



Supporting Pupils with Medical Conditions Policy

Approved by: Stivichall Governing Body

Date: March 2021

Last reviewed : March 2021 by Ed O'Hara

Next review due by: March 2022

Learning at Stivichall is a passport for life

Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) Short-term, affecting their participation in school activities whilst they are on a course of medication.
- (b) Long-term, potentially limiting their access to education and requiring extra care and support.

School Ethos

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Stivichall Primary School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) may need. A record of all training should be kept in school. This is the responsibility of the Senior Leadership Team.

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. **Pupils with medical conditions have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.** However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected, for example, other children in the class.

Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits

- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional in order to administer support or prescribed medication
- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary
- To respond sensitively, discreetly and quickly to situations where a child with a medical condition requires support, including in the case of a child with COVID-19 symptoms
- To keep, monitor and review appropriate records.

Our Practice

School staff will use their professional discretion in supporting individual pupils and they:

- Enable children to access their medication following guidelines below
- Do not assume that every child with the same condition requires the same treatment
- Listen to the views of the child and their parents/carers and follow medical advice
- Enable children with medical conditions to access the full curriculum, making reasonable adjustments where necessary and appropriate, unless specified in their Individual Healthcare plan, including on educational visits (medical needs must be covered on risk benefit assessments and loaded onto the 'Evolve' system)
- Do not penalise children for their attendance record where this is related to a medical condition
- Allow children to eat, drink or take toilet breaks where this is part of effective management of their medical condition
- Keep their own personal medication if they have any, in a secure place that is inaccessible to children
- Use the necessary and appropriate PPE to care for children who have COVID-19 symptoms, as set out in the Stivichall Risk Assessment, whilst they are being isolated and awaiting parent/carer collection

Entitlement

Stivichall Primary School provides full access to the curriculum for every child wherever possible. We believe that pupils with medical needs have equal entitlement and must receive necessary care and support so that they can take advantage of this. However, we also recognise that employees have rights in relation to supporting pupils with medical needs, as follows:

Employees may bring to the attention of Senior Leadership any concern or matter relating to the support of pupils with medical conditions – for example if further training is needed for meeting a child’s developing medical needs.

Expectations

It is expected that:

- Parents will inform school of any medical condition which affects their child, including informing school if their child has been isolated and seeking a COVID-19 test, as outlined in the Parent and Carer Handbook and Summary of Risk Assessment document
- Parents will supply school, and separately Acorns wrap-around care where appropriate, with appropriately prescribed medication, where the dosage information and regime is clearly printed by a pharmacy on the container
- Parents will ensure that medicines to be given in school are in date and clearly labelled and it is their responsibility to ensure that medication is updated or replaced; school office staff and the Acorns wrap around manager will check that medications are in date termly
- Parents will co-operate in training their children to self-administer medicine if this is appropriate, and that staff members will only be involved if this is not possible
- Medical professionals involved in the care of children with medical needs will fully inform staff beforehand of the child’s condition, its management and implications for the school life of that individual
- Stivichall Primary School will ensure that, where appropriate, children are involved in discussing the management and administration of their medicines and are able to access and administer their medicine if this is part of their Individual Healthcare plan (for example, an inhaler)
- School staff will liaise as necessary with Healthcare professionals and services in order to access the most up-to-date advice about a pupil’s medical needs and will seek support and training in the interests of the pupil
- Transitional arrangements between schools will be completed in such a way that we will ensure full disclosure of relevant medical information, Healthcare plans and support needed in good time for the child’s receiving school to adequately prepare
- Healthcare plans will be written, monitored and reviewed regularly.

CARE PLAN PROTOCOL

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician or other Health Care professionals. Deputy Head Teacher and / or Inclusion Manager will review the care plan at least once a year, but much depends on the nature of the child's particular needs; some may need reviewing more frequently.

