



Supporting Students at School with a Medical Condition Policy

February 2022

Approved by Local Governing Body

Chair of Governors: John Garner

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Supporting Students at School with a Medical Condition

Ruislip High School (RHS) is an inclusive community that welcomes and supports students with medical conditions. Students with any medical condition/s are provided with the same opportunities as others at school. No student will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

The school will help to ensure that students can:

- be healthy;
- stay safe;
- enjoy and achieve;
- make a positive contribution;
- achieve economic well-being

The staff at RHS understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood.

a. Policy Framework

The policy framework describes the essential criteria for how the school can meet the needs of students and young people with long-term conditions including asthma, diabetes and epilepsy. It is based upon the Department for Education supporting students at school with medical conditions, statutory guidance for governing bodies of maintained schools and proprietors of academies in England (December 2015).

It provides students with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other students. RHS will listen to the views of students and parents so that they feel confident in the care they receive from the school.

Staff understand that the medical conditions of students may be serious, adversely affect a student's quality of life and impact on their ability to learn.

The named member of school staff responsible for this medical conditions policy and its implementation is Jo Cotton (Assistant Headteacher).

b. Roles and Responsibilities (from DfE guidelines)

Please see Appendix H which sets out the guidelines.

These guidelines have been considered as part of this policy; however, it is important to note that these are purely guidelines.

c. Inclusive Environment

RHS ensures that the whole school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities. RHS makes sure the needs of students with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.

All staff at RHS are aware of the potential social problems that students with medical conditions may experience and use this knowledge, alongside the school's anti-bullying policy, to help prevent and deal with any problems.

Notification of a Medical Condition

Parents must provide medical information for the school on the application to school form. It is parents' responsibility to provide the school with updated information as and when it is necessary or if circumstances change.

Care Plans

It is parents' responsibility to ensure a Care Plan is supplied to the school from either their doctor or hospital if their child has a known medical condition.

Where possible, the care plan will accompany a student should they need to attend hospital. If a student needs to attend hospital, a member of RHS staff (preferably known to the student) will stay with them until a parent arrives, or, where possible, accompany a student taken to hospital by ambulance. Staff will not take students to hospital in their own car unless there are exceptional circumstances.

Staff Training and Support

Staff training will ensure that there is always a member of RHS staff that has an understanding of the specific medical conditions outlined in the student's Care Plan. Staff must not give prescription medicines or undertake health-care procedures without appropriate training or written instruction.

The Student's Role in Managing their own Medical Needs

After discussion with parents, students who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within the Care Plan.

Wherever appropriate, eg. sixth form students should be allowed to carry their own medicines and relevant devices or should be able to access their medicines for self-medication quickly and easily. Students who can take their medicines themselves or manage procedures may require an appropriate level of supervision. If it is not appropriate for a student to self-manage, relevant staff should help to administer medicines and manage procedures for them.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Care Plan. Parents should be informed so that alternative options can be considered.

Storing and Managing of Medication and Equipment

RHS has clear guidance on the storage of medication and equipment at school and will not give medication (prescription or non-prescription) to a student under 16 without a parent's written consent except in exceptional circumstances. Every effort will be made to encourage the student to involve their parent, while respecting their confidentiality.

- medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so
- no student under 16 should be given prescription or non-prescription medicines without their parent's written consent (Appendix C) – except in exceptional circumstances where the medicine has been prescribed to the student without the knowledge of the parents. In such cases, every effort should be made to encourage the student or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered
- a student under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. A note will be made in the student's planner if medication is administered and this will also be recorded by the office manager / first aider.
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours
- RHS will only accept prescribed medicines if these are in-date, 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 still

be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

- all medicines should be stored safely. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to students and not locked away. This is particularly important to consider when outside of school premises, eg. on school trips
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps. If parents do not collect the medication it will be disposed of by the school
- RHS allows students to carry their own EpiPens, inhalers, insulin and buccal medication. All other medication is kept in the medical room.
- RHS staff may administer a controlled drug to a student for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. RHS keeps a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom (Appendix D). Any side effects of the medication to be administered at school should be noted in school

If a student misuses their medication, or anyone else's, their parent is informed as soon as possible and the school's disciplinary procedures are followed.

RHS staff make sure that emergency medication/equipment is readily available wherever the student is in the school and on off-site activities. It is parents' responsibility to ensure that their child also carries their emergency medication (e.g. auto-injectors, inhalers, insulin and buccal) with them at all times.

