



**GURU NANAK SIKH ACADEMY LTD**  
**Springfield Road, Hayes, Middlesex UB40LT**



# **Supporting Pupil's / Student's with Medical Conditions Policy**

Any reference in this policy to **parents** means:

- All natural parents whether they are married or not
- Any person who has parental responsibility for a child or a young person
- Any person who has care of a child or young person i.e. lives with and looks after the child

**MAT** means Multi Academy Trust

| <b>Updated</b> | <b>Next Review</b> | <b>Reviewed by</b>               | <b>GB/ SET<br/>Ratification</b> |
|----------------|--------------------|----------------------------------|---------------------------------|
| <b>03.2013</b> | <b>10.2014</b>     | <b>L. Gill</b>                   | <b>4/2013</b>                   |
| <b>03.2015</b> | <b>03.2016</b>     | <b>L Gill</b>                    |                                 |
| <b>11.2016</b> | <b>03/2017</b>     | <b>L. Gill<br/>MAT(AC,CL,RL)</b> |                                 |
| <b>03.2017</b> | <b>03/2018</b>     | <b>L Gill<br/>MAT (PD)</b>       |                                 |
| <b>06/2020</b> | <b>06/2021</b>     | <b>L Gill<br/>MAT (PD)</b>       |                                 |

# CONTENTS

| Section    |  | Page  |
|------------|--|-------|
| 1          | INTRODUCTION   | 2     |
| 2          | ROLES AND RESPONSIBILITIES   | 2     |
| 3          | PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION | 4     |
| 4          | INDIVIDUAL HEALTHCARE PLANS (IHCPS)  | 4     |
| 5          | ADMINISTERING MEDICINES  | 4     |
| 6          | ACTION IN EMERGENCIES  | 6     |
| 7          | ACTIVITIES BEYOND THE USUAL CURRICULUM                                       | 6     |
| 8          | UNACCEPTABLE PRACTICE  | 7     |
| 9          | COMPLAINTS   | 7     |
| 10         | EQUALITY IMPACT STATEMENT  | 7     |
| 11         | ASTHMA   | 8     |
|            | EMERGENCY INHALER  | 9     |
|            | a) Supplies  | 9     |
|            | b) The emergency kit   | 9     |
|            | c) Salbutamol  | 10    |
|            | d) Storage / Care / Disposal   | 10    |
|            | e) Children who can use an inhaler   | 10    |
|            | f) Responding to asthma symptoms and an asthma attack                        | 10-11 |
|            | g) Recording use of the inhaler and informing parents/carers                 | 11    |
|            | h) Staff training  | 11    |
|            | i) Liability and indemnity   | 11    |
|            | j) Disposal  | 12    |
|            | k) Where can the emergency inhalers be found                                 | 12    |
| 12         | ANAPHYLAXIS  | 15    |
| 13         | DIABETES   |       |
| 14         | APPENDICIES  |       |
| Appendix 1 | Process For Developing Individual Healthcare Plans For Long Term Conditions  | 18    |
| Appendix 2 | Process For Developing Individual Healthcare Plans For Short Term Conditions | 19    |

|            |  |         |
|------------|--|---------|
| Appendix 3 | Who To Contact Within The School- Chain Of Staff & First Aiders List | 20-21   |
| Appendix 4 | Individual Health Care Plan Example                                  | 22      |
| Appendix 5 | Medication At School Form - Parental Agreement                       | 23      |
| Appendix 6 | Record Of Medicine Administered /Supervised                          | 24      |
| Appendix 7 | Letter Inviting Parents To Contribute To Individual Health Care Plan | 24      |
| Appendix 8 | How to recognise an asthma attack                                    | 25      |
|            | What to do in an event of an asthma attack                           | 26      |
|            | Asthma care plan   | 27      |
| Appendix 9 | Protocol used for emergency inhalers in school                       | 28 - 31 |

## 1 INTRODUCTION

- The Children and Families Act 2014 includes a duty for schools to support children with medical conditions.
- Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply.
- Regulation 22 of the Human Medicines (Amendment) (No. 2) Regulations 2014, also applies where schools may legally hold emergency asthma inhalers containing salbutamol.
- All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.
- We recognise that medical conditions may impact social and emotional development as well as having educational implications.
- The School will build relationships with healthcare professionals and other agencies and in order to support pupils effectively with medical conditions.
- The School's policy is written to comply with advice issued by the London Borough of Hillingdon local education authority, the DfES and Harrow & Hillingdon Healthcare Trust.

## 2 ROLES AND RESPONSIBILITIES

The Named Persons responsible for children with medical conditions are Lakhvir Gill / Kuldeep Virk (Secondary welfare), Ravinder Punn (Primary welfare) and Balvinder Panesar (Nanaksar welfare).

These persons are responsible for:

- informing relevant staff of medical conditions
- Informing SLT of training needs for identified staff

- ensuring that staff are aware of the need to communicate necessary information about medical conditions to supply staff and where appropriate, taking the lead in communicating this information
- assisting with risk assessment for school visits and other activities outside of the normal timetable
- developing, monitoring and reviewing Individual Healthcare Plans
- working together with parents, pupils, healthcare professionals and other agencies.

The Governing Body is responsible for:

- determining the School's general policy and ensuring that arrangements are in place to support children with medical conditions.

The Principal is responsible for:

- overseeing the management and provision of support for children with medical conditions
- ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover
- ensuring that school staff are appropriately insured and are aware that they are insured

Teachers and Support Staff are responsible for:

- the day to day management of the medical conditions of children they work with, in line with training received and as set out in IHPS Working with the named person, ensure that risk assessments are carried out for school visits and other activities outside of the normal timetable
- providing information about medical conditions to supply staff who will be covering their role where the need for supply staff is known in advance

NB. Any teacher or support staff member may be asked to provide support to a child with a medical condition, including administering medicines. However, no member of staff can be required to provide this support.

The Welfare staff are also responsible for:

- notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible this should be done before the child starts at our school.
- providing support for staff on implementing a child's individual healthcare plan and providing advice and liaison including with regard to training.

### **3. PROCEDURE WHEN NOTIFICATION IS RECEIVED THAT A PUPIL HAS A MEDICAL CONDITION**

Parents are encouraged to provide the school with full information about their child's medical needs.

- The Welfare staff will liaise with relevant individuals, including as appropriate parents, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child.
- Where appropriate, an Individual Healthcare Plan will be drawn up.
- Appendix 1 outlines the process for developing individual healthcare plans.