In addition to input from the school health service, the child's GP or other health care professionals (depending on the level of support the child needs), may need to contribute to a health care plan include:

- the Deputy Head Teacher
- the parent or carer
- the child (if appropriate)
- Inclusion Manager
- Class Teacher

Actions to Implement a Care Plan

- Parent notifies school by contact with teacher and by completing the Pupil Confidential form on admission to the school.
- Parents will be requested to attend a meeting with Deputy Head Teacher/Inclusion Manager and Class Teacher and where necessary other outside agencies.
- Meeting to complete Care Plan (See Appendix)
- Care Plan agreed and signed by parents and Deputy Head Teacher and countersigned by Head Teacher.
- Form given to the office for the photo of the child to be attached, spreadsheet updated and copies to be circulated to relevant classes. All staff to be informed.
- Class teacher to put care plan on the inside of classroom cupboard door for immediate reference (as agreed with parents) Additional copies will be kept in the class register box and red class file.
- List of medical needs is kept in the outer office for immediate reference.
- Medicines will only be kept in the outer office and in year group order.
- Epi-pens to be kept in named sealed box, together with a copy of the care plan.
- Letters sent to parents to notify when medication is due to expire and when care plans need to be reviewed.

Training

- As indicated in the First Aid Procedures and First Aid School Risk Assessment documents

Procedure

The Governing Body of Stivichall Primary School ensures that an appropriate level of insurance is in place through the school's public liability insurance and that this reflects the level of risk presented by children with medical conditions.

Information

Children with serious medical conditions will have their photo and brief description of condition, along with any other necessary information in the staffroom, office, class supply information file and in their classrooms and in Acorns wrap around care if appropriate.

Children with medical conditions which may require emergency attention, e.g. epilepsy or diabetes, will have their names and a Healthcare Plan (See Appendices) clearly accessible in their classroom, staff room and office, and in Acorns wrap around care if appropriate, ensuring that all adults dealing with the child will have their attention drawn to this information.

The kitchen are aware of and keep a list of children with allergies to any types of food and are able to access the Health Care plans kept in the office, so that school meals are prepared accurately. An information sheet with photos of children with severe allergies is kept in the kitchens and in Acorns for breakfasts and after-school snacks. All pupils with any allergies are required to complete a 'Special Diet' form provided by our catering company, Alliance in Partnership. This form is then used to provide an allergen menu from which a parent can book their child's school dinner. This information will be shared with Acorns wraparound provision. Some different school meals/snacks could be provided for children who are coeliac to ensure that the dinner will meet their tolerance levels.

For parents accessing the Acorns wraparound provision, medical and dietary requirements form part of the registration process. This information will be monitored by the Acorns Manager.

The Healthcare Plan is developed with the pupil (where appropriate), parent, school staff, specialist nurse (where appropriate) and relevant healthcare services. Healthcare plans will be put into place and the arrangements made within two weeks of the school being informed or a new child joining the school. If a child is starting at the start of a school term and the school knows about the medical needs prior to the term starting, the plan and arrangements should be in place before the child starts at school. These will be monitored and reviewed annually or sooner if medical information changes, by the Deputy Headteacher with support from the school office.

All other medical conditions will be noted from children's SIMs records and this information will be provided to class teachers annually unless there is a change to a child in their class and then it will be updated promptly.

Where a child is returning to Stivichall Primary School following a period of hospital education or alternative provision (including home tuition), the school will work with the local authority or education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

New members of staff and supply staff (including any solely employed for wrap around provision) will be informed about children in the setting who have medical needs and made aware of how to find out which staff have first aid training and who are able to administer medicine.

Parental Notification of Illness or Injury

If a child becomes ill during the school day, or during the wrap around care, appropriate care will be given until the parents/carers are able to collect the child.

Any guidance given to the parents will be taken directly from the national health guidelines for schools which details recommended exclusion and treatment for common childhood illnesses. This includes guidance around booking a COVID-19 test and referring parents to up-to-date Public Health England guidance.

If a child receives a minor injury at school, treatment will be given by the appropriate person and an entry will be made in the first aid books (as per guidance in the school First Aid Procedures document).

In Foundation Stage, details of the injury will also be recorded in the Reception Class and Year 1 class Accident Book which parents/carers are asked to sign at the end of the school day. This book is maintained by all teachers of pupils aged 4-5 years in accordance with the welfare requirements. For modifications to this procedure for during the COVID-19 pandemic, please see the school risk assessment document.

Acorns, will record first aid on their dedicated sheets which will be copied across to the main school first aid file on a monthly basis. Any injury to children from Reception or Year 1 whilst in Acorns will be recorded in their dedicated Acorns YR and Y1 Accident Book with parents signing on pick up. This book will be kept with Acorns records for reference purposes and in line with GDPR guidance.

