Supporting pupils at school with medical conditions

Statutory Policy

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Applies to	All Trust schools, all Trust staff, Trustees, parents/carers and pupils

Version	Date	Reason
1.0	September 2018	To establish a Trustwide policy
2.0	July 2020	Revisions in line with DfE policy
2.1	July 2021	Revisions in line with DfE policy
2.2	July 2022	Annual review. No changes made - DfE Statutory guidance has not been updated.
3.0	July 2023	Rewrite to adopt Dorset LA's template policy
4.0	July 2024	Annual review. Minor amendments.
5.0	July 2025	Annual review. Minor amendments.
5.1	April 2026	Removal of CEO's name from policy as person with overall responsibility
5.2	July 2026	Annual review. Revisions in line with new DfE guidance on allergies.

Introduction

This policy explains how [name of school] will support pupils with medical conditions.

Medical conditions include physical and mental health needs. Pupils might have medical conditions such as asthma, diabetes, epilepsy, anxiety, or depression.

Some medical conditions are long term whilst others are short term and some medical conditions have fluctuating symptoms that require flexible, responsive support, rather than a "one-size-fits-all" approach.

Some are very serious and can be life threatening. They may affect a pupil's quality of life and impact on their ability to learn.

We will give our pupils with medical conditions the right support so that they can achieve well in school.

To support our pupils with medical conditions we will work in partnership with:

- pupils
- parents and carers
- healthcare professionals
- the local authority
- other professionals

Each person's role and responsibilities are set out in Appendix A of this policy.

The person responsible for this policy and making sure it is carried out at [name of school] is [name of person and their role].

The person with overall responsibility is the CEO of Initio Learning Trust.

Our commitment

1. All pupils with medical conditions are welcome and fully included at [name of school].

2. Headteachers and Local School Committees will formally confirm that their insurance policies specifically cover the activities outlined in this document.

3. When a pupil joins our school, we will ask their parents or carers if they have a medical condition. If they do, we will follow the procedures set out in this policy. We will also do this where an existing pupil develops a medical condition.

4. We will provide appropriate support for our pupils with medical conditions so that they can:

    - remain healthy
    - stay safe
    - make a positive contribution
    - enjoy school life and achieve their academic potential

5. We want our pupils and their families to have confidence in the support we arrange. To achieve this, we will:

    - put appropriate support in place, including suitable back-up arrangements
    - seek and adhere to guidance from medical professionals
    - involve the pupil, and their parents or carers, in planning and reviewing support

6. We will make sure that all staff at the school understand and work to this policy. We will provide them with relevant training about medical conditions. This will cover the impact they can have. We understand that not all pupils with the same medical condition will have the same needs.

7. We will make sure that all relevant staff are aware of an individual pupil's medical condition. Staff will be knowledgeable and confident in supporting pupils with medical conditions. This includes in an emergency.

8. We will raise awareness of different medical needs and disabilities through our curriculum. We will build meeting these needs into the culture and ethos of our school. We will use resources and materials that represent medical needs in a positive light.

9. We will use two distinct methods to identify children with known food allergies during mealtimes (e.g., a photo-based register and a visual identifier like a wristband or specific table placement).

10. We will plan transition to the next school or setting as early as possible.

Legislation and advice

11. We must 'make arrangements for supporting pupils at school with medical conditions'. The Children and Families Act 2014 tells us to do this. This policy explains how we will achieve this.

12. In doing so, we will follow Supporting pupils at school with medical conditions (Department for Education, 2015). We will also follow Supporting children and young people with medical conditions: Local area guidance (Dorset Council and NHS Dorset, 2022) or the relevant Local Authority's guidance.

13. Some pupils with medical conditions are also considered to have a disability. If this is the case, we will make sure we follow our duties under the Equality Act 2010.

14. If a pupil with a medical condition also has a special educational need, we will follow our duties under the Special Educational Needs and Disability (SEND) Code of Practice (Department for Education, 2015).

Individual Healthcare Plans

15. Some pupils will need regular support or monitoring during the school day because of their medical condition. If this is the case, we will develop an Individual Healthcare Plan (IHCP) for them. We will also develop an IHCP for pupils who need help in an emergency due to their medical condition.

16. The IHCP will include the following information:

- the pupil's medical condition
- what should be done to help them in school (including emergency protocols)
- when and where this needs to happen
- who should provide the support
- Specific allergen identification methods
- Where relevant, strategies for managing fluctuating symptoms

17. It will also include information about any support required for the pupil's educational, social or emotional needs, if required.

18. We will write our IHCPs together with:

- the pupil (where appropriate)
- parents or carers
- relevant school staff
- appropriate healthcare professionals (such as a specialist or community nurse)

19. School staff will not make clinical decisions when developing an IHCP. This includes decisions about medication or healthcare procedures. These decisions will be made by healthcare professionals.

20. Any cultural and religious views made known to us will be reflected within the IHCP.

21. If a pupil has an Education, Health and Care (EHC) Plan, we will attach their IHCP to this, or incorporate it into the EHC Plan, at the pupil's next Annual Review.

22. IHCPs will be shared with, and followed by, all relevant staff. This includes our first aiders and supply staff.

23. We will review our IHCPs on an annual basis. We will do this sooner if the pupil's medical condition or the support required changes in any way.

24. The person responsible for developing and reviewing Individual Healthcare Plans (IHCPs) at our school is [name and role].

25. Intimate Care Plans

26. If a pupil needs intimate care during the school day, we will develop an Intimate Care Plan for them.

27. Intimate care is any care which involves washing, touching, or carrying out a procedure to private parts of the body.

28. [Optional section] More information is included in our Intimate Care Policy (you can use the model policy on Dorset Nexus - BCP schools can contact Laura Howieson for the Dorset one)

Medical Risk Assessments

29. In some circumstances, we will undertake a medical risk assessment. This is to make sure that any activities we do are safe for a pupil with a medical condition to take part in. We will often use them when planning for school trips.

30. Medical risk assessments look at what might cause harm to a pupil and what we can do to make activities safer.

31. We will write our risk assessments together with:

- the pupil (where appropriate)
- parents or carers
- relevant school staff
- appropriate healthcare professionals (such as a specialist nurse)

32. Medical risk assessments will be shared with, and followed by, all relevant staff. This includes our first aiders and supply staff.

33. We will review our risk assessments on an annual basis. We will do this sooner if the pupil's medical condition changes in any way.

Staff training

34. We will train all staff so that they know about the legal duty to support pupils with medical conditions. We will also make sure that all staff are aware of this policy. This includes new staff who join the school.

35. [Optional section] Some staff will undertake Continued Professional Development (CPD) training about supporting medical conditions. This includes staff who are responsible for:

- developing IHCPs
- administering medicines

36. We will provide general training to all staff about common medical conditions. This includes those that we are already supporting, and those that we will soon be supporting. We will update this training every year or as recommended.

37. Individual staff will undertake appropriate training before they:

- administer medicines
- perform healthcare procedures
- use medical devices - such as ventilators, oxygen saturation (SATs) monitors and suction machines

38. We will identify the training required when developing the IHCP. We will ask relevant health professionals where to source this and when to update it. In some instances, formal training will not be needed.

39. Training will be given to enough staff to ensure cover is always available. This includes situations such as staff absence and school trips.

40. We will keep records of all training undertaken.

41. The person responsible for arranging staff training is [name and role].

Administering medicines

42. We expect that parents or carers will administer most medicines at home, for example, before and after school, and before bed.

43. We will only administer medicines at school where a pupil's health or school attendance would be adversely affected if we didn't do this. This applies to prescription and non-prescription medicines. But we will not administer homoeopathic or alternative remedies in school. This is in line with NHS advice.

44. We will administer medicines:

    - where we have written parental consent in advance
    - that are in date and labelled
    - provided in the original container as dispensed by the pharmacist
    - in line with the prescriber's instructions

45. We will not give a pupil under 16 aspirin unless prescribed by a doctor.

46. We will encourage pupils to apply creams or ointments themselves. Where this is not possible, staff will do so wearing non-sterile gloves.

47. We will not accept non-prescription medicines for use on an 'as and when required' basis. The exceptions are antihistamines for allergic reactions or unless advised by a GP.

48. [Optional section] We hold a small stock of paracetamol for pupils experiencing period pain. This is only administered where we have parental consent in advance.

49. Parents and carers must complete a consent form for all medicines to be administered at school. This includes:

    - prescription medicines
    - non-prescription medicines
    - Emergency medicines purchased by the school

50. A new consent form will be needed if the medication changes in any way.

51. Medicines will not be given to pupils under 16 without their parent or carer's consent, apart from exceptional circumstances where these are prescribed without their knowledge. If this happens, we will encourage the pupil to involve their parents or carers. But we will also respect their right to confidentiality.

52. All medicines are to be handed over to a member of staff by parents or carers, not by the pupil. Parents and carers should also let us know if there are any issues or symptoms that we need to be aware of.

53. We will check with parents or carers when the last dose was taken before administering paracetamol. This is to make sure the maximum dosage is not exceeded. If this is not possible, we will only administer the medication where enough time has passed for the pupil to safely take the next dose.

54. If we have any doubts about administering medicines, we will consult with parents or carers before doing so.

Storing and disposing of medicines

55. Medicines are locked away in our [room where medication is kept]. Pupils will know where their medication is and who to ask for this.

56. Some medicines are kept in the pupil's classroom for immediate access when needed. Such medicines may include:

    - asthma inhalers
    - diabetic equipment
    - adrenaline pens

57. The pupil's IHCP will include details of storage arrangements.

58. Pupils can carry their own medicines **if agreed** as appropriate. This includes controlled drugs and emergency medication. The pupil's IHCP will state these arrangements.

59. We will perform checks of any medical devices to make sure they work and are ready to use when needed. This includes devices such as ventilators, oxygen saturation (SATs) monitors and suction machines. We will perform these checks in line with guidance and/ or training from relevant health practitioners. We will keep records of all checks undertaken.

60. Medical devices which need power to operate are kept fully charged. This is so they can be used in event of a power cut or emergency evacuation.

61. We ask parents and carers to collect all medicines or medical equipment at the end of the school term. We also ask that they provide new and in-date medication at the start of each new term.

62. We will dispose of needles and other sharps, using sharps boxes provided by parents or carers. Sharps boxes are securely kept at school and will go with pupils on off-site visits. Sharps boxes are returned to parents or carers for safe disposal.

Record keeping

63. We will keep an accurate record of all medicines administered to our pupils. Records will state:

    - what medicine was administered

- the exact dose administered (for example, 250mg or 5ml)
- the form (for example, tablet, liquid etc.)
- the time
- who administered, or supervised the administration of, the medicine

64. We will inform parents or carers if we administer non-prescription medicines. We will do this on the day and in advance where possible.

65. If a pupil refuses to take their prescribed medicine, we will record this as 'refused'. We will also inform the parents or carers immediately. We will not force pupils to take their medication if they do not wish to do so.

66. We will inform parents or carers if a pupil is unwell and unable to take their medication. We will do this immediately. We will also do this if a pupil is sick or has diarrhoea soon after taking their medication.

Medication errors

67. If we make a mistake when administering medicines, we will take urgent action to ensure the pupil's health is not at risk.

68. We will inform the parent or carer so that they can advise us of next steps. If we cannot reach them, we will contact the healthcare practitioner named in the IHCP. If this is not possible, we will contact the GP or the local Accident and Emergency Department.

69. We will also undertake an internal investigation. The aim of this will be to prevent any future errors. This will be led by [name and role]. We will also report this to the Physical and Medical Needs Service at Dorset Council or the relevant person at the relevant Local Authority.

Sharps injuries

70. Sharps injuries occur when a sharp instrument, such as a needle, penetrates the skin. This could happen when managing medical conditions such as Type 1 Diabetes. To prevent this, we will work with relevant healthcare practitioners to:

- provide appropriate training
- use safe sharps where possible
- prevent recapping of needles
- place instructions for safe disposal of sharps and sharps boxes in the work area

71. We will also make sure that our staff are fully aware of the procedures to follow if a sharps injury does occur. These are covered in Supporting children and young people with medical conditions: Local area guidance (Dorset Council and NHS Dorset, 2022) or the relevant Local Authority's guidance.

Self-management

72. We encourage and support our pupils to manage their medical condition themselves as they get older. But we do not expect older pupils to take complete responsibility for this and all medical care will be supervised.

73. We will agree which aspects of their medical care the pupil can do themselves. We will decide this by working with:

    - the pupil
    - their parents or carers
    - a relevant healthcare practitioner

74. The pupil's IHCP will include details of these arrangements, including how much prescription medication they will bring into school, where that will be stored and who will supervise the administration.

75. All pupils must be supervised when administering their own medicines for safeguarding purposes. The format of supervision will depend on each individual pupil and, where appropriate, will be set out in their IHCP.

76. Parents and carers must complete a consent form to enable their child to carry their own medicines in school. This includes non-prescription medicines.

77. Pupils are **not** allowed to carry non-prescription medication unless detailed in their IHCP. This is to avoid the risk of these being misused. This arrangement may be adjusted for school trips. If a pupil needs non-prescription medication, they will report to a first aider who will make contact with the parent before taking any action.

78. If a pupil misuses their medication, or anyone else's, we will inform their parents or carers as soon as possible. We will also follow the school's disciplinary procedures.

School trips

79. Pupils with medical conditions will be able to access all school trips unless medical advice states otherwise. If parents or carers would prefer for their child not to attend a school trip due to medical reasons, we ask that they discuss this with us.

80. We will plan school trips in advance, using a medical risk assessment. This will take the form of a meeting with:

    - the pupil (where possible)
    - their parents or carers
    - a relevant healthcare practitioner (if required)

81. The risk assessment will look at any extra support needed for the school trip. We will add these arrangements to the pupil's IHCP, and copies will be taken on the trip.

82. If medication is required during a school trip, it can be carried by the pupil **if this is normal practice**. If not, it will be carried by an authorised member of staff.

83. [Optional section] During school trips, nominated staff will hold a small stock of paracetamol. But this will only be administered where we have received written parental consent to do so in advance of the trip.

84. We will record any medicines administered on the trip as per this policy. Records of medicines administered during school trips will be stored with our main records upon return to the school.

85. Parents or carers must check what rules apply to taking their child's medicine out of the UK for overseas trips.

Emergency procedures

86. We will make sure that all staff know what action to take in an emergency. We will provide them with an update every year on what to do in emergencies.

87. In the event of a medical emergency, our staff will always call 999 and summon a qualified first aider. [Name of school] has:

- [number] First Aid at Work qualified first aiders
- [number] Emergency First Aid at Work qualified first aiders
- [number] Paediatric First Aid qualified first aiders
- [number] Emergency First-Aid trained staff

88. Some pupils have a medical condition which might need emergency intervention. Where this is the case, we will make sure that the IHCP clearly states what an emergency is, and what to do. This is sometimes referred to as an emergency protocol.

89. We will make sure that emergency medication or equipment is always available. This will apply wherever the pupil is in the school and when on off-site activities. Emergency medication and equipment is not locked away. Pupils can carry their emergency medication with them if this is agreed as appropriate.

90. Staff will receive regular training in the emergency procedure. This will include how to administer any medication.

91. Staff know where to access a copy of the pupil's IHCP and supporting information. They can pass this on to the emergency services, should an ambulance need to be called. This is often known as a 'grab pack'. Parental permission will be sought to share the information with the emergency services. This will be recorded in the IHCP.

92. We will inform parents or carers of an emergency as soon as possible.

93. If a pupil needs to go to hospital, we will call an ambulance or ask a parent or carer to take them. We will not take a pupil to hospital ourselves. If we are unable to contact a parent or carer to go with their child to hospital, we will wait for an ambulance and a member of staff will go with them. They will stay with them until a parent or carer arrives. If there are delays with getting an ambulance to the school, we will remain in contact with emergency services and follow their advice.

94. We will review all medical emergencies and incidents to see if they could have been avoided. If necessary, we will change our school policy as a result.

Emergency salbutamol

95. We have purchased a supply of salbutamol inhalers. These are for emergency use with pupils experiencing an asthma attack.

96. In doing so, we will follow the Guidance on the use of emergency salbutamol inhalers in school (Department of Health, 2015).

97. The protocol for using the emergency salbutamol inhaler is included in Appendix B of this policy.

Emergency adrenaline auto-injectors

98. We have purchased a supply of adrenaline auto-injector (AAI) devices. These are for emergency use with pupils at risk of anaphylaxis.

99. In doing so, we will follow the Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017).

100. The protocol for using the emergency adrenaline auto-injectors is included in Appendix C of this policy.

Automated external defibrillators

101. [Name of school] has an automated external defibrillator (AED) that can be used in an emergency. In doing so, we will follow Automated external defibrillators (AEDs): Guidance for schools (Department for Education, 2023).

102. An AED is a machine used to give an electric shock when a person is in cardiac arrest. AEDs are used as part of a 4-stage chain of survival. This can drastically increase the likelihood of a person surviving a cardiac arrest. The stages are:

- Early recognition and calling 999
- Early cardiopulmonary resuscitation (CPR)
- Early defibrillation
- Early post-resuscitation care

103. The AED is located [place where AED is located]. It is clearly sign-posted.

104. We will keep a minimum supply of:

- spare electrode pads
- protective gloves
- safety razors
- pocket masks/ face shields
- dry wipes

105. We will ensure these are replaced as necessary.

106. We will provide all staff with the manufacturer's instructions and a short general awareness session.

107. Designated staff will undertake further, practical training in the use of the AED.

108. All staff will know where the AED is located and how to get help from designated staff in an emergency.

109. The AED will be checked weekly to make sure that it is not displaying any warning lights or messages. More detailed checks will be undertaken at a frequency recommended by the manufacturer. We will keep a record of these checks.

110. The person responsible for overseeing the AED, ensuring this is well maintained, and that consumable parts are replaced is [name and role].

Ensuring access to education

111. We know that absences due to medical conditions can affect educational attainment.

112. We will provide extra support to pupils returning to school following a period away. This is so that they don't fall behind in their learning. We will be flexible in how we offer this support to help each pupil individually. This may be detailed on a Medical Absence Plan (MAP).

113. We will work in partnership to decide how to support the pupil's return to school. We will work together with:

- the pupil (where appropriate)
- their parents or carers
- relevant school support staff
- healthcare professionals

114. Where a pupil will be absent for an extended period, the statutory guidance from the DfE in 'Arranging education for children who cannot attend school because of health needs' will apply. We will liaise with the relevant Local Authority to make sure that appropriate educational provision is arranged as detailed in Section 19 of the Education Act (1996).

Home to school transport

115. Some pupils with medical conditions get transport to school. This is provided by the Local Authority Travel.

116. All drivers employed or contracted by the Local Authority Travel receive training in first aid. They can respond to emergency situations. In an emergency, they stop the vehicle and call 999 immediately.

117. Medicines are not usually administered to pupils on transport. But in some circumstances, a passenger assistant may receive training to administer medication. This might happen where a pupil needs medication in an emergency, for example. If so, we will ask for parental consent to share the pupil's IHCP with the passenger assistant.

118. We will tell the passenger assistant if emergency medication is administered at school. They will tell us if they have administered emergency medication whilst on transport.

119. Pupils will be able to carry their own medicine on transport if they are able to do so. If not, the passenger assistant will store this safely and will deliver this to the school office. Medicines being returned home will be given to the passenger assistant.

120. We will keep records of all medicines supplied by and returned to passenger assistants.

Transition

121. For pupils with medical conditions, we will plan the transition to the next school or setting in advance.

122. We will ask for parental consent to share the pupil's IHCP with the receiving school or setting. We will provide them with details on how we are supporting the pupil.

123. We will hold a planning meeting in either the spring or summer term prior to transfer. This meeting will involve:

- both schools or settings
- the parent or carer
- the pupil (where possible)
- any relevant healthcare practitioners

124. At the meeting, we will update the IHCP for use in the new school or setting.

Unacceptable practice

125. We will make sure that pupils with medical conditions are treated fairly. We will make sure that their needs are properly supported. We will generally not:

- prevent them from accessing or administering their medication
- assume that pupils with the same condition need the same treatment
- ignore the views of the pupil or their parents or carers, or medical advice
- send pupils with medical conditions home frequently because of their medical condition
- prevent pupils from staying for normal activities, unless this is specified in their IHCP
- send an unwell pupil to the school office or medical room unaccompanied or with someone unsuitable
- penalise pupils for their attendance record if their absences are related to their medical condition
- prevent pupils from drinking, eating, or taking toilet or other breaks when they need to, to manage their medical condition
- require parents, or make them feel obliged to attend school to administer medication or provide medical support to their child, including with toileting issues
- prevent pupils from participating, or create barriers to pupils participating in any aspect of school life, including school trips

Confidentiality and data protection

126. We will protect the confidentiality of our pupils and all procedures will comply with wider GDPR and data retention policies, including the storage of medical records.

127. We will always get permission from parents or carers before sharing medical information with any other party. This includes other staff within our school and the emergency services.

128. We will make sure that medical information about a pupil, including their IHCP, is not 'on view' within the school.

129. We will keep copies of IHCPs and emergency 'grab packs' in secure filing systems. But we will make sure these can be accessed in emergency situations.

Liability and indemnity

130. Our Headteacher and Local School Committee will make sure that we have the right insurance in place to support pupils with medical conditions.

131. Most medical conditions are covered under standard liability insurance. We will contact our insurance provider separately if we need medical malpractice insurance. This is usually only required for any complex or invasive healthcare procedures.

Complaints

132. Initio Learning Trust complaints procedure covers the supporting pupils with medical conditions policy.

Monitoring

133. This policy will be reviewed each year and updated if needed. It will be monitored through Trust Board Approval and Local School Committee checks.

134. When evaluating the policy, we will seek feedback from:

- our pupils
- their parents and carers
- school staff
- relevant healthcare professionals
- our governing body
- other relevant professionals

Appendix A: Roles and responsibilities

We will work with others to support pupils with medical conditions at [name of school]. This means working in partnership with:

- pupils
- parents and carers
- healthcare professionals
- the local authority
- other professionals

Each person's role and responsibilities are explained below:

Pupils

Pupils contribute to discussions about their support at school. Their views help to inform the Individual Healthcare Plan (IHCP).

Parents and carers

Parents and carers provide the school with up-to-date information about their child's medical needs. They contribute to the development and review of the IHCP. They will provide any medicines or equipment needed, unless otherwise agreed. They will make sure that they or another nominated adult can always be contacted.

School staff

All members of school staff will know what to do when a pupil with a medical condition needs help.

Staff who perform medical duties will undertake suitable training before doing so. Medical duties include administering medicines and providing medical care. Staff will be competent to perform these duties.

Headteacher

The Headteacher will make sure that:

- this policy is implemented
- all staff are aware of the policy and understand their role in carrying it out
- all staff who need to know are aware of a pupil's condition
- enough staff are trained to carry out the policy and support all IHCPs, including in emergency situations
- IHCPs are developed
- The school's insurance adequately covers the activities outlined in this policy

They will also talk to the school nurse about pupils who need medical support at school, when necessary. They may delegate this task to another member of school staff.

Local School Committee

The Local School Committee of [name of school] will 'make arrangements' to support pupils with medical conditions. This is so that they can participate as much as possible in all aspects of school life. This duty includes making sure:

- this policy is developed and implemented
- enough staff are trained and competent to support pupils with medical conditions
- staff can access information and other teaching support materials as needed
- The school's insurance adequately covers the activities outlined in this policy

School and children's community nurses

School nurses may tell the school when a pupil has a medical condition which will need support. They may support the school in implementing a pupil's IHCP and by providing advice. They might also talk to local lead clinicians about support for a pupil and training for staff.

Children's community nurses can also help schools seeking advice and support in relation to pupils with a medical condition. They might help to write the pupil's IHCP.

Other healthcare professionals and health services

Other healthcare professionals, such as GPs and paediatricians, may tell the school nurse when a pupil has a medical condition that will require support. They may also provide advice on developing IHCPs.

Health services can provide valuable support, information, advice and guidance to schools, and their staff.

Integrated Care Boards (ICBs)

NHS Dorset is the public name of NHS Dorset Integrated Care Board (ICB) and has undertaken the statutory responsibilities of the NHS Clinical Commissioning Group (CCG). The ICB is responsible for planning to meet the health care needs of people and communities in Dorset. This includes ensuring that commissioning is responsive to children and young people's needs and works to support health services to cooperate with schools supporting pupils with medical conditions.

Local authorities

The local authority commissions school nurses for maintained schools and academies. It will also provide support, advice and guidance to schools to support pupils with medical conditions.

Ofsted

Ofsted inspectors consider how well a school meets the needs of the full range of pupils, including those with medical conditions.

Appendix B: Emergency salbutamol protocol

We have purchased a supply of salbutamol inhalers. These are for emergency use with pupils experiencing an asthma attack. In doing so, we will follow the Guidance on the use of emergency salbutamol inhalers in school (Department of Health, 2015).

Emergency salbutamol inhalers can be used if a pupil's own inhaler is not available, for example, because it is broken or empty.

We will keep an up-to-date register of all pupils who have asthma.

We will only administer an emergency salbutamol inhaler to pupils who:

- have been diagnosed with asthma and prescribed a reliever inhaler, or
- have otherwise been prescribed a reliever inhaler, **and**
- where we have written parental consent to do so

We will record this information on the pupil's IHCP.

Emergency salbutamol inhalers are securely stored in our [room where inhalers kept]. They are kept out of the reach of pupils but not locked away. Our emergency inhaler kit is clearly labelled and kept away from pupils' own inhalers. The kit contains:

- [number of] salbutamol metered dose inhaler
- [at least two] plastic spacers (tubes with a mouthpiece to administer the salbutamol) 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
- details of the arrangements for replacing the inhaler and spacers
- a list of children permitted to use the emergency inhaler
- a record of use

The person(s) responsible for maintaining the emergency inhaler kit are [name of two staff].

Every month, they will make sure that:

- the inhaler and spacers are present
- they are in working order
- there are enough doses available

A record will be kept of these checks. These members of staff will also:

- obtain replacement inhalers and spacers in good time
- clean, dry and return the plastic inhaler housing to storage following use

At [name of school] all staff will:

- receive training to recognise the symptoms of an asthma attack
- be aware of this policy
- know how to check if a pupil is on the asthma register
- know how to access the emergency inhaler
- be aware of who the designated members of staff for the emergency inhaler are

Designated members of staff will 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

We will keep an accurate record of when the emergency inhaler has been used. This will include details of where and when the attack took place, how much medication was given, and by whom.

We will inform the pupil's parents or carers that we used the emergency inhaler. This will be in writing, so that the information can be passed onto the GP.

Plastic spacers will not be re-used due to the risk of cross-infection. They will be given to the pupil to take home for future personal use. We will return used inhalers to our local pharmacy for recycling.

The person responsible for overseeing the protocol for use of the emergency inhaler, monitoring its implementation, and maintaining the asthma register is [name and role].

The next section of this protocol contains information on how to recognise and respond to an asthma attack (including use of the emergency salbutamol inhaler).

How to recognise and respond to an asthma attack (including use of the emergency salbutamol inhaler)

How to recognise an asthma attack

The signs of an asthma attack are:

- persistent cough (when at rest)
- 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
- child may 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 their lips
- is going blue
- has collapsed

What to do in the event of an asthma attack

1. Help the child to sit up straight and keep calm
2. Use the child's own inhaler – if not available, use the emergency inhaler (where parental permission given)
3. Remain with the child while the inhaler and spacer are brought to them
4. Help the child to take one puff of salbutamol every 30 to 60 seconds, up to 10 puffs - using a spacer if available
5. **Call 999 if the child feels worse at any point, or if they don't feel better after 10 puffs**
6. 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
7. If the ambulance has not arrived after 10 minutes and symptoms are not improving, repeat step 4
8. If symptoms are no better after repeating step 4 and the ambulance has still not arrive, **contact 999 again immediately**

Taken from Asthma+ Lung UK.

Appendix C: Emergency adrenaline auto-injectors

We have purchased a supply of adrenaline auto-injector (AAI) devices. These are for emergency use with pupils at risk of anaphylaxis. In doing so, we will follow the Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017).

Anaphylaxis is a severe and often sudden allergic reaction.

We are aware of the common triggers that may cause an allergic reaction. We are working towards reducing these risks in our school by [list your school's actions here].

Adrenaline auto-injectors are for use when a pupil's own device is not available, or not working. We will only administer them if we have received medical agreement and written parental consent to do so. We will record this information on the pupil's IHCP.

We will keep an up-to-date register of all pupils with allergies and those who are at risk of anaphylaxis. This will be shared with all relevant staff. The register will include:

- known allergens and risk factors for anaphylaxis
- whether the pupil has been prescribed an adrenaline auto-injector, and if so what type and dose
- whether parental consent has been given for use of the spare adrenaline auto-injector if their own is not available
- a photograph of each pupil to allow a visual check (with parental consent)

We will always call 999 if a pupil appears to be experiencing a severe allergic reaction. We will do this even if they have already used their own adrenaline auto-injector, or the emergency device. We will tell the emergency services of any allergies that we know the pupil has.

If a pupil without a known allergy appears to experience a severe allergic reaction, when contacting the emergency services, we will inform them that we hold an emergency adrenaline auto-injector on site.

Emergency adrenaline auto-injectors are securely stored in our [room where medication is kept]. They are out of the reach of pupils but not locked away. They are clearly labelled and kept away from pupils' own devices. Adrenaline auto-injectors will always be accessible and available within 5 minutes.

Our emergency anaphylaxis kit includes:

- [number of] adrenaline auto-injectors
- instructions on how to use the device(s)
- instructions for storage of the device(s)
- manufacturer's information
- a checklist of injectors, identified by their batch number and expiry date with monthly checks recorded
- arrangements for replacing the injector(s)
- a list of pupils to whom the adrenaline auto-injector can be administered
- a record of use

The person(s) responsible for maintaining the emergency adrenaline auto-injector kit are [name of two staff].

They will check that the adrenaline auto-injector(s) are present and in date each month and keep a record of this. They will buy replacement devices when expiry dates approach.

We will keep an accurate record of when an emergency adrenaline auto-injector is used. This will include details of:

- where and when the reaction took place
- how much medication was given
- who gave the medication

We will contact parents at the earliest opportunity.

Used adrenaline auto-injectors will be given to the paramedics on arrival or disposed of in a sharps bin.

At [name of school] all staff will:

- receive training to recognise the range of signs and symptoms of an allergic reaction
- understand how quickly anaphylaxis can progress to a life-threatening reaction
- understand that anaphylaxis may occur with prior mild symptoms
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs
- be aware of this policy in relation to anaphylaxis
- know how to check if a pupil is on the allergy register
- know how to access the emergency adrenaline auto-injector
- know who the designated members of staff for anaphylaxis are, and how to get their help

Designated members of staff will receive training in:

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

We will undertake a risk assessment for any pupils at risk of anaphylaxis who are taking part in a school trip. A member of staff trained in administering adrenaline auto-injectors will attend the trip.

The person responsible for overseeing the protocol for use of the emergency adrenaline auto-injector, monitoring its implementation, and maintaining the allergy register is [name and role].

The next section of this protocol contains information on how to recognise and respond to an allergic reaction/ anaphylaxis (including use of the emergency adrenaline auto-injector).

How to recognise and respond to an allergic reaction/ anaphylaxis (including use of the emergency adrenaline auto-injector)

Recognition and management of an allergic reaction/ anaphylaxis	
Mild-moderate allergic reaction	Signs and symptoms include: • Swollen lips, face or eyes • Itchy/ tingling mouth • Hives or itchy skin rash • Abdominal pain or vomiting • Sudden change in behaviour
Action: • Stay with the child, call for help if necessary • Locate adrenaline auto-injector(s) • Give antihistamine according to the child's allergy treatment plan • Phone parent/emergency contact	

Watch for signs of anaphylaxis (life-threatening allergic reaction)	
Airway	• Persistent cough • Hoarse voice • Difficulty swallowing, swollen tongue
Breathing	• Difficult or noisy breathing • Wheeze or persistent cough
Consciousness	• Persistent dizziness • Becoming pale or floppy • Suddenly sleepy, collapse, unconscious
If one (or more) of these signs are present: 1. Lie child flat with legs raised (if breathing is difficult, allow child to sit) 2. Use adrenaline auto-injector without delay 3. Dial 999 to request ambulance and say **anaphylaxis** **If in doubt - give adrenaline auto-injector**	
After using adrenaline auto-injector: 1. Stay with child until ambulance arrives, do **not** stand child up 2. Commence CPR if there are no signs of life 3. Phone parent/ emergency contact 4. If no improvement after 5 minutes, give a further dose of adrenaline using another auto-injector device, if available	

Anaphylaxis may occur without initial mild signs: **always use adrenaline auto-injector first in someone with known food allergy who has sudden breathing difficulty** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present

Taken from Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017).