RHS disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and any necessary arrangements are individually made for students on off-site visits. They are collected and disposed of in line with local authority procedures.

Record Keeping

RHS has clear guidance about record keeping and parents / guardians are asked if their son / daughter has any medical conditions on the enrolment form.

RHS makes sure that the student's confidentiality is protected and permission is sought from parents and the student before sharing any medical information with any third party with the exception of relevant healthcare professionals.

All medicine administered is recorded on Appendix B (student's record) as well as being logged on the school's medical online system 'Evolve'.

Emergency Procedures

Where a student has a Care Plan, this should clearly define what constitutes an emergency and explain what to do. If a student needs to be taken to hospital, staff should stay with the student until the parent arrives, or accompany, where possible, a student taken to hospital by ambulance.

Day Trips, Residential Visits and Sporting Activities

RHS staff should consider what reasonable adjustments they might make to enable students with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the relevant healthcare professional to ensure that students can participate safely. The Health and Safety Executive (HSE) guidance on school trips is consulted where required.

Unacceptable Practice

RHS staff should understand that it is not generally acceptable practice to:

- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every student with the same condition requires the same treatment;
- ignore the views of the student or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their Care Plans;
- if the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise students for their attendance record if their absences are related to their medical condition, eg. hospital appointments;
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, including with toileting issues. No parent should have to give up working because the school is failing to support their son / daughter's medical needs; or
- prevent students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips

Liability and Indemnity

RHS has an appropriate level of insurance in place via its public liability insurance policy.

Complaints

Should parents or students be dissatisfied with the support provided they should contact Ms Cotton, Assistant Headteacher, via the school office. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

Managing Specific Medical Conditions

Anaphylaxis (Allergy)

Background

Anaphylaxis is a severe and potentially life-threatening allergic reaction at the extreme end of the allergic scale. The most common cause is food, in particular nuts, fish and dairy products. Wasp and bee stings can also cause an allergic reaction. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life threatening but it can be treated with medication, such as antihistamine, or adrenaline injection depending on the severity of the reaction.

Medication and control

It is vital that parents/guardians inform the school if their son/daughter is diagnosed as having allergies of any sorts. It is also their responsibility to notify the school of any changes. The school will require written confirmation from the parents/guardians regarding medical instructions, treatment and consent and a copy of the Care Plan, which is issued by medical staff upon diagnosis.

The school will require all students who have been prescribed an adrenaline injector to carry their emergency medication on them at all times. The school will also require a spare adrenaline injector to be provided by the parent/guardian to be kept in an accessible cupboard within the welfare room, as well as any anti-histamines or inhalers.

Trips

All students will be required to carry their medication on all trips away from the school. Any spare medication (kept in the medical welfare office) will be handed over to a member of staff on the trip for emergencies. A student will **NOT** be permitted to go on a school trip unless they have their medication on them **AND** a spare has been given to school.

School's procedure

Designated staff will receive training on a regular basis; this will include a practical supervised session on the administration of adrenaline injection. The school will arrange staff training with the school nursing service.

It will be the parent/guardian's responsibility to liaise with the school to check expiry dates on any medication and the parent/guardian's responsibility to replace any which is due to expire or has been used.

Parents will often ask for the school to ensure that their son/daughter does not come into contact with the allergen. This is not always feasible, although schools should bear in mind the risk to such students at break and lunch times and in food technology and science classes and seek to minimise the risks whenever possible.

In the event of a minor reaction the school will treat the student with prescribed anti-histamines as outlined in the Care Plan, where available and notify parents. If no anti-histamines are available the parent will be contacted before any further action is taken.

Minor reaction:

- Face – Swollen Lips & eyelids
- Skin – Flushed, itchy, rash, wheals
- Gut – abdominal pain, nausea

Severe reaction:

- Swollen tongue
- Swollen throat – hoarse voice, difficulty swallowing
- Difficulty talking
- Swollen airways – cough, wheeze, difficulty in breathing
- Nausea and vomiting
- Collapse

In the event of a severe reaction to a student with a known allergy the treatment will be as outlined in the student's IHP. However, the standard procedure is

- Stay calm and shout for help
- Stay with the student and reassure him/her – DO NOT MOVE THE STUDENT

Send someone to dial 999 and state that:

1. A student with a known allergy has had an anaphylactic reaction
2. Name and address of school
3. Access to school

Give entire contents of Adrenaline Injector into thigh (note time given)

1. Take adrenaline injector out of case
2. Remove safety shield or cap.
3. Place injector into outer thigh at a right angle to leg.
4. Press firmly into thigh until you hear or feel the injection function. Hold for 10 seconds.
5. Remove the injector from outer thigh. Place back into case. Give to the ambulance crew to dispose of.