In the case of more serious accidents /emergencies, the first aiders will advise on treatment and oversee the arrangements for the child in accordance with school policy.

In EYFS, an appropriate number of staff hold current Paediatric first Aid Certificates.

All children in Stivichall School who receive a head bump/injury will receive a head bump bracelet, given by the staff member supervising, on the day of the injury. Children must keep their wrist band on until they go home. This is to ensure that members of staff can see if a child has bumped their head and also so that parents are notified of the head bump. If the head bump is severe, the first aider attending will call parents to notify them of the appropriate action taken.

In an emergency

In a medical emergency, the school's First Aiders, will be asked to attend.

If an ambulance needs to be called, staff will:

- Outline the full condition and how it occurred
- Give details regarding the child's date of birth, address, parents' names and any known medical conditions, referring to the child's Healthcare Plan if one is in place
- Contact parents as soon as possible

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

Administration of medicines

During the COVID-19 pandemic, medicines and care plans are kept in the child's classroom (in the lockable teacher cupboard) and daily medicines are administered by staff within their bubble, as set out in the school risk assessment.

Only essential medicines will be administered during the school day and within wrap around provision. Parents must request for the school to administer medication using a 'Request for Medicine to be Administered Form' (see Appendices) before any medicine is administered. Medicines to be given during the school day must be in their original container, within the use by date, labelled and include instructions for administration, dosage and storage. Controlled drugs can also be administered, subject to all other conditions as described in the Policy. A written record is kept of medicine administered to a child and parents informed, if it is not part of a planned series of medication that parents have requested as above.

Essential medicines will be administered on Educational Visits, subject to the conditions above. A risk assessment may be needed before the visit takes place. Staff supervising the visit will be responsible for safe storage and administration of the medicine during the visit.

Before administering any medicine, staff must check that the medicine belongs to the child, must check that the dosage they are giving is correct, and that written permission has been given. Any child refusing to take medicine in school will not be made to do so, and parents will be informed about the dose being missed. All doses administered will be recorded on the - Record for the Administering of Medicine Form (see Appendices).

All medicines will be stored safely. Medicines needing refrigeration will be stored in the fridge located in the staff room.

Controlled drugs or prescribed medicines are kept in the lockable classroom cupboard and in the locked cupboard within Acorns wrap around as appropriate and agreed with parents. Access to these medicines is restricted to the named persons.

Epi-pens are kept in the lockable classroom cupboard and the locked cupboard within Acorns. In the case of Epi-Pens, all staff have access to the box which is

clearly labelled and accessible. All staff receive Emergency Asthma, Anaphylaxis and Epilepsy First Aid training annually and as part of their duty of care, would be expected to administer an epi-pen to a child whose healthcare plan outlines its use.

Children self-administering asthma inhalers do not need to be recorded. Inhalers are kept in the lockable classroom cupboard and in the Acorns cupboard as appropriate (if parents of children who are attending wraparound deem their child to have significant asthmatic need) with school emergency inhalers in the office cupboard. Children have access to these inhalers at all times, though must inform a member of staff that they are taking a dose. All inhalers are marked with the child's name. All children with an inhaler must take them on educational visits, however short in duration.

When no longer required, medicines should be returned to the parents to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps and removed when necessary by parents.

Children who are acutely ill and require a short course of medication e.g. antibiotics, will normally remain at home until the course is finished. If it is felt by a medication practitioner that the child is fit enough to return to school, the dosage can usually be adjusted so that none is required at lunch-time.

No medicine should be administered unless clear written instructions to do so have been obtained from the parents or legal guardians and the school has indicated that it is able to do so. It must be understood that all staff are acting voluntarily in administering medicines.

Trained Staff

Stivichall Primary School ensures that it has a suitable number of first aiders in school at all times. There are a number of staff who have completed the full certificate and others who have completed the Paediatric First Aid (one-day course). An updated list detailing the names of staff and qualifications held are kept in the office and displayed in the central corridor for referral. All first aiders can be responsible for administering medication when needed. See First Aid Procedures. See the COVID-19 risk assessment for administering First Aid to children who are symptomatic, including the necessary Personal Protective Equipment.

