

George Spicer School Policy for Supporting Children with Medical Conditions

(including the asthma and auto injectors policy)



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Headteacher	Dominic Spong
Chair of Governors	Anne Del Greco & Deborah Dykins
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George Spicer School Policy for Supporting Children with Medical Conditions

Aims:

- To ensure that pupils at school with medical conditions, in terms of both physical and mental health, are properly supported so they can play a full and active role in school life, remain healthy and achieve their academic potential.
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves.

Note: Detailed information and guidance are contained in a separate document (**Supporting Pupils at School with Medical Conditions**) issued by the Government in April 2014.

Staff

At George Spicer the School Business Manager is responsible for the overall responsibility for Managing medical needs in the school.

At George Spicer we have 2 Welfare Assistants, one at each site: Mrs Kirsty Truong and Ms Victoria Barker

These Welfare Assistants are responsible for the day-to-day care of staff and pupils in regards to Welfare and First Aid at George Spicer.

They also have the responsibilities for:

- Ensuring staff have sufficient training in regards to first aid and use of the epi-pen.
- That all staff are aware of any medical conditions children may have.
- That individual healthcare plans are monitored and reviewed at least annually
- That transition, in regards to medicines, between schools are carried out.
- That if a child's needs change, then the measures above are adjusted accordingly.

Where children with medical needs join George Spicer mid-term or a new diagnosis is given, arrangements should be in place as soon as possible, ideally within two weeks.

Any pupil with a medical condition requiring medication or support in school should have an individual healthcare plan that details the support that a child needs. If the parents, healthcare professional and school agree that a healthcare plan is inappropriate or disproportionate, a record of the child's medical condition and any implications for the child will be on scholar pack, the classes' pastoral register and their individual file. Please also refer to the Asthma policy (appendix 3) and the Auto injector's policy (appendix 4)

Individual Healthcare Plans (IHPs)

The following information should be considered when recording on the Individual Healthcare plans (appendix 1):

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication and other treatments, times, facilities, equipment, testing, dietary requirements and environmental issues.
- The level of support needed in emergencies

- What to do in an emergency and who will be contacted.
- Who will provide support, confirmation of any cover requirements if appropriate.
- Who in the school needs a copy of the care plan and if whole school needs to be alerted a wall care plan is produced (appendix 2)
- A mention of the child's special educational needs if there are any.
- Children who just have asthma will complete the Asthma information form (Appendix A in the Asthma policy)

Medication:

Prescribed Medicines

- Medicines should only be sent in to school when absolutely necessary.
- Welfare staff will only administer medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
- Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration.
- We will not accept or administer medicines that have been taken out of their original container.
- We would encourage parents and carers to administer medicines that should be taken three times a day to be taken in the morning, after school and at bedtime. Prescribed medicines that need to be taken more frequently can be administered in school once the parent has completed the Request to administer medicines form (appendix 1A)
- Medicines will be kept in a high or locked cupboard or in a fridge in the Medical Room.
- No child should be given medication without written permission from parents or carers.
- A record will be kept each time a child is given medication in school.
- Parents of children who go on school residential and outings should inform school of any necessary medication a child may need, give written consent using the residential medical form given when attending the residential and follow the other guidance in this policy.

Non Prescribed Medicines

- Staff should never give a non-prescribed medicine to a child; these should be administered before or after school by parents.

Self-Management

- Children who are able to take responsibility for managing their own medicine will be encouraged to do so, eg. those children who suffer with asthma. However staff will always supervise such children and a specific asthma plan is written for each child.
- Children with asthma should have their inhaler with them when taking part in sporting activities such as swimming.
- Please see the school's asthma policy (Appendix 3)

Refusing Medicine

- If a child refuses to take their medicine, staff should not force the child to do so but immediately inform their parents.

Returning Medicines

- If a child finishes their medication and it is no longer needed then parents will sign the IHP page saying that the medication is no longer needed accompanied by a letter from the doctor where appropriate.

- At the end of the academic year all creams, medicines etc. will be returned home with the exception of asthma pump and epi pens which are still within date.

Staff Training

- All Teaching Assistants will have first aid training and this will be refreshed every 3 years.
- There will be at least 3 members of staff at Kimberley Gardens with specific Paediatric training, this will also be refreshed every 3 years.
- All staff will have Epi-pen training and this will be completed yearly.
- Where children come in with an identified medical need such as diabetes, the relevant staff will be trained accordingly.

Roles and Responsibilities

Supporting a child with a medical condition is not the sole responsibility of one person. The school will work collaboratively with any relevant person or agency to provide effective support for the child.

The Governing Body

- Must make arrangements to support pupils with medical conditions and ensure this policy is developed and implemented.
- Must ensure sufficient staff receive suitable training and are competent to support children with medical conditions.
- Must ensure the appropriate level of insurance is in place and appropriately reflects the level of risk.

The School Business Manager

- Should ensure all staff are aware of this policy and understand their role in its implementation
- Should ensure all staff who need to know are informed of a child's condition.
- Should ensure sufficient numbers of staff are trained to implement the policy and deliver IHPs, including in emergency and contingency situations, and they are appropriately insured.
- Is responsible for the development of IHPs
- Should contact the school nursing service in the case of any child with a medical condition who has not been brought to the attention of the school nurse.

School Staff

- Any staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.
- Should receive sufficient and suitable training and achieve the necessary level of competency before taking on the responsibility of supporting children with medical conditions.
- Any staff member should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Staff will not give a non-prescribed medicine to a pupil unless there is specific prior written permission from the parents. The school has an emergency asthma pump which can only be given to those with diagnosed asthma.
- Medication will be kept in a secure place, out of the reach of pupils.
- For each pupil with a long-term or complex medical condition, the Headteacher, will ensure that an Individual Healthcare Plan (IHCP) is drawn up, in conjunction with the pupil's parents and appropriate health care professionals.
- Some pupils with a medical condition will also require the administration of medicines. The welfare staff will therefore ensure that all appropriate consent forms are completed and appropriate review periods set.

- The school will make every effort to continue the administration of medication whilst on trips away from the premises, even if additional arrangements might be required. However, there may be occasions when it may not be possible to include a pupil on a school trip if appropriate supervision cannot be guaranteed.
- All staff will be made aware of the procedures to be followed in the event of an emergency.

School Nurses

- Are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school
- May support staff on implementing a child's IHP and provide advice and liaison
- Staff who assist in the administration of medication will receive appropriate training/guidance through arrangements made with the School Nursing Service.

Other healthcare professionals

- Should notify the school nurse when a child has been identified as having a medical condition that will require support at school
- May provide advice on developing healthcare plans
- Specialist local teams may be able to provide support for particular conditions (eg. Asthma, diabetes)

Pupils

- Should, wherever possible, be fully involved in discussions about their medical support needs and contribute to, and comply with, their IHP.

Parents

- **Please note that parents/carers should keep their children at home if acutely unwell or infectious.**
- Must provide the school with sufficient and up-to-date information about their child's medical needs
- Are the key partners and should be involved in the development and review of their child's IHP.
- Should carry out any action they have agreed to as part of the IHP implementation.
- Prescribed medication will not be accepted in school without complete written and signed instructions from the parent.
- Are responsible to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- Must ensure that they notify the school in writing if the pupil's need for medication has ceased.

Notes

At George Spicer Primary School we also follow Enfield councils guidance on managing medicines in schools

HEALTH CARE PLAN FOR A PUPIL WITH MEDICAL NEEDS

(Appendix 1)

George Spicer Primary School**PUPIL DETAILS:**

Name		
Date of Birth		
Medical Condition:		
Child's Address		
Class / Year Group		
Date		Review Date Number 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8

*To be reviewed at least annually***CONTACT INFORMATION:**

Family Contact 1	Family Contact 2
Name:	Name:
Phone	Phone No:
Relationship:	Relationship:

Clinic/Hospital Contact	G.P Name:
Name:	G.P. Address
Phone No:	Phone No:

Describe condition and give details of pupils individual symptoms:
Daily care requirements (e.g. before sport/lunchtime):
Describe what constitutes an emergency for the pupil, and the action to take if this occurs:
Follow Up Care / action
Who is responsible in an emergency (state if different for off site activities):
Form Copied to: Care plan file

I agree with the care plan which has been completed:

Signed: _____ (Parent/carer)

Signed: _____ (Welfare officer)

Signed _____ (Senior manager)

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION (Appendix 1A)

SCHOOL: GEORGE SPICER PRIMARY SCHOOL

DETAILS OF PUPIL

Surname		First Name (s)	
Address			
Condition or illness			
Gender:	Date of Birth	Class/Year	

DETAILS OF MEDICATION:

Name/Type of Medication: -	
How long will your child take this medication?	
Date dispensed	Date of expiration
Full directions for use:	
Dosage and method:	
Timing:	
Special Precautions:	
Side effects:	
Self administration:	
Procedures to take in an emergency:	

CONTACT DETAILS:

Name of GP	
Address & phone number of GP	

Name	Daytime telephone No.
Relationship to Pupil	
Address	
I understand that I must deliver the medication personally to the welfare room at the school. I accept that the administration of the medication is a service which the school is not obliged to undertake and in, doing so, it is being done with my full consent. I accept that the school shall not be liable for any adverse consequences that may arise as result of undertaking this service.	
Signed	Date
Relationship to Pupil	

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

Received by _____ (School staff)

Date _____

Picture Care Plan (for classes and all rooms)

My name is:

Class:

(Insert picture)

X has _____ – details of his medication and specific care plan can be found in the office.

Signs & symptoms of the medical condition

What to do in an emergency

Who is trained to administer the medication.



George Spicer School Asthma Policy (appendix 3)

George Spicer Primary School:

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- Ensures that pupils with asthma can do and participate fully in all aspects of school life including art, PE, science, educational visits and out of hours activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma and the medicines they take.
- Endeavours that the whole school environment, including the physical, social, sporting and educational environment, is favourable to a pupil with asthma.
- Ensures that all staff(including supply teachers and support staff – individuals medical information can be found in a booklet in every classroom) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack.

Asthma Medicines

Immediate access to reliever medicines is essential. School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

All inhalers must be labelled with the child's name by the parent/carer and be presented in the original packaging. It is the parent's responsibility to ensure the reliever inhaler is in date, also to inform the school if their child is likely to need their reliever more often at certain times of the year eg. If they have a cold or hayfever.

All inhalers are kept in the Welfare Rooms. On trips the First Aider will hold them for the younger pupils but older pupils may be responsible for their own if deemed appropriate on a trip or residential.

If a parent/carer has stated that their child requires an inhaler in school but does not supply an **in-date inhaler**, the school will take the following action:

- Phone the parent/carer and request that the inhaler is brought into school without delay. The phone call will be logged on the pupil's Asthma Information Form (appendix A) on the reverse side 'for Office Use box'. Further conversations may be appropriate, at the discretion of the school.
- If the parent/carer fails to supply the inhaler as requested, write to the parent using the example letter (Appendix B). This repeats the request for the inhaler and states that without the inhaler, in the event of an asthma attack, staff will be unable to follow the usual Asthma Emergency inhaler procedures and will be reliant on calling 999 and awaiting the Emergency Services. This letter will be filed with the child's asthma care plan and information form.
- If the parent has completed the consent form: Use of Emergency Salbutamol Inhaler then school staff will give the treatment as recognised by Asthma Specialist in an emergency (on Appendix C)

Record Keeping

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records. At the beginning of each school year, parents are requested to update details about medical conditions (the child's care plan) with the welfare team and ensure all emergency contacts are up to date.

All parents/carers of children with asthma are given an asthma information form to complete (appendix A) and the consent for the Use of Emergency Salbutamol Inhaler (Appendix C) and return it to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their children's medication or treatment.

Exercise and activity – PE and Games

All children are encouraged to participate fully in all aspects of school life including PE. Children are encouraged/reminded to use their inhalers before exercise (if instructed to by the parent/carer on the asthma form) and during exercise if needed. Staff are aware of the importance of thorough warm up and down.

School Environment

The school endeavours to ensure that the school environment is favourable to pupils with asthma. The school will take into consideration, any particular triggers to an asthma attack that an individual may have and will seek to minimise the possibility of exposure to these triggers.