Keep the student sitting down or in the recovery position until the ambulance arrives. DO NOT leave the student alone. Inform the paramedics of the time the adrenaline was given.

CALL AND ADVISE PARENT/GUARDIAN.

Disclaimer:

The school will not accept responsibility for any student who does not have an adrenaline injector with him/her, where a spare adrenaline injector has not been provided for school back-up, or whose medication has expired.

Asthma

Background

The school recognises that asthma is a widespread, serious but controllable condition affecting many students at the school. The school positively welcomes all students with asthma. This school encourages students with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents/guardians and students.

Record keeping

When a student joins the school, parents/guardians are asked if their child has any medical conditions including asthma on their enrolment form.

All parents/guardians of students with asthma are consequently sent an *Asthma UK School Asthma Card* (Appendix F) to give to their student's doctor or asthma nurse to complete. Parents/guardians are asked to return them to the school. From this information the school keeps its asthma register, which is available to all school staff. The school expects parents/guardians to update or exchange the card for a new one if their student's medicine, or how much they take, changes during the year.

Asthma medicines

Immediate access to reliever medicines is essential. Students with asthma must carry their reliever inhaler at all times. Spot checks will be undertaken on a regular basis throughout the academic year.

The Department of Health has released guidance on the use of emergency salbutamol inhalers in schools for students who have been diagnosed with asthma and prescribed an inhaler. In line with this guidance, the school has a number of spare salbutamol inhalers and volumatic spacers to use in an emergency (with parental consent) if a student's own inhaler is empty, broken or unavailable. All students with asthma must still have their own inhaler and spacer (prescribed by their General Practitioner) on their person at all times. If an emergency inhaler and spacer has been used the parent will be informed (Appendix G). The spacer used will be given to the student to take home as this cannot be used by another student.

Exercise and activity – PE and games

Taking part in sports, games and activities is an essential part of school life for all students. All teachers know which students in their class have asthma and all PE teachers at the school are aware of which students have asthma from the school's asthma register.

Students with asthma are encouraged to participate fully in all PE lessons. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that each student's inhaler will be labelled and kept in the vicinity of the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so.

Out-of-hours sport

There has been a large emphasis in recent years on increasing the number of students and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for students and young people with

asthma. It is therefore important that the school involve students with asthma as much as possible in after school clubs.

School environment

The school does all that it can to ensure the school environment is favourable to students with asthma. The school has a definitive no-smoking policy. As far as possible the school does not use chemicals in science, DT and art lessons that are potential triggers for students with asthma. Students with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

School Trips

All students with asthma **must** carry their inhaler on school trips. They will be asked to show them to a member of staff before leaving the school premises. As a backup one of the school's spare generic inhalers and spacers held in the welfare room will be taken on trips and held by a member of staff. It is important to note that only one back up/generic inhaler will be taken per group of students, not per individual student.

If a student does not have their inhaler on them, they will **NOT** be permitted to go on the trip.

Disclaimer

The school will not accept responsibility for any student whose parent/guardian has not provided an inhaler for use by the student during the school day or whose inhaler has expired. The school will contact parents/guardians of those students whose inhaler has not been provided if/when the student has an asthma attack during the school day. In these instances the school will telephone for an ambulance and where possible parents/guardians will need to accompany their student to the hospital in the ambulance.

Diabetes

Background

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. About 1 in 700 school age students is diabetic. Diabetics normally need to monitor their blood glucose levels, have daily insulin injections and eat regularly.

If a student is newly diagnosed with diabetes, their parents and the Diabetic team should inform the school as soon as possible so arrangements can be made. If starting a new school, it should be as soon as the place has been confirmed. When a student is first diagnosed, the relevant school staff, with the parents and any required medical practitioners will meet to discuss the Care Plan.

Medication and Control

Students with diabetes need to ensure that their blood glucose levels remain stable and may monitor their levels using a testing machine at regular intervals. This is usually done using a finger prick device (with a self-contained drum of lancets), however, there are other devices that can be used. These devices are intended for self-monitoring on an individual person only. A log of all medication supplied/used is kept.

A record will be kept of all readings taken in the welfare room and will be supplied to parents/guardians on request. The school advises that any readings taken outside of the medical welfare room are recorded by the student, however, this is not monitored by the school. The school will require any back up medication and equipment to be supplied by parents/guardians. Where necessary glucose tablets/biscuits can be kept in the welfare room, but these will need to be supplied by parents/guardians.

Trips

All students will be required to carry their medication and working equipment on all trips away from the school. It will be the responsibility of the parents/guardians to ensure the student has enough medication and the relevant working equipment, when required, glucose tablets/biscuits with them to see them through the trip. Students will **NOT** be permitted to go on a school trip unless they have their medication and equipment with them.

School Procedure

All medication given to the office manager will be kept securely in the welfare room with their Care Plan. The students will have access to this at any time. They are able to do any testing and injections within the welfare room and a privacy screen is available should they need it. It is the parent/guardian's responsibility to ensure that medication is in date and working. This is for both the medication/equipment that the student carries around and the emergency medication/equipment kept in the medical welfare room.

Disclaimer

The school will not accept responsibility for any student who runs out of insulin or whose medication has expired.

Epilepsy

Background

Epilepsy is a very individual condition. An epileptic seizure, sometimes called a fit, blackout or episode, can happen to anyone at any time. It is recognised that epilepsy can be treated/managed successfully to the point that seizures occur rarely and almost never during the school day. It is therefore desirable that any student is encouraged to take a full and active involvement in the life of RHS.

Care plans

It is vital that parents/guardians inform the school if their student is diagnosed as epileptic. Once the school has been made aware, a current Care Plan must be provided to the school by the parent/guardians and should be updated annually by the doctor or hospital. The plan will be held centrally in the welfare room. A copy of any treatment plan, from the hospital or doctor, given to the parents/guardians must also be given to the school. The Care Plan must include details of emergency telephone numbers for parents/guardians, emergency services, likely symptoms and what to administer (if applicable). It will also include a picture of the student.

Trips

All students will be required to carry their medication (if applicable) on all trips away from the school. Any spare medication (kept in the welfare room) and Care Plan will be handed over to a member of staff on the trip for emergencies.

Risk reduction

The only times when special measures are likely to be deemed necessary could be:

- Activities involving being on or in the water;
- Any activity involving height off the ground;
- The use of machinery.

Any activity of that nature should have a risk assessment done before the trip/activity begins.

Management of a convulsive epileptic seizure

Most episodes happen without warning, last only a short time and stop without any special treatment. In managing a seizure, staff should:

- stay calm and prevent others from crowding around;
- make a note of the time it has started and finished;
- put something soft (like a jumper or jacket) under the head of the person to prevent injury;
- only move the person if he/she is in a dangerous place eg. the top of stairs;
- move things away from the person if there is a risk of injury.
- not attempt to restrain the person's movements.
- Once the episode has run its course, if possible place the person in the recovery position. It may be necessary to wipe away any excess saliva and if his/her breathing is laboured check that nothing is blocking the airway (dentures/food). It is possible that the person has been incontinent, please deal with this as privately as possible to avoid embarrassment. Stay with him/her until he/she is fully recovered. In most cases it is not necessary for the person to go to hospital, but most people will want to sleep.

Parents/Guardians will be contacted.

It is a medical emergency, and assistance should be sought if:

- someone has injured themselves badly in an episode
- they have trouble breathing
- one episode immediately follows another or the episode lasts longer than 5 minutes and you do not know how long they usually last
- the episode continues for longer than usual for that person
- this is the first episode this person has had
- There is a sudden change in the student's normal behaviour.

Disclaimer

The school will not accept responsibility for any student who runs out of medication or whose medication has expired.

Mental Health

Background

RHS aims to promote positive mental health for every member of our staff and student body. In addition, the school aims to recognise and respond to mental ill health.

Any member of staff who is concerned about the mental health or wellbeing of a student should inform the Designated Safeguarding lead (Marie Coltman) and the Pastoral Director (Jo Stoodley). If there is a fear that the student is in danger of immediate harm then the normal student protection procedures should be followed with an immediate referral to the Designated Safeguard Lead using the school's safeguarding protocol.

If the student presents a medical emergency then the normal procedures for medical emergencies should be followed, including alerting the first aid staff and contacting the emergency services if necessary.

Where a referral to CAMHS (Children's, Adolescent Mental Health Service) is appropriate, this will be led and managed by the Pastoral Director.

Medication and control

It is vital that parents/guardians inform the school if their son/daughter is diagnosed as having mental illness. It is also their responsibility to notify the school of any changes. The school will require written confirmation from the parents/guardians regarding medical instructions and treatment.

Appendix A: Parental Agreement for the School to Administer Medicine

Date	
Name of student	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <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	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to student	
Address	
I understand that I must deliver the medicine personally to	Office manager

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 medicine is stopped.

Signature(s).....
.....

Date

Appendix B: Administration of Medication (individual student)

Form to be completed when medicine has been administered to a student

Date	/	/	/	/
Time given				
Dose given				
Name of member of staff				
Staff initials				
Student initials				

Date	/	/	/	/
Time given				
Dose given				
Name of member of staff				
Staff initials				
Student initials				

Appendix C - School Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name:

Date of birth: DD MM YY

Address:

Parent/carer's name:

Telephone - home:

Telephone - mobile:

Email:

Doctor/nurse's name:

Doctor/nurse's telephone:

This card is for your child's school. Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year. Medicines should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed
For shortness of breath, sudden tightness in the chest, wheeze or cough, give or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

Expiry dates of medicines checked

Medicine	Date checked	Parent/carer's signature

What signs can indicate that your child is having an asthma attack?

Parent/carer's signature: Date: DD MM YY

Does your child tell you when he/she needs medicine?
 Yes No

Does your child need help taking his/her asthma medicines?
 Yes No

What are your child's triggers (things that make their asthma worse)?

Does your child need to take medicines before exercise or play?
 Yes No

If yes, please describe below

Medicine	How much and when taken

Does your child need to take any other asthma medicines while in the school's care?
 Yes No

If yes please describe below

Medicine	How much and when taken

Dates card checked by doctor or nurse

Date	Name	Job title	Signature

What to do if a child is having an asthma attack

- 1 Help them sit up straight and keep calm.
- 2 Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- 3 Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler - this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- 4 You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Health & care information you can trust



Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(9am - 5pm; Mon - Fri)

www.asthma.org.uk

© 2014 Asthma UK. Registered charity number: 1019944 and 1019945 (England and Wales) 302 084 (Scotland) 01019942.

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Appendix D – Letter to Inform Parents 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 him/ her to use his/ her asthma inhaler.

He/ she did not have his/ her own asthma inhaler with him/ her, so a member of staff helped him/ her to use the emergency asthma inhaler containing salbutamol. He/ she was given puffs.

His/ her own asthma inhaler was not working, so a member of staff helped him/ her to use the emergency asthma inhaler containing salbutamol. He/ she was given puffs.

[Delete as appropriate]

Although he/ she soon felt better, the school would strongly advise that you have your son/ daughter seen by your own doctor as soon as possible.

It is school policy that a spacer is only used by one person and not re-used. Keeping in line with this your son/ daughter has been given the spacer that they used today for their own personal use.

Yours sincerely,

Office Manager

Appendix E – Roles and Responsibilities – Department for Education

Guidelines

The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

Further advice: Supporting a child with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Partnership working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, and parents and pupils will be critical. An essential requirement for any policy therefore will be to identify collaborative working arrangements between all those involved, showing how they will work in partnership to ensure that the needs of pupils with medical conditions are met effectively. Some of the most important roles and responsibilities are listed below, but schools may additionally want to cover a wider range of people in their policy.

Governing bodies must make arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions.

Further advice on the role of governing bodies:

Governing bodies should ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They should also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

Advice on the role of headteachers:

Headteachers should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. This may involve recruiting a member of staff for this purpose. Headteachers have overall responsibility for the development of individual healthcare plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Advice on the role of parents:

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition.

Advice on the role of pupils:

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other pupils will often be sensitive to the needs of those with medical conditions.

Advice on the role of school staff:

Any member of school 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. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Advice on the role of school nurses:

Every school has access to school nursing services. They are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs; for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. See also paragraphs 18 to 20 below about training for school staff.

Advice on the role of other healthcare professionals:

Other healthcare professionals, including GPs and paediatricians, should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).