#### **4. INDIVIDUAL HEALTHCARE PLANS (IHCPs)**

- An ICHP (appendix 4 & 7) will be written for pupils with a medical condition that is long term and complex.
- It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency clarity.
- Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be mentioned in their IHP.
- IHCPs will be reviewed annually or earlier if evidence is provided that a child's needs have changed.

#### **5. ADMINISTERING MEDICINES**

- The School will accept responsibility in principle for supervising (secondary) and administering (primary & Nanaksar) to pupils/students at school provided that parents bring in the medication themselves. Please refer to appendix 2.
- Parents will be asked to complete the necessary forms for medication at school. Secondary parents will be asked to complete both the 'Medication at School' (appendix 5) form and the 'Record of Medication Taken' forms (appendix 6) (kept in the secondary welfare office). Primary parents will also be asked to complete the 'Medication at School' form and a record of medication administered is made on this document (this form is kept in the Primary Welfare Office). At Nanaksar Primary, parents will be asked to complete the 'Medication at School' form with the Welfare Officer.
- The medication must have been prescribed by the pupil's/student's doctor/consultant or hospital. Parental consent must have been given in writing.
- The medication must be handed to Welfare staff/ appointed first aider and logged in the Medication Register.
- Medicines will only be accepted for administration if they are:
  - Prescribed; In-date; and Labelled
  - 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 inside an insulin pen or pump, rather than in its original container.

- Pupils/students will be supervised by Welfare staff, or the person nominated to deputise in their absence, when taking medication.
- All prescribed medication must be handed to Welfare staff or appointed first aider. It will be kept in a secure cupboard and logged in the Medication Register. Pupils/ students with asthma will keep their medication as follows:-
  - Primary - Keep one inhaler in their classroom and spare in the welfare room. This is the same procedure for their allergies medication. adrenaline pen or antihistamine set in the classroom and one set in the welfare room. In terms of medication for diabetic children, this is kept in Primary Welfare. The glucogel is kept in the medical bag in the classroom. Needles, spare strips, snacks, machine etc.. are kept in the welfare office. These are sent via the diabetic trained member of staff when the child goes on any trips.
  - Secondary - Students with asthma will keep their asthma inhalers and spacers on them. Secondary welfare will not keep spare inhalers for students. Students are expected to keep a set of inhaler and spacer on them at all times. Students with allergies should have a set of adrenaline pen and antihistamine or combination given by hospital or GP on them at all times. A spare set will be kept in welfare. Students with Diabetes will keep their drinks and snacks on them together with a set to check their blood sugars and administer if necessary. A spare set will be kept in welfare together with sugary snacks or drinks. Depending on the system in place for the student i.e pump, patch or manual checking a plan will be put in place with the help of the diabetes nurse, parents and student.
  - Nanaksar Primary - Keep one inhaler in their classroom and spare in the welfare room. This is the same procedure for their allergies medication. adrenaline pen or antihistamine set in the classroom and one set in the welfare room.
- Students medical conditions are recorded electronically on the pupil/student medical records section.
- All medication and medical conditions are logged on the Medical Conditions spreadsheet
  - Primary - Shared drive/Primary/Welfare/under the relevant academic year and then medical conditions.
  - Secondary - Drive: Shared drive: GNSA-welfare: new medical conditions 2019 - 2020.
  - Nanaksar Primary, teachers are given a spreadsheet at the beginning of the Academic year indicating which pupils require medication. When medication is administered, it is logged in the Medication Book in the Welfare Office.
- For pupils/students with long-term or complex needs, the School will co-operate with parents and the health authorities to meet those needs as effectively as possible with the aim of avoiding any interruption in the pupil's/student's attendance at school.
- The policy of the School is for at least two members of staff to hold a current first aid qualification and to encourage other members of staff to be trained in basic first aid.
- Welfare staff, a qualified first aider, has responsibility for the practical day to day administration of welfare care, and will keep a full record of all medication administered.
- The emergency salbutamol inhaler should only be used by children: who have been diagnosed with asthma, and prescribed a reliever inhaler or who have been prescribed a reliever inhaler and for whom written parental consent for use of the emergency inhaler has been given. This information should be recorded in a child's individual healthcare plan.

- Procedure for using an emergency inhaler
- Consent from parents
- Name entered on asthma registration log
- Record of salbutamol inhaler administered
- Parental notification of emergency salbutamol inhaler use
- Salbutamol inhaler log (to check inhalers are working)
- How to recognise an asthma attack
- What to do in the event of an asthma attack
- (Forms used - see appendix 9)

## **6. ACTION IN EMERGENCIES**

If it is decided to send a pupil/student to hospital, staff will call an ambulance. The parents will be informed as quickly as possible. A member of staff will stay with the pupil/student until his/her parents arrive

A copy of this information will be displayed in the school office

- Request an ambulance – dial 999 and be ready with the information below. Speak slowly and clearly and be ready to repeat information if asked.
  - i) The School's telephone number: 020 8573 6085
  - ii) Your name: .....
  - iii) Your location: Guru Nanak Sikh Academy, Springfield Road, Hayes Middlesex, UB4 0LT.
  - iv) Provide the exact location of the patient within the school
  - v) Provide the name of the child and a brief description of their symptoms
  - vi) Inform ambulance control of the best entrance to use and state that the crew will be met and taken to the patient
- Ask office staff to contact the Premises Manager or appropriate staff member to open relevant gates for entry
- Contact the parents to inform them of the situation
- A member of staff should stay with the pupil until the parent/carer arrives. If a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.

## **7. ACTIVITIES BEYOND THE USUAL CURRICULUM**

- Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum.
- When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate.

## **8. UNACCEPTABLE PRACTICE**

The following items are not generally acceptable practice with regard to children with medical conditions, although the school will use discretion to respond to each individual case in the most appropriate manner.

- preventing children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assuming that every child with the same condition requires the same treatment
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged)
- sending children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable
- penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- preventing pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- requiring parents, or otherwise making them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- preventing children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

## **9 COMPLAINTS**

• An individual wishing to make a complaint about actions regarding the School's actions in supporting a child with medical conditions should discuss this with the School in the first instance.

- If the issue is not resolved, then a formal complaint may be made, following the complaints procedure as set out in complaints policy ([www.gurunanaksikhacademy.co.uk](http://www.gurunanaksikhacademy.co.uk)).

## **10 EQUALITY IMPACT STATEMENT**

We will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policies. On review we shall assess and consult relevant stakeholders on the likely impact of our policies on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity. We will use an appropriate Equality Impact Assessment to monitor the impact of all our policies and the policy may be amended as a result of this assessment.

## **Asthma**

What is Asthma?

Pupils/students with asthma have airways which narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur, house dust mites and passive smoking. Exercise and stress can also precipitate asthma attacks in susceptible cases. The narrowing or obstruction of the airways causes difficulty in breathing and can be alleviated with treatment. Asthma attacks are characterised by coughing, wheeziness, an inability to speak properly, and difficulty in breathing, especially breathing out. The pupil/student may become distressed and anxious and in very severe attacks their skin and lips may turn blue.

### **Medication and control**

Medication to treat the symptoms of asthma usually comes in the form of inhalers which in most cases are colour coded. Instructions will be given on the medication as to which colour coding is relevant to inhaler use in different circumstances.

Most pupil's/student's with asthma will take charge of and use their inhaler from an early age and it is good practice to allow pupils/students to carry their inhalers with them at all times, particularly during PE lessons. If a pupil/student is too young or immature to take responsibility for the inhaler, staff should ensure that the inhaler is kept in a safe but readily accessible place and is clearly marked with the pupil's/student's name.

Pupils/students with asthma must have immediate access to their inhalers when they need them. In the case of secondary students the student must have their own inhaler and spacer on them at all times. For primary pupils It would be helpful for parents to provide the relevant school with a spare inhaler and spacer for use in case the original inhaler is left at home or runs out. Spare inhalers must be clearly labelled with the pupil's/student's name and stored in the primary welfare room in accordance with the respective school's health and safety policy.

It is the parents' responsibility to ensure that any medication retained at school is within its expiry date.

Where pupil's/students are unable to use an inhaler by themselves or where a pupil/student requires additional medication, e.g. a nebuliser, a health care plan must be completed. For pupils/students whose asthma is controlled by an inhaler, an information card giving the basic details should be completed and kept with their file.

Note that it is difficult to 'overdose' on the use of an inhaler. If a pupils/student tries out another pupil's/student's inhaler there are unlikely to be serious side effects, although clearly pupils/students should never take medication which has not been prescribed for their own personal use.

Following discussion with the pupil/student and his/her parents individual decisions should be made as to whether to provide basic information on the pupil's/student's condition to his/her peer group so that they are made aware of their classmate's needs.

### **Managing pupils/students with asthma**

- Staff should be aware of those pupils/students under their supervision who have asthma
- PE staff should ensure that all pupils/students with asthma have their salbutamol inhaler prior to commencement of a session
- Staff should ensure that they have some knowledge of what to do if a pupil/student has an asthma attack
- If a pupil/student feels unwell, the Welfare Officer should be contacted for advice
- A pupil/student should always be accompanied to the Medical Room. If pupil/student showing any signs/symptoms mentioned below. The pupil/student should not be moved. Welfare staff/first aider should come to the pupil/student.

### **Educational visits and trips away from school**

- Staff should ensure that all pupils/students going on away trips carry their medication with them
- Staff members trained in administration of medication must be identified
- Staff must give consideration to the safe storage of medication
- Staff supervising the visit/ trip must be aware of the pupil/student's condition and of any relevant emergency procedures

### **Issues which may affect learning**

Pupils/students with asthma should be encouraged to participate as fully as possible in all aspects of school life, although special considerations may be needed before undertaking some activities. Pupils/students must also be allowed to take their inhaler with them on all off-site activities.

Physical activity will benefit pupils/students with asthma in the same way as other pupils/students. They may need to take precautionary measures and use their inhaler before any physical exertion. As with all pupils/students, those with asthma should be encouraged to undertake warm-up exercises before rushing into sudden activity, especially when the weather is cold. However, they should not be forced to take part if they feel unwell.

## **11 EMERGENCY INHALERS**

### **a) Supply**

Inhaler and spacers can be bought from the pharmacist without a prescription. Necessary paperwork needs to be signed by the principal (or the designated person in place). Headed paper stating name of school, purpose for which product required and total quantity needed (Example page 28).

### **b) The emergency kit - instructions included**

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler;
- at least two plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers (see below);

- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- a record of administration (i.e. when the inhaler has been used).

### **c) Salbutamol**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. It is essential therefore that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

### **d) Storage / care /Disposal**

Welfare staff have responsibility for ensuring that:

- On a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available; inhaler can be primed by spraying two puffs.
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use. To prevent cross contamination the plastic spacer should not be used. It can be given to the child for personal use.
- The plastic inhaler housing (which holds the canister) has been cleaned with warm running water, dried in air, cap replaced and returned to storage following use, or that replacements are available if necessary. If any risk of cross contamination i.e. used without a spacer, housing unit should be disposed of.

### **e) Children who can use an inhaler**

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;

AND for whom written parental consent for use of the emergency inhaler has been given.

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

The asthma register to be checked before supervising / administering the inhaler. To check if consent has been given by parents, the register will be updated annually.

### **f) Responding to asthma symptoms and an asthma attack**

**Common 'day to day' symptoms of asthma are:**

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

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

**Signs of an asthma attack include:**

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet

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

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately (remember to shake the inhaler on every puff taken)
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.
- Stay calm and reassure the child. Stay with the child until they feel better and symptoms are resolved, inform parents and advise GP appointment.

If little or no improvement and the child exhibits the following:-

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

Responding to signs of an asthma attack

- **If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, DIAL 999 FOR AN AMBULANCE. Continue to give BLUE (reliever) inhaler 10 puffs every 15 minutes until medical help arrives or symptoms improve.**
- 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.

### **g) Recording use of the inhaler and informing parents/carers**

Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. Example of letter given to parents attached – page 31.

### **h) Staff training**

All the Academies staff have had asthma training.

It would be reasonable for ALL staff to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

The emergency inhaler kits can be collected from any of the points closer to the student. If the designated staff members can be called and will bring the emergency inhalers with them or collect on the way.

Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

The designated staff members Lakhvir Gill and Kuldeep Virk (secondary), Ravinder Punn (primary) and Balvinder Panesar (Nanaksar Primary - information to follow) are responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register; the supply, storage care and disposal of the inhalers and spacers.

### **i) Liability and indemnity**

Supporting pupils requires that governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Local Authorities may provide schools which are administering inhalers with appropriate indemnity cover; however schools will need to agree any such indemnity cover directly with the relevant authority or department.