Asthma Attacks – School's procedures

In the event of an asthma attack, staff will follow the school procedure:

- Encourage the pupil to use their inhaler
- Summon a first aider who will bring the pupil's Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil's condition does not improve or worsens, the First Aider will follow the 'Emergency asthma treatment' procedures
- The First Aider will call for an ambulance if there is no improvement in the pupil's condition
- If there is any doubt about a pupil's condition an ambulance will be called

Asthma attacks & wheeziness

Signs of worsening asthma:

- Not responding to reliever medication
- Breathing faster than usual
- Difficulty speaking in sentences
- Difficulty walking/lethargy
- Pale or blue tinge to lips/around the mouth
- Appears distressed or exhausted

Emergency Asthma Treatment Procedure

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**

- Reassess after 5 minutes

If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:

- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Access and Review of Policy

The asthma policy will be accessible to all school staff and the community through the school's website. Hard copies can be obtained from the school office. This policy will be reviewed every two years.

Appendix A Asthma Information Form

Dear Parent/Carer,

Asthma Information Form

Please complete the questions below so that the school has the necessary information about your child's asthma.

Please return this form without delay.

CHILD'S NAME Age Class

1. Does your child need an inhaler in school? Yes/No

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?)

.....
.....
.....

3. What triggers your child's asthma?

.....
.....

4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....
.....

5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**
- Reassess after 5 minutes

If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:

- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Yes/No

Signed: Date:

It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out, is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date.

I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.

Signed: Date:

Circle the appropriate statements

- My child requires a spacer and I have provided this to the school office
- My child does not require a spacer
- I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible

Please remember to inform the school if there are any changes in your child's treatment or condition. Thank you.

Parental Update

(only to be completed if your child no longer has asthma)

My child no longer has asthma and therefore no longer requires an inhaler in school or on school visits.

Signed:.....

Date.....

For office use:	Provided by parent (yes/no)	Location of inhaler	Expiry date	Date of phone call requesting inhaler/spacer	Date of letter (attach copy)
1 st inhaler					
2 nd inhaler advised					
Spacer if required					

Record any follow up with the parent/carer:

Appendix B

Example letter to send to parent/carer who has not provided an in-date inhaler.

Dear [Name of parent]

Following today's phone call regarding [Name of pupil]'s asthma inhaler, I am very concerned that an inhaler has not been provided. You have stated on [name of pupil]'s Asthma Information Form that [name of pupil] requires an inhaler in school and you have agreed to provide an inhaler [and spacer].

Please ensure that:

- an inhaler
- a spacer

are provided without delay.

If [name of pupil] no longer requires an inhaler, please request his/her Asthma Information form from the school office and complete the parental update section.

Please be aware that in the absence of an inhaler, should [name of pupil] suffer an attack, staff will not be able to follow the usual Asthma Emergency inhaler procedures. They will be reliant on calling 999 and awaiting the Emergency Services.

Yours sincerely,

Appendix C
Consent Form:
Use of Emergency Salbutamol Inhaler

Child showing symptoms of asthma/having asthma attack

1. I can confirm that my child has been diagnosed with asthma/has been prescribed an inhaler (delete as appropriate)

2. My child has a working, in-date inhaler, clearly labelled with their name, which is kept at school.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, *I do/ *do not consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

*please mark as appropriate

Signed: Date:

Name: (print)

Child's Name:

Class:

Parent's address and contact details:

.....
.....
.....

Telephone:

E-Mail:



Administering medication with auto-injectors policy

Introduction:

As of 1 October 2017, new guidance from the Department for Health – ‘Guidance on the use of adrenaline auto-injectors in schools’ – is in effect allowing schools to keep spare adrenaline auto-injectors (AAI) for emergency use. This allows school staff to administer an emergency AAI to any pupil who has been assessed as being at risk of anaphylaxis. Medical assistance, including administering medication should be provided in line with the school’s administering medication and supporting pupils with medical conditions policies; implementing these policies enables the school to set out the roles and responsibilities of all its staff and pupils.

Schools are required by law to put in place a policy pertaining to supporting pupils with medical conditions, in accordance with the DfE’s ‘Supporting pupils at school with medical conditions’ guidance (2015). Teachers, however, do not have a legal duty to administer medicine or supervise a pupil taking it. While teachers have a general legal duty of care to their pupils, this does not extend to a requirement to routinely administer medicines, unless stated in their terms and conditions of employment.

Controlling allergens and spotting reactions:

To ensure we here at George Spicer can mitigate risks of allergic reactions to pupils, all parents will be required to fill in an individual healthcare plan (IHP), including details of the severity, symptoms and medication relevant to an allergy. Any further support, e.g. regular doctor’s appointments, should be detailed in the healthcare plan. Measures should be taken to ensure the pupil can avoid any allergy triggers. These should include, but not be limited to, the following:

- Making necessary amendments to school lunch menus in collaboration with the school’s catering service
- Advising relevant teachers of the pupils’ allergies, e.g. food technology teachers
- Contacting a local GP for advice
- Ensuring teachers undergo first aid training as part of their induction
- Promoting hand washing before and after eating

Pupils should understand the reactions their bodies have to certain food, animals or seasonal allergies, e.g. hay fever; however, reactions can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate

- Feeling of weakness

In addition, anaphylaxis – also referred to as anaphylactic shock – is a sudden, severe and potentially life-threatening allergic reaction. These reactions may include the following symptoms:

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive

Anaphylaxis is commonly treated by administering AAI filled with adrenaline or epinephrine, e.g. through EpiPens or other AAI. Upon learning of a pupil, or pupils, with an allergy, we should conduct risk assessments to ensure the chance of pupils coming into contact with allergens is mitigated. This will include the location of the AAI and ensure all members of the school community are aware of their role in reducing the risk of allergic reactions, schools can enforce an Allergen Policy to outline the necessary precautions that schools may choose to take to avoid seasonal, animal and food-related allergies.

In accordance with new guidance, as of 1 October 2017, schools can keep spare AAI – when storing these, schools should take extra measures to ensure AAI are kept away from pupils in pre-approved or agreed locations. Here at George Spicer our welfare team will oversee the safe, secure storage of the AAI in the medical room, to ensure they aren't tampered with or misplaced accidentally.

In the event of an allergic reaction:

As soon as an allergic reaction is reported to a member of staff a trained first-aider or, where available, a member of the welfare team, will administer any necessary medication, which may include an AAI. After the correct medication, e.g. an AAI such as an EpiPen, has been administered, the pupil should be kept out of lessons, given plenty of space and monitored closely to ensure their symptoms don't worsen.

Their parents will be called and informed regarding the incident once it has happened, so they can make arrangements to take their child to hospital if necessary. If the pupil requires hospitalisation and a parent is unable to take them/travel in the ambulance, then one member of staff should accompany the pupil to the hospital via an ambulance or, when being taken by car, two members of staff.

Guidance from the NHS states, if someone is showing symptoms of anaphylaxis you should:

- Call 999 immediately, mentioning the person has anaphylaxis.
- Remove any trigger if possible, .e.g. a wasp or bee sting stuck in the skin.
- Lie the person down flat – unless they're unconscious, pregnant, or having trouble breathing.
- Use an AAI if the person has one
- Give another injection between 5 and 15 minutes after if symptoms don't improve and a second auto-injector is available.

Administering auto-injector treatment:

Ideally, in an emergency, a trained first-aider or school nurse would administer treatments; however, this isn't always possible and the law has been written with this in mind – in accordance with the Human Medicines Regulation (2012) anyone can administer an AAI for the purpose of saving a life. As a school all staff will have yearly training by the school nurses to ensure they know how to administer an AAI. After noticing the symptoms of potential anaphylaxis, staff members, whether trained or not, should act quickly

to administer the AAI treatment; if the symptoms are noticed early, the school welfare team or a qualified first-aider should be alerted as soon as possible to administer the injection themselves.

If there is a delay between the person showing signs of anaphylaxis and their symptoms being noticed, someone should ring for an ambulance immediately, and an auto-injection should be administered as soon as possible – as this would be considered an emergency, this injection should be carried out by the nearest available member of school staff. AAIs should only be administered in the centre of the thigh; pupils should be closely monitored after the injection in order to ascertain whether further medical help is required.

Training:

As previously mentioned, in an emergency anyone can administer an AAI; however, in accordance with the DfE's 'Supporting pupils at school with medical conditions' guidance (2015): "The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training." So, where possible, schools should always try to ensure a trained member of staff administers the AAI treatment. In an emergency, where time can be vital to the person's chances of survival, auto-injections should be carried out as soon as possible, regardless of whether the person administering the injection is trained or not. At George Spicer we train all staff in administering autoimmune injectors.

During the development of Individual Care Plans, schools should identify members of staff who are already trained to administer AAI. Basic first aid training should be carried out as part of the school's induction procedure. Support staff are trained in basic first aid every three years and our welfare officers have all the appropriate training for their role.