the concern with their child's teacher.
2. If it is felt that a concern has not been resolved to their satisfaction or is of a more serious or sensitive nature, an appointment should be made to see the Deputy Head or Head Teacher, who will investigate the concern further.
3. Where an issue is not satisfactorily resolved, the parent/carer should take the matter up with the Chair of Governors.

A copy of the school's Complaints Procedure is available on the school website http://www.stmaryshysongreen.com or by request from the school office.

Reviewed by: Linda Valencia (SEND Co-ordinator)

Review Date: March 2024

ANNEX A:
Information on Common Conditions – Practical Advice on Asthma, Epilepsy, Diabetes and Anaphylaxis

ANNEX B:
St. Mary's Catholic Academy - Asthma Policy

ANNEX C:
Form 1: Use of Emergency Salbutamol Inhaler – Parental Agreement
Form 2: Specimen letter - Emergency Salbutamol Inhaler Use
Form 3: Individual Healthcare Plan
Form 4: Parent/Carer Agreement for School to Administer Medicine
Form 5: Record of Medicine Administered to Individual Children
Form 6: Staff Training Record – Administration of Medicines
Form 7: Contacting Emergency Services

ANNEX A

PRACTICAL ADVICE ON COMMON MEDICAL CONDITIONS

The medical conditions in children that most commonly cause concern in schools are Diabetes, Epilepsy Anaphylaxis (severe allergic reaction) and Asthma.

Here is some information about these conditions it is important that the needs of children are assessed and provided for on an individual basis.

EPILEPSY

What is Epilepsy?

Children with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. At least one in 200 children have epilepsy and around 80 per cent of them attend mainstream school. Most children with diagnosed epilepsy never have a seizure during the school day.

Epilepsy is a very individual condition. Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern that individual children experience. Parents and health care professionals should provide information to schools, to be incorporated into the individual healthcare plan, setting out the particular pattern of an individual child's epilepsy.

If a child does experience a seizure in school, details should be recorded and communicated to parents including:

- Any factors which might possibly have acted as a trigger to the seizure – e.g. visual/auditory stimulation, emotion (anxiety, upset).
- Any unusual "feelings" reported by the child prior to the seizure.
- Parts of the body demonstrating seizure activity e.g. limbs or facial muscles.
- The timing of the seizure – when it happened and how long it lasted.
- Whether the child lost consciousness.
- Whether the child was incontinent.

This will help parents to give more accurate information on seizures and seizure frequency to the child's specialist.

What the child experiences depends whether all or which part of the brain is affected. Not all seizures involve loss of consciousness. When only a part of the brain is affected, a child will remain conscious with symptoms ranging from the twitching or jerking of a limb to experiencing strange tastes or sensations such as pins and needles.

Where consciousness is affected; a child may appear confused, wander around and be unaware of their surroundings. They could also behave in unusual ways such as plucking at clothes, fiddling with objects or making mumbling sounds and chewing movements. They may not respond if spoken to. Afterwards, they may have little or no memory of the seizure.

In some cases, such seizures go on to affect all of the brain and the child loses consciousness. Such seizures might start with the child crying out, then the muscles becoming stiff and rigid. The child may fall down. Then there are jerking movements as muscles relax and tighten rhythmically.

During a seizure breathing may become difficult and the child's colour may change to a pale blue or grey colour around the mouth. Some children may bite their tongue or cheek and may wet themselves.

After a seizure a child may feel tired, be confused, have a headache and need time to rest or sleep. Recovery times vary. Some children feel better after a few minutes while others may need to sleep for several hours.

Another type of seizure affecting all of the brain involves a loss of consciousness for a few seconds. A child may appear 'blank' or 'staring', sometimes with fluttering of the eyelids. Such absence seizures can be so subtle that they may go unnoticed. They might be mistaken for daydreaming or not paying attention in class. If such seizures happen frequently they could be a cause of deteriorating academic performance.

Medicine and Control

Most children with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness or being unwell may increase a child's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity. It is very rare. Most children with epilepsy can use computers and watch television without any problem.

Children with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the child and parents/carers as part of the healthcare plan.

During a seizure it is important to make sure the child is in a safe position, not to restrict a child's movements and to allow the seizure to take its course. In a convulsive seizure putting something soft under the child's head will help to protect it. Nothing should be placed in their mouth. After a convulsive seizure has stopped, the child should be placed in the recovery position and stayed with until they are fully recovered.

An ambulance should be called during a convulsive seizure if:

- It is the child's first seizure
- The child has injured themselves badly
- They have problems breathing after a seizure
- A seizure lasts longer than the period set out in the child's healthcare plan
- A seizure lasts for five minutes if you do not know how long they usually last for that child
- There are repeated seizures, unless this is usual for the child as set out in the child's health care plan

Such information should be an integral part of the school's emergency procedures but also relate specifically to the child's individual healthcare plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

Most seizures last for a few seconds or minutes, and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures.

DIABETES

What is Diabetes?

Diabetes is a condition where the level of glucose in the blood rises. This is either due to:

- The lack of or insufficient insulin (Type 1 Diabetes) for the child's needs

or

- The insulin is not working properly (Type 2 Diabetes).

About one in 550 school-age children have diabetes. The majority of children have Type 1 diabetes. They normally need to have daily insulin injections, to monitor their blood glucose level and to eat regularly according to their personal dietary plan.

Children with Type 2 diabetes are usually treated by diet and exercise alone.

Each child may experience different symptoms and this should be discussed when drawing up the individual healthcare plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control, and staff will naturally wish to draw any such signs to the parents/carers attention.

Medicine and Control

The diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection.

Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school then supervision may be required, and also a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten.

They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic specialists would only implement this type of regime when they were confident that the child was competent. The child is then responsible for the injections and the regime would be set out in the individual healthcare plan.

Children with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a blood testing monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. Most older children will be able to do this themselves and will simply need a suitable place to do so. However younger children may need adult supervision to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Children with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. Schools may need to make special arrangements for pupils with diabetes if the school has staggered lunchtimes.

If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a **hypoglycaemic reaction** (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour

Each child may experience different symptoms and this should be discussed when drawing up a healthcare plan. If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

• The child's recovery takes longer than 10-15minutes
• The child becomes unconscious

Some children may experience **hyperglycaemia** (high glucose level) and have a greater than usual need to go to the toilet or to drink. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Such information should be an integral part of the school's emergency procedures but also relate specifically to the child's individual healthcare plan.

ANAPHYLAXIS

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious.

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting. Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Pre-loaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior.

Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. **An ambulance should always be called.**

Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer. Adrenaline injectors, given in accordance with the manufacturer's instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the child's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school should hold, and where to store them, has to be decided on an individual basis between the Head Teacher, the child's parents/carers and medical staff involved.

Where children are considered to be sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. In large schools or split sites, it is often quicker for staff to use an injector that is with the child rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic children are reduced where an individual healthcare plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the child's parents/carers, the school and the medical professional.

Important issues specific to anaphylaxis to be covered in an individual healthcare plan include:

- Anaphylaxis – what may trigger the reaction
- What to do in an emergency

- Prescribed medicine
- Food management
- Precautionary measures

Once staff have agreed to administer medicine to an allergic child in an emergency, a training session will need to be provided by local health services. Staff should have the opportunity to practice with trainer injection devices.

Day to day policy measures are needed for food management, awareness of the child's needs in relation to the menu, individual meal requirements and snacks in school. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the child's particular requirements. A 'kitchen code of practice' could be put in place.

Parents often ask for the Head Teacher to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic children should be taken.

Children who are at risk of severe allergic reactions are not ill in the usual sense. They are normal children in every respect – except that if they come into contact with a certain food or substance, they may become very unwell. It is important that these children are not stigmatised or made to feel different. It is important, too, to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

ASTHMA

What is Asthma?

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK. There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath. Younger children may verbalise this by saying that their tummy hurts or that it feels like someone is sitting on their chest. Not everyone will get all these symptoms, and some children may only get symptoms from time to time.

However in early years settings staff may not be able to rely on younger children being able to identify or verbalise when their symptoms are getting worse, or what medicines they should take and when. It is therefore imperative that early years and primary school staff, who have younger children in their classes, know how to identify when symptoms are getting worse and what to do for children with asthma when this happens. This should be supported by written asthma plans, asthma school cards provided by parents, and regular training and support for staff. Children with significant asthma should have an individual healthcare plan.

Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers. Usually a child will only need a reliever during the school day.

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise**.**

Preventers (brown, red, orange inhalers, sometimes tablets) are usually used out of school hours.

Children with asthma need to have immediate access to their reliever inhalers when they need them. Inhaler devices usually deliver asthma medicines. A spacer device is used with most inhalers, and the child may need some help to do this. It is good practice to support children with asthma to take charge of and use their inhaler from an early age, and many do.

Children who are able to use their inhalers themselves should be allowed to carry them with them. If the child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name. Inhalers should always be available during physical education, sports activities and educational visits.

For a child with severe asthma, the health care professional may prescribe a spare inhaler to be kept in the school or setting.

The signs of an asthma attack include:

- Coughing
- Being short of breath
- Wheezy breathing
- Feeling of tight chest
- Being unusually quiet

When a child has an attack they should be treated according to their individual healthcare plan or asthma card as previously agreed. An ambulance should be called if:

- The symptoms do not improve sufficiently in 5-10 minutes
- The child is too breathless to speak
- The child is becoming exhausted
- The child looks blue

It is important to agree with parents of children with asthma how to recognise when their child's asthma gets worse and what action will be taken. An Asthma School Card (available from Asthma UK) is a useful way to store written information about the child's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent/carer and the child's doctor.

A child should have a regular asthma review with their GP or other relevant healthcare professional. Parents should arrange the review and make sure that a copy of their child's management plan is available to the school or setting.

Children should have a reliever inhaler with them when they are in a school or setting. Children with asthma should participate in all aspects of the school or setting 'day' including physical activities. They need to take their reliever inhaler with them on all off-site activities. Physical activity benefits children with asthma in the same way as other children. Swimming is particularly beneficial, although endurance work should be avoided. Some children may need to take their reliever asthma medicines before any physical exertion. Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

Reluctance to participate in physical activities should be discussed with parents, staff and the child. However children with asthma should not be forced to take part if they feel unwell. Children should be encouraged to recognise when their symptoms inhibit their ability to participate.

Children with asthma may not attend on some days due to their condition, and may also at times have some sleep disturbances due to night symptoms. This may affect their concentration. Such issues should be discussed with the child's parents/carers or attendance officers as appropriate.

All schools and settings should have an asthma policy that is an integral part of the whole school or setting policy on medicines and medical needs. The asthma section should include key information and set out specific actions to be taken. The school environment should be asthma friendly, by removing as many potential triggers for children with asthma as possible.

All staff, particularly PE teachers, should have training or be provided with information about asthma once a year. This should support them to feel confident about recognising worsening symptoms of asthma, knowing about asthma medicines and their delivery and what to do if a child has an asthma attack.

ANNEX B

St. Mary's Catholic Academy

Asthma Policy

St. Mary's Catholic Academy aims to ensure that all children with asthma participate fully in all aspects of school life, including activities which require physical exertion. We recognise that immediate access to reliever (blue) inhalers is vital and that it is important to keep records of children with asthma and their medication requirements. We will ensure that all members of staff know what to do in the event of a child having an asthma attack and we will work in partnership with staff, parents/carers, governors and medical professionals to ensure that this policy is implemented in line with the *Supporting Pupils with Medical Conditions* Policy.

Role of the Parents/Carers

Parents/carers should inform school if their child has asthma and give details of their medication requirements. Parents/carers should discuss consent for administering or supervising administration of their child's own inhaler with the class teacher or SEND Co-ordinator.
Copies of the administering medicines form will be kept in the class medical box and the school office.

Access to Inhalers

All inhalers kept at school should be labelled with the child's name, and immediately accessible for them to use at all times including during PE lessons and on school trips. Younger children will be supported to take their inhaler as per the directions on the administering medicines form filled in by parents/carers. As children get older they should take more responsibility and be encouraged to carry their own inhaler with them at all times. Decisions regarding this issue should be made between the parents/carers, child and school.

Asthma Awareness Training for Staff

It is important that all school staff understand asthma so that they have the skills to support pupils/students with this condition. All staff will undertake whole school awareness training, at least yearly, to address specific care of pupils with medical conditions that may need emergency medical attention such as asthma.

All children with asthma should keep a labelled reliever (blue) inhaler in school. All staff need to know where inhalers are kept and this should be the medical box in each child's class which is kept in an un-locked cupboard with easy access. All staff should know which children have asthma in their class and they should ensure that all children with asthma have their reliever (blue) inhaler with them when they leave the school site.

Treatment of Asthma in School

(Based on: Guidance on the use of Emergency Salbutamol Inhalers in Schools – Department of Health March 2015)

Reliever (blue) Inhaler

All children with asthma should have a blue inhaler in school. Its use should give relief in about 5 minutes by opening up the airways.

Preventative treatment (brown, red, orange) inhalers are for use at home only and should not be used during an asthma attack; therefore they are not needed in school.

Common 'day to day' Symptoms of Asthma are:

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

These symptoms are usually responsive to the use of the inhaler and resting during physical activity. This would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an Asthma Attack Include:

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

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

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

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

Responding to Signs of an Asthma Attack:

- Keep calm and reassure the child.

- Encourage the child to sit up and slightly forward.

- Use the child's own inhaler – if not available, use the emergency inhaler and spacer.

- Immediately help the child to take **two separate puffs** of the salbutamol via the spacer.

- If there is no immediate improvement, continue to **give two puffs** every **two minutes** up to a **maximum of 10 puffs**. The inhaler should be shaken between puffs.

- Stay calm and reassure the child. Stay with them until they feel better. The child can return to school activities when they feel better.

- **If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.**

- If an ambulance does not arrive in 10 minutes **give another 10 puffs** in the same way.

- The child's parents or carers should be contacted after the ambulance has been called.

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

After a Minor Asthma Attack:

- As soon as the child feels better they can resume normal activities
- The parents/carers must always be told if their child has had an asthma attack.

An Asthma-friendly Environment

Common asthma triggers at school include pollen, animals, colds and viral infections, dust, pollution, and cold weather. Whilst it is impossible to eradicate asthma triggers completely from the school environment we are aware of triggers and what can be done to reduce avoidable triggers.

Record-Keeping and Home/School Communication

To ensure excellent home/school communication and record keeping, it is important that parents/carers keep school informed of any changes in the condition of their child's asthma. School will also inform parents/carers of any asthma symptoms observed at school.

Written by: Sarah Hayes (SENCO)

Review Date: March 2026

ANNEX C

ST MARY'S CATHOLIC ACADEMY

PARENTAL/CARER AGREEMENT FOR SCHOOL TO ADMINISTER USE OF INHALER

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/keep in school every day. [delete as appropriate]

CHILD'S NAME: ……

CLASS: ……

Instructions

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?	
Self-administration – y/n	
Procedures to take in an emergency	

Contact Details

Name	
Telephone number	
Relationship to child	
Address	

Signed: …… Date: ……

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

LETTER TO INFORM PARENTS OF

EMERGENCY SALBUTAMOL INHALER USE

Child's name: ……

Class: ……

Date: ……

Dear……,

[Delete as appropriate]

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

A member of staff helped them to use their asthma inhaler.

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

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs. .

[Delete as appropriate]

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

Yours sincerely,

St. Mary's Individual Healthcare Plan

Child's Information	Parent/Carer Information
Name: **DOB**: **Address**: **Class**: **Date**: **Review Date**:	**Name(s)**: **Telephone Number**:
Clinic/Hospital Information	**GP Information**
Name: **Address**: **Telephone Number**:	**Name**: **Telephone Number**:
Medical Condition/Diagnosis	
Medical Condition/Diagnosis: **Triggers**: **Signs and Symptoms**: **Treatments**: **Medication and Dose**: **Administration and Storage**: **Side Effects**:	
Daily Care Requirements	**Level of Support**
Proficiency to Provide Support	**Adults Aware of Condition/Diagnosis and Support**
Emergency Procedures	

Signed:……. Date:…….

ST MARY'S CATHOLIC ACADEMY

PARENTAL/CARER AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school/setting will not be able to give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

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?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature_____ Date _____

Staff Training Record – Administration of Medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Contacting Emergency Services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

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

1. Your telephone number.
2. Your name.
3. Your location as follows *St. Mary's Catholic Primary School, Beaconsfield Street, Hyson Green.*
4. State what the postcode is *NG76FL* – please note that postcodes for satellite navigation systems may differ from the postal code.
5. Provide the exact location of the patient within the school setting.
6. Provide the name of the child and a brief description of their symptoms.
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.
8. Put a completed copy of this form by the phone.