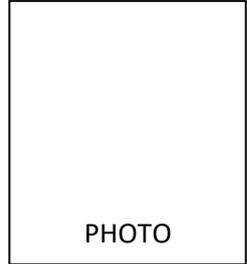
Complaints

Should parents be unhappy with any aspect of their child's care at Stivichall Primary School, they must discuss their concerns with the school. This will be with the child's class teacher (or Acorns manager if related to wrap around care) in the first instance, with whom any issues should be managed. If this does not resolve the problem or allay concern, the problem should be brought to a member of the inclusion team, who will, where necessary, bring concerns to the attention of the Senior Leadership Team. In the unlikely event of this not resolving the issue, the parents must make a formal complaint using our Complaints Procedure.

Further Sources of Information:

- Stivichall Primary School 'Intimate Care Policy'
- Stivichall Primary School 'SEND Policy'
- NHS England website
- Public Health England website

Healthcare Plan for a Pupil with a Severe Allergy



Surname:

Forename:

Sex: M / F

PHOTO

Date of Birth:

NHS No:

Address:

Name of School:

Class/Form:

Date completed:

Date 1st review

Date 2nd review

Emergency Contact 1

Emergency Contact 2

Name _____ Name: _____

Relationship _____ Relationship: _____

Tel No (home) _____ Tel No (home): _____

Tel No (mobile) _____ Tel No (mobile): _____

Tel No (work) _____ Tel No (work): _____

GP Name & Tel Number

ALLERGIC TO:

MEDICATION:

Severe Reaction (rare)

- Wheeze, difficulty in breathing or a choking feeling
- Swelling of the tongue or throat
- Floppiness, collapse or deteriorating consciousness.

Treatment:

1. Send someone to call for an ambulance *immediately* (Dial 999). Tell the operator this is an **emergency** case of **anaphylaxis**.

2. If there is collapse or severe difficulty breathing give the adrenaline pen injection (also called epinephrine)

- Pull off blue safety cap
- Place orange tip onto side of thigh, at right angles to the leg
- Press hard into the thigh until you hear the pen click
- Hold in place for 10 seconds
- Massage injection site for 10 seconds
- Place in recovery position if appropriate
- **Do not allow to stand up**

3. If the adrenaline pen is used the child/young person must always go to hospital.

Any additional instruction's e.g. asthma care:

Please note that it is the parent/carers responsibility to ensure that the adrenaline pen is not out of date

Mild or Moderate Reactions (very common)

Possible symptoms: (Please delete or add as appropriate as symptoms may vary).

Itching skin, rash, tickly throat, mild swelling (such as face or lips)

Medication:

Antihistamines.....syrup/tablets (delete as appropriate)

Syrup give.....5ml spoonful immediately **OR**

Tablets give mg tablet immediately

Any additional instructions e.g. asthma medication

Agreement and Conclusion:

Both school and parents should hold a copy of this Healthcare Plan. Please send a copy to the School Nurse to be put in the Child Health records. Any necessary revisions will be between the school and parents.

Agreed and Signed:

Parent_____ Date_____

Head Teacher_____ Date_____

School Nurse_____ Date_____

1st Review:

Parent_____ Date_____

Head Teacher_____ Date_____

2nd Review:

Parent_____ Date_____

Head Teacher_____ Date_____

Healthcare Plan for a Pupil with Medical Needs

Surname:

Forename:

Sex: M / F

PHOTO

Date of Birth:

NHS No:

Address:

Name of School:

Class/Form:

Date completed:

Date 1st Review:

Date 2nd Review:

Emergency Contact 1

Emergency Contact 2

Name _____

Name _____

Relationship _____

Relationship _____

Tel No (home) _____

Tel No (home) _____

Tel No (mobile) _____

Tel No (mobile) _____

Tel No (work) _____

Tel No (work) _____

GP Name & Tel Number

CONDITION:

Describe pupil's individual symptoms:

Describe what constitutes an emergency for the pupil, the action to take and follow up care:

Describe pupil's requirements, e.g. before sport / lunchtimes:

Agreement and Conclusion:

Both school and parents should hold a copy of this Healthcare Plan. Please send a copy to the School Nurse to be put in the Child Health records. Any necessary revisions will be between the school and parents.