### **Disposal**

School has been registered as a lower-tier waste carrier. Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. We have a company which disposes of any expired medication from school.

Inhalers will be kept in the following places:-

#### **Secondary:-**

Welfare

Reception

MPR

English office

Printer room next to room 11

Library

PE X 2

Gym

C2

Canteen

Maths office

Gurdwara

Room 46

Lab3

Lab 8

School trips x 5

**Primary** – Kit in the welfare room and primary hall/gym. (Extra kits to be made available for trips).

**Nanaksar**- Kit in Welfare Room and extra kits for trips. (will be implemented soon).

## **12 Anaphylaxis**

### **What is anaphylaxis?**

Anaphylaxis is an acute allergic reaction requiring urgent medical attention. It can be triggered by a variety of allergies, the most common of which are contained in food (e.g. dairy products, nuts, peanuts, shellfish), certain drugs and the venom of stinging insects (e.g. bees, wasps, hornets). In its most severe form the condition can be life-threatening.

Symptoms of anaphylaxis usually occur after exposure to the causative agent and may include itching, swelling of the throat and tongue, difficulty in swallowing, rashes appearing anywhere on the body, abdominal cramps and nausea, increased heart rate, difficulty in breathing, collapse and unconsciousness. No pupil/student would necessarily experience all of these symptoms at the same time.

### **Medication and control**

Medication to treat anaphylactic reactions includes antihistamines, an adrenaline inhaler, or an adrenaline injection. The adrenaline injections most commonly prescribed are administered by an EpiPen, a device which looks like a fountain pen and which is pre-loaded with the correct dose of adrenaline. The injections are easy to administer, usually into the fleshy part of the thigh either directly or through light clothing.

Medication for use with anaphylaxis for an individual pupil/student must be readily accessible, in accordance with the school's health and safety policy. If a pupil/student has an EpiPen it is particularly important that this is easily accessible throughout the school day. Medication must be clearly marked with the pupil/student's name and should be updated on a regular basis. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

It is important that key staff in the relevant school are aware of the pupil/student's condition and of where the pupil/student's medication is kept, as it is likely to be needed urgently.

It is not possible to overdose using an EpiPen as it only contains a single dose. In cases of doubt, it is better to give a pupil/student experiencing an allergic reaction an injection rather than hold back.

All pupils/students who have anaphylaxis will require an individual health care plan. The health care plan should indicate whether in some circumstances the pupil/student should be allowed to carry medication on his/her person around the school.

Following discussion with the pupil/student and his/her parents, individual decisions should be made as to whether to provide basic information on the pupil's/student's condition to his/her peer group so that they are aware of their classmate's needs and of the requirement for urgent action should an allergic reaction occur. Fellow pupils/students should also be advised not to share food or drink with a pupil/student who is likely to experience an anaphylactic reaction.

## Managing pupils/students with anaphylaxis

- Staff should be aware of those pupils/students under their supervision who have a severe allergy resulting in anaphylaxis.
- Staff should ensure that all pupils/students who have an EpiPen prescribed to them, have their medication on them at all times.
- Staff should ensure that they have some knowledge of what to do if a pupil/student has an anaphylactic reaction. (Staff to seek advice from the Welfare assistant.)
- If a pupil/student feels unwell, the Welfare Assistant should be contacted for advice.
- A pupil/student should always be accompanied to the medical room if sent by a member of staff. If pupil/student showing any signs/symptoms mentioned below. The pupil/student should not be moved. Welfare staff/first aider should come to the pupil/student.

Away trips: Please refer to the Staff Handbook for full procedures. Staff should ensure that all pupils/students going on away trips carry their medication with them.

Staff members trained in the administration of medication must be identified.

Staff must give consideration to the safe storage of medication.

Staff supervising the trip must be aware of the pupil's/student's condition and of any relevant emergency procedures.

### **Issues which may affect learning**

Pupils/Students with anaphylaxis should be encouraged to participate as fully as possible in all aspects of school life. It is not possible to ensure that a pupil /student will not come into contact with an allergen during the school day but consideration should be given to the potential risk to such pupils/students in the following circumstances and the aim must always be to seek to minimise risk.

What are the main symptoms?

- Itching or presence of a rash
- Swelling of the throat
- Difficulty in swallowing
- Difficulty in breathing
- Increased heart rate
- Unconsciousness

What to do if a pupil/student has an anaphylactic reaction

- Ensure that a paramedic ambulance has been called
- Stay calm and reassure the pupil
- Encourage the pupil/student to administer their own medication as taught. If too young the First Aider or Welfare Assistant to administer as required.
- Summon assistance immediately from the Welfare Office
- Liaise with the welfare staff about contacting parents

**What are the main symptoms?**

- Coughing

- Wheezing
- Inability to speak properly
- Difficulty in breathing out

### **What to do if a pupil/student has an asthmatic attack**

- Stay calm and reassure the pupil/student. Speak calmly and listen to what they are saying.
- Summon assistance from the welfare assistant or first aider. Try not to leave the pupil/student alone unless absolutely necessary.
- Make sure that any medicines and /or inhalers are use promptly
- Help the pupil/student to breathe by encouraging them to breathe slowly and deeply and relax.
- Help the pupil/student to sit fairly upright or to lean forward slightly rather than lying flat on his/her back.
- If the pupil/student does not respond to medication or his/her condition deteriorates call a paramedic ambulance.

Liaise with the School Office staff about contacting parents/guardians.

## **13 Diabetes**

### **What is diabetes?**

Diabetes is a condition in which the amount of glucose (sugar) in the blood is too high due to the body being unable to use it properly. This is because of a faulty glucose transport mechanism due to lack of insulin. Normally, the amount of glucose in the bloodstream is carefully controlled by a hormone called insulin. Insulin plays a vital role in regulating the level of blood glucose and, in particular, in stopping the blood glucose level from rising too high. Pupils/students with diabetes have lost the ability to produce insulin and therefore their systems are unable to control their blood glucose levels. If the blood glucose level is too high, a pupil/student may show symptoms of thirst, frequent trips to the toilet, weight loss and tiredness. Conversely, if the blood glucose level is too low they may display symptoms which include hunger, drowsiness, glazed eyes, shaking, disorientation and lack of concentration.

### **Medication and control**

Diabetes cannot be cured but it can be treated effectively by injections of insulin and by following an appropriate diet. The aim of the treatment is to keep the blood glucose level close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia). All pupil/students with diabetes will require an individual health care plan.

In most cases pupil/students will have their insulin injections before and after school but some may require an injection at lunchtime. If a pupil/student needs to inject whilst at school he/she will know how to undertake the procedure without adult supervision. However, the pupil/student may require privacy in which to administer the injection. Some pupil/students may also need to monitor their blood glucose levels on a regular basis and again privacy may be required for this procedure.

An essential part of the treatment of diabetes is an appropriate diet whereby regular meals and good food choices help to keep the blood glucose level near normal. A pupil/student with diabetes will have been given guidance on food choices which should be reduced in sugar and fat but high

in starch. Most pupil/students with diabetes will also need to eat snacks between meals and occasionally during class time.

These snacks usually consist of cereal bars, fruit, crisps or biscuits. It is important to allow a pupil/student with diabetes to eat snacks without hindrance or fuss and to ensure that the lunchtime meal is taken at a regular time. It is also important that the school should establish with the pupil/student and his/her parents where supplies of fast acting sugar can be kept in case of a hypoglycaemic episode. The issue of close communication between parents and the school is fundamental to the care of pupils/students with diabetes, as many aspects of growth and development will have an impact on their diabetes control. It is the parents' responsibility to ensure that any medication retained at the school is within its expiry date.

Following discussion with the pupil/student and his/her parents, individual decisions should be made as to whether to provide basic information on their condition to his/her peer group so that they are aware of their classmate's needs.

### **Managing pupils/students with diabetes**

- Staff should be aware of those pupils/students under their supervision who have diabetes
- Staff should ensure that they have some knowledge of what to do if a pupil/student has a hypoglycaemic episode or a hyperglycaemic episode. (Staff to seek advice from Welfare staff for training)
- If a pupil/student feels unwell, the Welfare Officer should be contacted for advice.
- A pupil/student should always be accompanied to the Welfare Room if sent by a member of staff. If pupil/student showing any signs/symptoms mentioned below. The pupil/student should not be moved. Welfare staff/first aider should come to the pupil/student.
- Staff should ensure that all pupils/students going on away trips carry their medication with them
- Staff members trained in the administration of medication must be identified
- Staff must give consideration to the safe storage of medication
- Staff supervising the trip must be aware of the pupils/student's condition and of any relevant emergency procedures.

### **Issues which may affect learning**

Pupils/students with diabetes should have no difficulties in accessing all areas of the curriculum including sporting activities which are energetic. However, as all forms of strenuous activity use up glucose there are some simple precautions to follow in order to assist a pupil/student with diabetes in maintaining an adequate blood glucose level:

- Encourage the pupil/student to eat or drink some extra sugary food before the activity
- Have glucose tablets or a sugary drink readily available in case the pupil/student displays symptoms of hypoglycaemia
- After the activity is concluded, encourage the pupil/student to eat some more food and take extra fluid - these additional snacks should not affect normal dietary intake.

What to do in an emergency if a pupil/student has a hypoglycaemic (low blood sugar) episode.

Common causes:

- A missed or delayed meal or snack
- Extra exercise

- Too much insulin during unstable periods
- The pupil/student is unwell
- The pupil/student has experienced an episode of vomiting.

Common symptoms:

- Hunger
- Drowsiness
- Glazed eyes
- Shaking
- Disorientation
- Lack of concentration

Get someone to stay with the pupil/student - call for welfare staff/ambulance (if they are hypo, do not send her/him out of class unaccompanied, as blood sugar may drop further possibly resulting in collapse).

Give fast acting sugar immediately (the pupil/student should have this), e.g.

- Lucozade
- Fresh orange juice
- Sugary drink,
- Glucose tablets
- Honey or jam
- 'Gluco gel' (discuss with the Welfare Officer whether this should be taken on trips off site)

Recovery usually takes ten to fifteen minutes.

Upon recovery give the pupil/student some starchy food, e.g. couple of biscuits, a sandwich.

Inform parents of the hypoglycaemic episode.

In some instance it may be appropriate for the pupil/student to be taken home from school

NB In the unlikely event of a pupil/student losing consciousness, call an ambulance and inform parents.

### **A hyperglycaemic episode (high blood sugar)**

Hyperglycaemic episodes occur when the blood glucose level is too high. Pupils/students may display the following symptoms:

- Excessive thirst.
- Passing urine frequently
- A change of behaviour
- Vomiting
- Abdominal pain

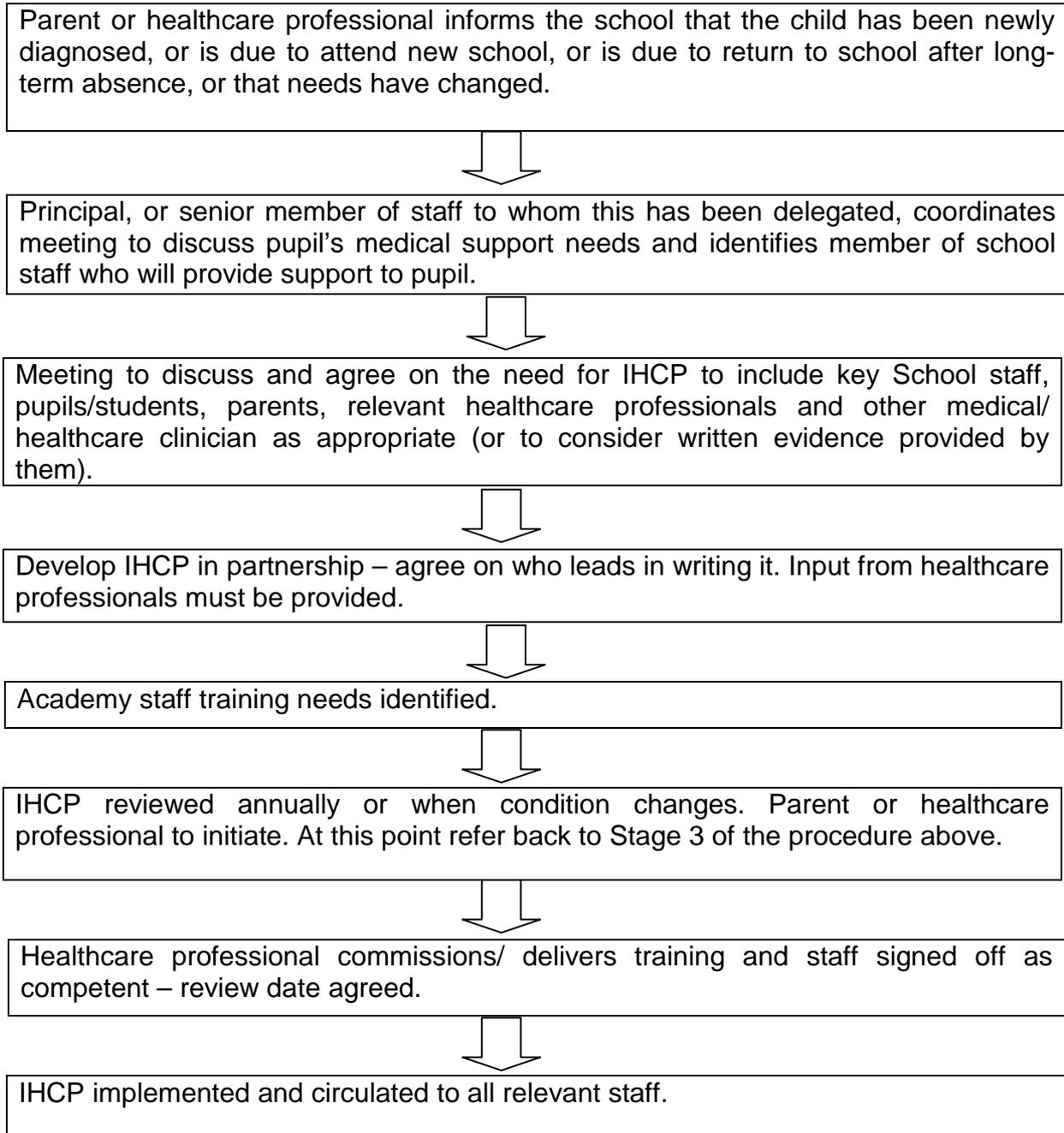
### **Care of pupils/students in a hyperglycaemic episode**

- Do not restrict fluid intake or access to the toilet
- Contact the Welfare Officer and parents if concerned.

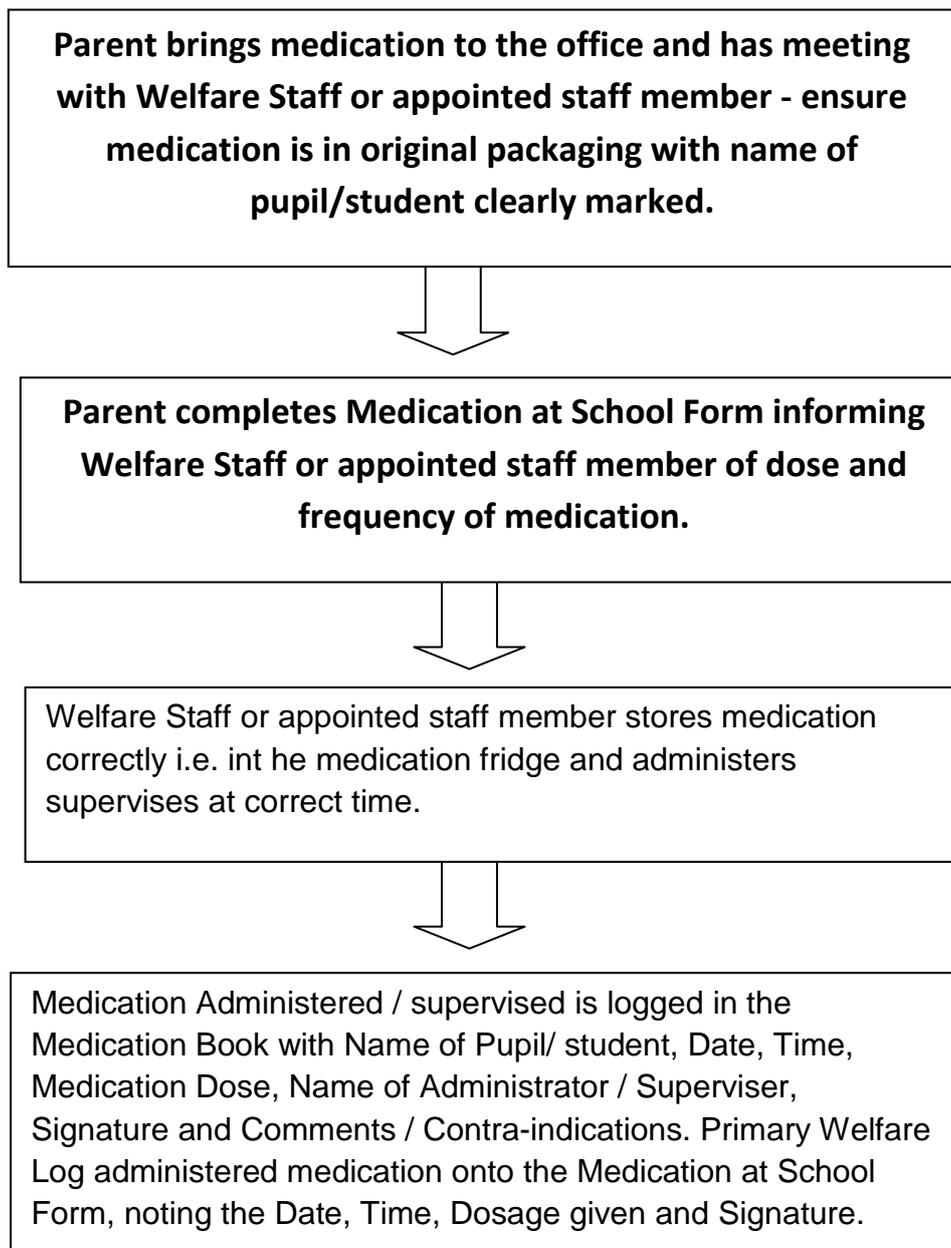
In both episodes, staff should liaise about contacting parents/guardians.

## 14. APPENDICIES

### Appendix 1: PROCESS FOR DEVELOPING INDIVIDUAL HEALTHCARE PLANS FOR LONG TERM CONDITIONS



**Appendix 2: Process for Developing Care Plans for Short-Term Conditions – Prescribed Paracetamol, Ibuprofen, Antibiotics.**



**Named persons to assist with medication supervision**

All care plans should be drafted with details of named persons to assist with medication.

A first aider may be able to supervise medication taken if necessary training has been given. This will be outlined in the care plan for the student.

### Appendix 3: Who to Contact Within The School - Chain of Staff and First Aiders List

For Emergencies contact first aiders in welfare

Secondary - L Gill / K Virk Ext 227/413

Senior management needs to be alerted T Perryman – Ext 278

Primary – R Punn Ext 324 and P Dhaliwal Ext 325

Nanaksar – B Panesar Ext 3163 and A Chatur Ext 3161

| Primary First Aiders                               |               | Extension numbers |
|--|---------------|-------------------|
| Mrs R Punn (also Paediatric First Aid trained)     | Welfare       | 324               |
| Mrs C Favussa                                      | Nursery Nurse | 327               |
| Mrs S Punia  | LSA - 1SP     | 337               |
| Ms A Sarin   | LSA - 3SB     | 339               |
| Mrs H Gill   | LSA - 4AM     | 334               |
| Miss S Gill  | LSA - 5PR     | 333               |
| Mrs D Khilnani (also Paediatric First Aid trained) | PE            | 335               |
| Mrs K Bhoot  | Office        | 320               |
| <b>Nanaksar First Aiders</b>                       |               |                   |
| Mrs B Panesar                                      | Welfare       | 3163              |
| Mrs H Kundi  | LSA 3JM       |                   |
| Mrs R Salopal                                      | LSA 2SW       |                   |
| Ms A Rai   | LSA 3DP       | 3167              |
| Mrs A Virdi  | SMSA          |                   |

### Secondary First Aiders

|            |          |   |              |          |                                      |
|------------|----------|---|--------------|----------|--------------------------------------|
| K Virk     | Ext. 227 | Welfare   | John Perkins | Ext.234  | History                              |
| L Gill     | Ext. 413 | Welfare   |              |          |                                      |
| B Ghadiali | Ext. 248 | School Office   | J Heer       | Ext. 410 | Year 7 Progress Leader Law / History |
| M Bhogal   | Ext. 264 | Sixth Form  | G Williams   | Ext. 228 | Library Centre Manager               |
| M Punn     | Ext. 232 | Canteen/Kitchen                                       |              |          |                                      |
| Mrs Kang   | Ext. 232 | Canteen/Kitchen                                       | H Singh      | Ext. 259 | Mathematics                          |
| Mrs Sidhu  | Ext. 232 | Canteen/ Kitchen                                      | R Bal        | Ext. 259 | Mathematics                          |
| G Khutan   | Ext. 241 | Sixth Form Enrichment Coordinator Design & Technology |              |          |                                      |
| G Bahra    | Ext. 241 | Art   | G Mand       | Ext. 259 | Mathematics                          |
|            |          |   | C Fielder    | Ext. 263 | Music Subject Leader                 |

|             |                 |                                     |             |          |                               |
|-------------|-----------------|-------------------------------------|-------------|----------|-------------------------------|
| M Botros    | Ext. 241        | Art & DT                            | M Sylvester | Ext. 263 | Music                         |
| S Belaredj  | Ext. 252        | French Department<br>Subject Leader | S Sandhu    | Ext. 242 | Computing                     |
|             |                 |                                     | S Carrol    | Ext. 249 | PE Department                 |
| M Dhanju    | Ext.<br>409/240 | year 11 Progress<br>Leader English  | J Dhillon   | Ext. 289 | Yr 8, Yr 9 Progress<br>Leader |
| F Crossland | Ext. 274        | Year 10 Progress<br>Leader PE       | B Berry     | Ext. 249 | PE Subject Leader             |
|             |                 |                                     | R Banwait   | Ext. 292 | Punjabi                       |
| M Pall      | Ext. 240        | English                             | G Sidhu     | Ext. 292 | RE/ Punjabi Subject<br>Leader |
| P Mistry    | Ext. 240        | English                             | J Lowndes   | Ext. 254 | Science                       |
| B Curtis    | Ext. 268        | Assistant Principal                 | P Bhullar   | Ext. 253 | Science                       |
| K Culhane   | Ext. 332        | Assistant Principal                 | J White     | Ext. 220 | HLTA - SEN                    |
| J Sidhu     | Ext. 264        | Assistant Principal                 | V Deol      | Ext. 220 | HLTA – SEN                    |
| D Soneji    | Ext. 267        | Ext. 267 Assistant<br>Principal     | N Kular     | Ext. 220 | LSA – SEN                     |
| S Dhokia    | Ext.244         | Assistant Principal                 | A Mann      | Ext. 281 | HLTA – SEN                    |
| T Perryman  | Ext. 278        | Assistant Principal                 | G Girdhare  | Ext. 220 | HLTA – SEN                    |

## Appendix 4: Individual Health Care Plan

### Care plan

|  |   |
|--|---|
| <div style="border: 1px solid black; padding: 5px; width: 100px; height: 100px; display: flex; flex-direction: column; justify-content: center; align-items: center;"> <p>Sims Photo<br/>Here</p> </div> | <p><b><u>Student Details</u></b></p> <p><b>Name:</b>                      <b>Form:</b>                      <b>Date of Care Plan:</b></p> <p><b>Important information e.g. siblings in school, deceased parents, who is main contact?</b></p> |
|--|---|

|  |  |
|--|--|
| What is the attendance percentage?   |  |
| Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment etc.   |  |
| Staff training needed/undertaken – who, what, when   |  |
| Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/ self-administered with/ without supervision |  |
| Daily care requirements  |  |
| Specific support for the pupil's educational, social and emotional needs   |  |
| Arrangements for school visits/ trips etc  |  |
| What outside agencies are involved?  |  |
| Do we have names and agency details?   |  |
| Has a record of work given been noted?   |  |
| Has work given been completed and marked by subject teacher?   |  |
| What communication have we had with parents/carers?  |  |
| Are we keeping parents up to date?   |  |
| Have we put in goals and review dates in place?  |  |
| Describes what constitutes an emergency and the action to be taken if this occurs.   |  |
| Who is responsible in an emergency?  |  |
| Is medical evidence being received?  |  |
| Other information  |  |

|  |
|--|
| <p><b><u>Care Plan Review</u></b></p> <p><b>By Whom:</b></p> <p><b>Date:</b></p> |
|--|

## Appendix 5: Medication at School Form - Parental Agreement for Setting to Administer/Supervise Medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

|   |                          |  |       |  |
|---|--------------------------|--|-------|--|
| Date for review to be initiated by  |                          |  |       |  |
| Name of school/setting  |                          |  |       |  |
| Name of child   |                          |  |       |  |
| Date of birth   |                          |  |       |  |
| Group/class/form  |                          |  |       |  |
| Medical condition or illness  |                          |  |       |  |
| <b>Medicine</b>   |                          |  |       |  |
| Name/type of medicine<br><i>(as described on the container)</i>   |                          |  |       |  |
| 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  |                          |  |       |  |
| Medication will be taken for  | Days                     |  | Weeks |  |
| Last date for taking medication   |                          |  |       |  |
| <b>NB: Medicines must be in the original container as dispensed by the pharmacy. (Any medication left in welfare after this date, not collected, will be destroyed)</b> |                          |  |       |  |
| <b><u>Contact Details</u></b>   |                          |  |       |  |
| 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 Supervising (secondary) administering (primary) 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(s)

Date

## Appendix 6: Record of medicine administered/supervised to an individual student in Secondary phase

Name of student \_\_\_\_\_ Form Group \_\_\_\_\_

Date medicine provided by parent \_\_\_\_\_

| Name of medication | Strength of medication | Quantity received | Dose of medication | Frequency of dose to be taken | Expiry date | Quantity returned | Side affects / comments |
|--------------------|------------------------|-------------------|--------------------|-------------------------------|-------------|-------------------|-------------------------|
|                    |                        |                   |                    |                               |             |                   |                         |
|                    |                        |                   |                    |                               |             |                   |                         |

Parent Name (**please print**) \_\_\_\_\_ Parent signature  
\_\_\_\_\_

Staff Name (**please print**) \_\_\_\_\_ Staff signature  
\_\_\_\_\_

| Date | Time | Dose taken | Student Sig | Amount left | Name of member of staff | Staff initials |
|------|------|------------|-------------|-------------|-------------------------|----------------|
|      |      |            |             |             |                         |                |
|      |      |            |             |             |                         |                |
|      |      |            |             |             |                         |                |

C:\Users\lakhvirg\Desktop\Record of med admin to students.docx

## Appendix 7: Model Letter inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your

child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

#### **Appendix 9:**

## **HOW TO RECOGNISE AN ASTHMA ATTACK**

### **The signs of an asthma attack are:**

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

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

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

## WHAT TO DO IN THE EVENT OF **AN ASTHMA ATTACK**

1. Keep calm and reassure the child
2. Encourage the child to sit up and slightly forward
3. Use the child's own inhaler- if not available, use the emergency inhaler
4. Remain with the child while the inhaler and spacer are brought to them
5. Immediately help the child to take two separate puffs of salbutamol via the spacer
6. If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.
7. Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
8. If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, **CALL 999 FOR AN AMBULANCE**
9. If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way.



# ASTHMA ATTACK

For children with  
diagnosed asthma



**SIGNS OF  
WHEEZING  
COUGHING  
SHORTNESS OF BREATH**

## **TREATMENT**

**GIVE RELIEVER (BLUE)  
INHALER, 2 PUFFS**

(IF THIS TYPE OF INHALER USE WITH SPACER)

## **IF NO OR MINIMAL EFFECT**

**GIVE UP TO 10 PUFFS OF RELIEVER (BLUE) INHALER**

(IF THIS TYPE OF INHALER USE WITH SPACER)

If better (symptoms resolved) inform parents & advise GP Appointment.

**Hillingdon Champions  
of Asthma Team**

August 2017

If little or no improvement:- **DIAL 999**. Continue to give **BLUE (reliever) inhaler 10 PUFFS** every 15 minutes until medical help arrives or symptoms improve.

## Protocol used for emergency inhalers at school

### Salbutamol Inhaler Log

All Emergency Salbutamol Inhalers should be checked on a monthly basis to ensure they are within the expiry date, clean and in full working order. Further instructions on use, cleaning and storage can be found within the inhaler box.

| Check Date | Inhaler Batch Number | Expiry Date | In Working Order? | Replacement Required? |
|------------|----------------------|-------------|-------------------|-----------------------|
|            |                      |             |                   |                       |
|            |                      |             |                   |                       |
|            |                      |             |                   |                       |
|            |                      |             |                   |                       |
|            |                      |             |                   |                       |

### Record of Trained Staff Members

#### IN THE USE OF EMERGENCY SALBUTAMOL INHALERS

In the event that a child's own inhaler is either lost, broken or out of doses, an emergency inhaler can be used. It is recommended that staff are trained in what action to take in the event of a child having an asthma attack. This record enables untrained staff to quickly locate trained staff members. Training is usually given by the school Nurse, all the academy staff are expected to attend.

| Date of Training | Name of Staff Member | Trainer's Name |
|------------------|----------------------|----------------|
|                  |                      |                |
|                  |                      |                |
|                  |                      |                |

### Record of Salbutamol Inhaler Administration

It is essential that a record is kept of all instances where a child is administered an Emergency Salbutamol Inhaler due to their own being unavailable.

| Date | Administering Staff Member | Child Name | Doses/ Puffs Taken | Action Taken e.g Collected by Parent/ sent to Hospital |
|------|----------------------------|------------|--------------------|--|
|      |                            |            |                    |  |
|      |                            |            |                    |  |
|      |                            |            |                    |  |

**PARENTAL NOTIFICATION  
OF EMERGENCY  
SALBUTAMOL INHALER USE**

Student's name:.....

Form:.....

Date:.....

Dear.....

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.

(Delete as appropriate)

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.

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

Yours sincerely,

# PARENTAL CONSENT FORM

## FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL

### Child showing symptoms of asthma/having asthma attack

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

Parent/Guardian Signature:.....

Date:.....

Full name  
(print).....

Student's  
name.....

Form.....

Parent/Guardian address and contact details:

.....  
.....

Telephone:.....

Email:.....

## Asthma Registration Log

### **EMERGENCY SALBUTAMOL INHALER USE PERMITTED**

Emergency Salbutamol Inhalers may only be administered to pupils with a complete and in date Parental Consent Form. This log should be updated at the start of each school year upon receipt of a new Parental Consent Form.

| <b>Pupil's Name</b> | <b>Date Parental Consent Form Received</b> | <b>Year Group</b> | <b>Form/Class</b> |
|---------------------|--|-------------------|-------------------|
|                     |  |                   |                   |
|                     |  |                   |                   |
|                     |  |                   |                   |

To Whom It May Concern

Re: Emergency Inhaler Order Request

Please supply Salbutamol inhalers to this Academy for emergency administration to students suffering an asthma attack and who do not have access to their own personal inhaler.

Principal Signature

Principal Name (Block Capitals)

Date