Agreed and Signed:

Parent _____ Date _____

Head Teacher _____ Date _____

School Nurse _____ Date _____

1st Review:

Parent _____ Date _____

Head Teacher _____ Date _____

2nd Review:

Parent _____ Date _____

Head Teacher _____ Date _____

STIVICHALL PRIMARY SCHOOL

REQUEST FOR PUPIL TO KEEP THEIR INHALER IN SCHOOL

To: HEAD TEACHER, STIVICHALL PRIMARY SCHOOL

From: _____ parent/guardian

Child's name: _____

Name of medicine: _____

Inhaler Expiry Date: _____

Whilst we make every effort to periodically check medication expiry dates, it is the parents' responsibility to ensure that medication to be administered to their child does not exceed its expiry date and is present and usable in school. Parents are welcome to come into school at any time and check their child's medication.

- My child regularly attends Acorns and their asthmatic need is such that I will provide a further inhaler for their use in wrap around care.

Any precautions, special arrangements or side effects:

I wish my son/daughter to keep their inhaler in school for use as necessary and understand that it is my responsibility to check it is present, usable and in date.

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

I understand that the Head Teacher and staff of the school cannot be held responsible for any problems which may arise from this arrangement.

Signed _____ parent/guardian

Date _____

STIVICHALL PRIMARY SCHOOL

REQUEST FOR MEDICINE TO BE ADMINISTERED IN SCHOOL

To: HEAD TEACHER, STIVICHALL PRIMARY SCHOOL

From: _____ parent/guardian

The doctor has advised that it is necessary for the child named below to receive his/her medication during school time/Acorns wrap around provision.

Child's name: _____ Class: _____

Name of medicine: _____

Method: TABLETS / MIXTURE / INHALER / CREAM / OTHER

Dosage and Frequency (if applicable): _____

Time of dose required in school: _____

Date Course of Medication commenced: _____

Any precautions, special arrangements or side effects:

I understand that the Head Teacher and staff of the school cannot be held responsible for any problems which may arise from the administration of medicine when given in accordance with these instructions.

Signed _____
parent/guardian

Date _____

health26

The use of emergency salbutamol inhalers in school

(following guidance from Department of Health)

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

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

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

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

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- 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
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Supporting Children with Medical Conditions and Needs – Use of Emergency salbutamol inhalers in school

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

The emergency salbutamol inhaler will only be used by children for whom parental consent for use of an inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The protocol is incorporated into our wider medical and procedures policy which will be required by *Supporting Pupils* from 1st September 2014. The protocol includes the following:

- arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the schools policy on supporting pupils with medical conditions
- having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should be kept with the emergency inhaler
- having parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan
- ensuring that the emergency inhaler is only used by children with asthma with parental consent for its use
- appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on supporting pupils with medical conditions
- keeping a record of use of the emergency inhaler as required by *Supporting pupils* and informing parents or carers that their child has used the emergency inhaler
- having at least two volunteers responsible for ensuring the protocol is followed

Storage and care of the inhaler

The school's medical and procedures policy include staff responsibilities for maintaining the emergency inhaler kit. The school office team in conjunction with the Deputy Headteacher are responsible for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- that replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The inhaler and spacers will be kept in the medicine cabinet located in the photocopying room adjacent to the school office which will be accessible at all times to all staff and where admittance by children is not permitted. In Acorns, the inhalers will be kept in the lockable medicines cupboard and checked as above by a nominated member of Acorns staff.

The inhaler will be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The inhaler and spacers will be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler will be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it will be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer will not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister will be removed, and the plastic inhaler housing and cap washed in warm running water, and left to dry in air in a clean, safe place. The canister will be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it will not be re-used but disposed of.

Disposal

Following manufacturers' guidelines Inhalers will be returned to the pharmacy to be recycled. School has registered as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal.

Reference : <https://www.gov.uk/waste-carrier-or-broker-registration>.

Children who can use an inhaler

The emergency salbutamol inhaler should only be used by children:

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

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

This information should be recorded in a child's individual healthcare plan.

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

As part of the school's medicine and procedures policy, when the emergency inhaler is to be used, a check will be made that parental consent has been given for its use, in the register.

The school will keep a record of parental consent on the asthma register to enable staff to quickly check whether a child is able to use the inhaler in an emergency. Parents are asked to update school on any changes to their child's medication.

ALL staff will be:

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

As part of the medicine and procedures policy, the school have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer.