



ROCKCLIFFE CE SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

Approved by¹	
Name:	
Position:	
Signed:	
Date:	
Review date²:	July 2021 for September 2021

¹ The Governing Body are free to delegate approval of this document to a Committee of the Governing Body, an individual Governor or the Head teacher

² Governing Bodies, Proprietors and Management Committees free to determine – **DfE recommend annually**

REVIEW SHEET

The information in the table below details earlier versions of this document with a brief description of each review and how to distinguish amendments made since the previous version date (if any).

Version Number	Version Description	Date of Revision
1	Original	August 2014
2	Amended to take into account new legislation which will allow schools to hold emergency Salbutamol inhalers for pupils diagnosed with asthma	September 2014
3	Very minor tweaks to include topical medicines where oral is mentioned and clarify the acceptance procedure for non-prescription medicines.	June 2015
4	New introductory section 'How to use this document' with formatting tips, reference to SEND Jan 2015 (updated from Jul 2014). Section 4.6 important clarification on when non-prescription medicines might be administered. Appendix A - clarification when/how decisions not to instigate IHCPs are made and that it is not just parents and healthcare professionals that can trigger an IHCP review.	November 2015
5	Updated reference DfE document ' <i>Supporting Pupils at School with Medical Conditions, Dec 15</i> ' resulting in only 1 change in Section 3.1 a new bullet point about LAs, CCGs and service providers (3 rd one down). Revised Appendix B: IHCP with space for other people involved in the development to sign if they want to or there is a need. New Appendix C2: a landscape version of parental consent to administer with space for a medical practitioner to sign if there is a need.	March 2016
6	Links to DfE document ' <i>Supporting Pupils at School with Medical Conditions, Dec 15</i> ' updated.	September 2016
7	Updated to include specific information in relation to Food Allergies and to remove some references to the school nursing service.	May 2017
8	Revised to include the use of adrenaline auto-injectors (AAIs). For ease of use and visual comfort, updated text is highlighted in green. Significant text in Section 4.10 has been updated and Section 4.11 is new. Appendices updated: B, C1, & C2. New Appendix E3.	November 2018
9	Revised to take into account the forthcoming changes to Cumbria Safeguarding Children Partnership (CSCP) which replaces Cumbria Local Safeguarding Children Board (LSCB) from 29 September 2019. Updated links to ' <i>Guidance on the use of emergency Salbutamol inhalers in schools</i> ' March 2015.	September 2019
10	Updated to take account of LA statutory guidance ' <i>Ensuring a good education for children who cannot attend school because of health needs</i> '. The addition of the updates will assist in meeting the requirements for schools to have a statutory Policy (incorporated within this Policy) for Children with health needs who cannot attend school.	November 2019

Contents

1	Definitions	1
2	Statement of Intent.....	1
3	Organisation.....	2
3.1	Local Authority	2
3.2	The Governing Body	3
3.3	The Head Teacher	4
3.4	School Staff.....	4
3.5	School Nurses and Other Healthcare Professionals	5
3.6	Pupils	5
3.7	Parents	5
4	Arrangements/procedures.....	6
4.1	Procedure for the Notification that a Pupil has a Medical Condition	6
4.2	School Attendance and Re-integration	6
4.3	Individual Healthcare Plans (IHCP)	7
4.4	Pupils Managing their own Medical Conditions.....	8
4.5	Training	8
4.6	Managing Medicines	10
4.6.1	Controlled Drugs.....	11
4.7	Record Keeping	12
4.8	Emergency Procedures.....	12
4.9	Emergency Salbutamol Inhalers.....	13
4.9.1	Supplies of Salbutamol	14
4.9.2	The Emergency Asthma Kit.....	14
4.9.3	Storage and Care of Inhalers	14
4.9.4	Disposal	15
4.9.5	Staff Use and Training	15
4.10	Allergens.....	16
4.10.1	School Meal and Wrap Around Care Providers	16
4.10.2	Other Food Handlers	17
4.10.3	Emergency Situations	17
4.11	Emergency Adrenaline	17
4.11.1	Steps to Reduce Anaphylaxis Risks.....	18
4.11.2	Supplies of Auto-Injectors	18
4.11.3	The Register and Emergency Adrenaline Kit	19
4.11.4	Storage and Care of Auto-Injectors	19

4.11.5 Disposal	20
4.11.6 Staff Use and Training	20
4.12 Day Trips, Residential Visits and Sporting Activities.....	20
4.13 Other Arrangements	21
4.13.1 Home to School Transport.....	21
4.13.2 Defibrillators.....	21
4.14 Unacceptable Practice.....	21
4.15 Insurance	22
4.16 Complaints	22

Appendix A:	Process for Developing an Individual Healthcare Plan (IHCP)
Appendix B:	Individual Healthcare Plan (IHCP)
Appendix C1:	Parental Consent to Administer Medicine (without medical practitioner signature)
Appendix C2:	Parental Consent to Administer Medicine (with medical practitioner signature)
Appendix D:	Record of Medicine Administered to an Individual Child
Appendix E1:	Record of Medicine Administered to All Children
Appendix E2:	Record Card: All Children: Emergency Salbutamol Inhaler Administration
Appendix E3:	Record Card: All Children: Emergency Adrenaline Administration
Appendix F:	Staff Training Record – Supporting Pupils with Medical Conditions
Appendix G:	Summoning Emergency Services
Appendix H:	Template Letter Inviting Parents to Contribute to the Development of Their Child’s Individual Healthcare Plan
Appendix I:	Template Notification to Parents of Emergency Salbutamol Inhaler Use

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1 Definitions

The following definitions apply only to the way this model document has been written. Decide on terminology that suits your setting, state and define it here.

For the purposes of this document a child, young person, pupil or student is referred to as a 'child' or a 'pupil' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

Wherever the term 'Head teacher' is used this also refers to any Manager with the equivalent responsibility for children.

Wherever the term 'school' is used this also refers to academies and Pupil Referral Units (PRU) and references to Governing Bodies include Proprietors in academies and the Management Committees of PRUs and will usually include wrap around care provided by a setting such as After School Clubs and Breakfast Clubs.

2 Statement of Intent

Summarise the purpose of this Policy and your understanding of and commitment to fulfilling your statutory duties. The following is example text only and you are free to write your own statement.

This Policy is based on the statutory Department for Education (DfE) guidance document ['Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England'](#) (April 2014; Revised December 2015) to coincide with the application of section 100 of the Children and Families Act 2014 which came into force on 1 September 2014. Section 100 places a statutory duty on governing bodies to make arrangements to support pupils at school with medical conditions. It will be reviewed regularly and made readily accessible to parents, staff and, where appropriate, other adults working or volunteering in school.

The governors of Rockcliffe CE School (hereinafter referred to as 'the school') believe that all children with medical conditions, in terms of both physical and mental health, should be properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential including access to school trips and physical education (PE).

We understand that the parents of children with medical conditions are often concerned that their child's health will deteriorate when they attend school because they may not receive the on-going support, medicines, monitoring, care or emergency interventions that they need while at school to help them manage their condition and keep them well. This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school by putting in place suitable arrangements and procedures to manage their needs. We also understand that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences and our arrangements take this into account. We undertake to receive and fully consider advice from involved healthcare professionals and listen to and value the views of parents and pupils. Given that many medical conditions that require support at school affect a child's quality of life and may even be life-threatening, our focus will be on the needs of each individual child and how their medical condition impacts on their school life, be it on a long or short-term basis.

In addition to the educational impacts, we realise that there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

Local Authorities have a duty to arrange suitable full-time education (or part-time when appropriate for the child's needs) for children who are unable to attend a mainstream or special school because of their health. This duty applies to all children and young people who would normally attend mainstream schools, including Academies, Free Schools, independent schools and special schools, or where a child is not on the roll of a school. It applies equally whether a child cannot attend school at all or can only attend intermittently. Further guidance on the Local Authority duty can be found in DfE statutory guidance '[Ensuring a good education for children who cannot attend school because of health needs](#)' (January 2013).

We fully understand that reintegration back into school needs to be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short-term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy) also need to be effectively managed and the support we have in place is aimed at limiting the impact on a child's educational attainment and emotional and general wellbeing.

This school also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have an Education, Health and Care (EHC) plan (previously known as a Statement of Special Educational Needs) which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), this Policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document '[Special Educational Needs and Disability: Code of Practice 0-25 Years](#)', January 2015.

3 Organisation

In this section you need to describe in suitably clear detail the roles and responsibilities of everyone who might be involved in the effective development and implementation of this Policy including children and parents. It is important to name people who hold specific responsibilities e.g. for the development and review of Individual Healthcare Plans (IHCP) and the following text draws on statutory guidance which you will need to amend to maintain the principles but to suit the way your setting operates. You will also need to amend the terminology to suit the definitions you started with.

3.1 Local Authority

This school understands that our Local authority **must** arrange suitable full-time education (or as much education as the child's health condition allows) for children of compulsory school age who, because of illness, would otherwise not receive suitable education.

Local authorities should:

- provide such education as soon as it is clear that the child will be away from school for 15 days or more, whether consecutive or cumulative. They should liaise with appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the child;
- ensure that the education children receive is of good quality, as defined in [statutory guidance](#), allows them to take appropriate qualifications, prevents them from slipping behind their peers in school and allows them to reintegrate successfully back into school as soon as possible;
- address the needs of individual children in arranging provision. 'Hard and fast' rules are inappropriate: they may limit the offer of education to children with a given condition and prevent their access to the right level of educational support which they are well enough to receive. Strict rules that limit the offer of education a child receives may also breach statutory requirements.

3.2 The Governing Body

The Governing body is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this Policy.

Supporting a child with a medical condition and ensuring their needs are met effectively, however, is not the sole responsibility of one person - it is the responsibility of the Governing body as a whole to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that **no** pupil's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this Policy;
- there is clear understanding at this setting's strategic level and, where relevant, across all partnership workers that:
 - Local Authorities (LA) and Clinical Commissioning Groups (CCG) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (S26: Children and Families Act 2014);
 - LAs are responsible for commissioning public health services for statutory school-aged children including school nursing, but this does not include clinical support for children in schools who have long-term conditions and disabilities, which remains a CCG commissioning responsibility. When children need care which falls outside the remit of school nurses, e.g. postural support or gastrostomy and tracheostomy care, CCG commissioned arrangements must be adequate to provide the ongoing support essential to the safety of these vulnerable children whilst in school; and
 - providers of health services should co-operate with school including appropriate communication, liaison with healthcare professionals such as specialists and children's community nurses, as well as participating in locally developed outreach and training.
 - Ofsted will consider how well a setting meets the needs of the pupils with medical conditions, making key judgements informed by the progress and achievement of these children alongside those of pupils with special educational needs and disabilities, and also by pupils' spiritual, moral, social and cultural development.
- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions;
- staff who provide such support can access information and other teaching support materials as needed.
- funding arrangements support proper implementation of this Policy e.g. for staff training, resources etc.

These functions can be conferred on an individual governor, a head teacher, a committee or another member of staff as appropriate and the help and cooperation of other appropriate persons can be enlisted. You should say here whether you have a Lead Governor for supporting pupils with medical conditions and who they are. You are not required to have a Lead Governor for this but

you **must** have a named person who has “overall responsibility for Policy implementation”¹ - decide who this person is and name them here **or** name them in the relevant role section below and state clearly there that they hold this specific responsibility.

3.3 The Head Teacher

The Head teacher of this school David Hodgkiss has a responsibility to ensure that this Policy is developed and implemented effectively with partners. Amend this statement to include the wording “overall responsibility for Policy (development and) implementation” as above if the head teacher is your named person for this.

To achieve this, the Head teacher will have overall responsibility for the development of IHCPs and will make certain that school arrangements include ensuring that:

- there is a named person (usually the SENDCo) who can be contacted by, and will liaise with the LA and parents in relation to children with health needs – Polly Page
- all staff are aware of this Policy and understand their role in its implementation;
- all staff and other adults who need to know are aware of a child’s condition including supply staff, peripatetic teachers, coaches etc.;
- every effort is made to ensure that the provision offered to the child is as effective as possible and that the child can be reintegrated back into school successfully;
- where a child needs one, an IHCP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed;
- sufficient trained numbers of staff are available to implement the Policy and deliver against all IHCPs, including in contingency and emergency situations;
- staff are appropriately insured and are aware that they are insured to support pupils in this way;
- appropriate health professionals i.e. the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the Local Authority (LA), alternative education providers e.g. hospital tuition, parents etc., aims to ensure a good education for them;
- risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

3.4 School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although teaching staff cannot be required to do so. While administering medicines is not part of teachers’ professional duties, they should still consider the needs of pupils with medical conditions that they teach. Arrangements made in line with this Policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.

¹ DfE, ‘Supporting Pupils at School with Medical Conditions’, December 2015, p8.

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.

Polly Page and David Hodgkiss have specific responsibility for the development of IHCPs which are explained in [Section 4.3](#).

Due to their likely personal involvement in the development of the IHCP for every child that needs one, it would make sense for this person to also hold the responsibility for the identification of staff training needs and the coordination of such training. Say whether they have here and refer to [Section 4.5](#).

3.5 School Nurses and Other Healthcare Professionals

This school has access to a school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at school and our arrangements for liaison support this process.

While the school nurse will not have an extensive role in ensuring that this school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHCP and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

Schools may wish to amend this section to reflect their individual access to an independent school nurse or the school nursing service. Nationally there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams or specialist Community Nurses such as the Asthma or the Diabetic Nurse where they exist can also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition. To demonstrate your capability to implement this Policy well you should personalise the above statements to identify the names of services or individuals who can support you in meeting your statutory duties. You could simply refer to services and an Appendix document where you list names and contact details for such services or individuals.

3.6 Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP.

It is also recognised that the sensitive involvement of other pupils in the school may be required not only to support the pupil with the medical condition, but to break down societal myths and barriers and to develop inclusivity.

3.7 Parents

Parents are key partners in the success of this Policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's IHCP.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

4 Arrangements/procedures

4.1 Procedure for the Notification that a Pupil has a Medical Condition

The following is an important statement to start this section with.

While it is understood that school does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion, judgements will still need to be made about the support to provide and they will require basis in the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence is conflicting, it is for school to present some degree of challenge in the interests of the child concerned, to get the right support put in place.

This section must then set out the procedure(s) you will follow when you are notified that a pupil has a medical condition. You may need to be clear about how a notification will be treated depending on who is doing the notifying e.g. a medical practitioner through normal channels or only through a parent, and on what basis the notification is being made e.g. with or without a diagnosis. This is because you may need to act slightly differently in each case i.e. if a parent notifies school you will then need to notify other parties who may be unaware.

This section needs to cover:

- recording of the notification, who made it and based on what evidence;
- who is informed immediately a notification occurs and what steps are taken next e.g. how a decision is made as to whether the child concerned requires an IHCP or not and who is responsible for initiating the IHCP process and developing one – include the process of informing parents of any decision not to instigate an IHCP and what other steps school may take instead to provide the right support including any period of or triggers for a review;
- reference to [Section 4.3](#) where the development of an IHCP is explained;
- transitional procedures for children changing schools or who might be involved in alternative educational provision or attend another educational setting part time – include a commitment to having arrangements for children starting at your school in place in time for the start of the relevant school term or, where a child receives a new diagnosis or moves to your school mid-term that every effort will be made to ensure that arrangements are put in place within two weeks.

4.2 School Attendance and Re-integration

Every LA must have regard to the DfE statutory guidance, '[Ensuring a good education for children who cannot attend school because of health needs](#)', January 2013 and this school undertakes to liaise with the LA to ensure that everyone is working in the best interests of children who may be affected. Where a pupil would not receive a suitable education at this school because of their health needs, the LA has a duty to make other arrangements, when it becomes clear that a child will be away from school for 15 days or more (whether consecutive or cumulative across the school year).

Make a brief and general statement here about any re-integration process following a return to school after a period of hospital education or alternative provision - this will vary for each child so detail will be difficult, but general principles need to be applied such as:

- how you will ensure the LA is informed when a child becomes at risk of missing education for 15 days in any one school year due to their health needs;
- how you *might* facilitate a child successfully staying in touch with school while they are absent e.g. email, newsletters, invitations to school events, e-links to lessons, blog style updates by classmates or staff etc. although it is important not to forget those that may not have internet access at home;

- your commitment to plan for consistent provision during and after a period of education outside school and who/what services you have available to support you to do that - for example in what ways can you ensure as far as possible, that the absent child can access the curriculum and materials that he or she would have used in school;
- your commitment to work with the LA to set up an individually tailored reintegration plan for each child that needs one, actively seeking extra support to help fill any gaps arising from the child's absence and acknowledging your need under equalities legislation to make any *reasonable* adjustments to provide suitable access for the child.

This section should also consider the emotional needs of children who require re-integration and that such re-integration may not always be as a result of an absence but could be as the result of a serious or embarrassing incident at school such as a widely witnessed epileptic seizure with incontinence.

4.3 Individual Healthcare Plans (IHCP)

An IHCP is a working document that will help ensure that this school can effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assess and manage identified risks to their education, health and social well-being and minimises disruption.

An IHCP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, relevant healthcare professional and parent will need to agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher is considered best placed to and will take the final view. Our flow chart for identifying and agreeing the support a child needs and developing an IHCP is at Appendix A.

The level of detail within an IHCP will depend on the complexity of the child's condition and the degree of support they need and this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an Education, Health and Care Plan (EHCP), their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the IHCP will be linked to or become part of that EHC Plan.

In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medicine (dose, side-effects and storage) and other treatments, time, facilities e.g. need for privacy, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.;
- the level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medicine, this should be clearly stated with appropriate arrangements for monitoring;
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a relevant

healthcare professional (where necessary); and cover arrangements for when they are unavailable;

- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition (delete this reference to salbutamol if you have decided not to hold salbutamol on the premises);
- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including who to contact, and contingency arrangements. If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with this school.

To avoid stating here *how* you will go about developing an IHCP ensure you adequately personalize and refer to the Flowchart at Appendix A instead.

An IHCP will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review should also trigger a re-check of any registers held e.g. asthma sufferers with permission to receive emergency salbutamol and may require a re-check of school insurance arrangements especially where a new medical procedure is required.

4.4 Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHCP too. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

4.5 Training

The Head teacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the Policy and deliver against all IHCPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHCPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training

needs will be identified during the development or review of IHCPs. It is recognised that some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not always be required, but staff who provide support will be included in meetings where training is discussed. The family of a child will often be key in providing relevant information about how their child's needs can be met, and parents will be asked for their views - they should provide specific advice but will not be the sole trainer.

A relevant healthcare professional will normally lead on identifying and agreeing with school the type and level of training required, and how training can be obtained usually through the development of IHCPs. Healthcare professionals can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which school undertakes to update to reflect any IHCPs. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions, but some training could be very simple and delivered by an appropriate person in school – for example basic training covering school procedures for administering a non-emergency prescribed oral medicine.

Your Policy must set out clearly *how* staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed. Some principles have been described above in general terms i.e. how you will identify training needs, but to demonstrate your capability to implement your Policy you should amend or add to it to specify how and by whom training will be commissioned and provided.

In effect there are 3 distinct levels of training required:

1. Whole school awareness so that all staff are aware of the school's Policy for supporting pupils with medical conditions and their role in implementing that Policy. Induction arrangements for new staff should be included. This would usually be delivered in-house because it is about school Policy and procedures. If school has pupils on roll with specific medical conditions such as asthma, diabetes, anaphylaxis or epilepsy, this training should include some basic information about the conditions staff may have to recognise and deal with, such as 'How to Recognise an Asthma Attack' and 'What to do in the Event of an Asthma Attack' from Department of Health '[Guidance on the use of emergency salbutamol inhalers in school](#)', March 2015 (including using the emergency salbutamol inhaler where you have decided to hold one), and '[Guidance on the use of Adrenaline Auto-Injectors in Schools](#)', September 2017, or signposting to where information can be found.
2. General competence to administer non-complex oral or topical medicines. This would usually be delivered in-house as well because it is about school procedures that must be followed. You may want to seek medical advice on what to cover.
3. Specific competence to manage a specified condition and/or administer complex medicines and/or carry out medical procedures – usually delivered by an appropriate healthcare professional.

Set out in brief your arrangements for whole school awareness training.

Set out your arrangements for general competence to administer non-complex medicines. You may want to seek medical advice on what to cover in such training but the following is an indicative and not exhaustive framework to be built around to suit the needs of your setting:

- an awareness of safeguarding issues around Fabricated or Induced Illness (FII) – summarise your procedures for dealing with suspected FII and base them on guidance provided by the [Cumbria Safeguarding Children Partnership \(CSCP\)](#);
- hygiene requirements e.g. washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again etc.;

- pre-administration checks e.g. having the correct record sheet and checking the medicine has not already been administered, child's identity, child's medicine (including that the dosage, frequency etc. on any IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e. if it should be refrigerated that it was in the fridge) etc.;
- procedures for administration e.g. whether the child self-administers, the minimum assistance or supervision required (or as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, self-administered sharps etc.), what to do if a child refuses a medicine etc.;
- recording procedures.

If you already know that you have specific requirements for training that must be led by a healthcare professional set out your arrangements here. If you do not, it is enough to say that you will take appropriate advice from a relevant healthcare professional when the development of an IHCP determines a need and update your Policy as required.

It is a recommendation only that the governing body consider providing staff with details of relevant continuing professional development provision opportunities. If you opt to, say you will do this and how.

4.6 Managing Medicines

This school is committed to the proper management of medicines and there are clear procedures that must be followed.

Summarise your procedures for managing medicines here. You should adequately cover the following:

- Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 is to be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.
- A child under 16 is never to be given medicine containing aspirin unless prescribed by a doctor. Medicine, e.g. for pain relief, is never to be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief has been given. You may want to include information here which covers the whole school life consent for pain-killers (paracetamol) to be administered in an emergency.
- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours. You may also need to include a statement here about the application of this Policy to any wrap around care service provided by your setting.
- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and which include instructions for administration, dosage and storage are to be accepted. The exception to this is insulin which must still be in date but will generally be made available to school inside an insulin pen or a pump, rather than in its original container. This may also be the case for certain emergency administration medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This is to be made clear within a child's IHCP as appropriate. The national drive to cut costs across every public service now means that many GPs refuse to prescribe medicines for children which can be bought over the counter e.g. pain relief. You may want to be clear here about the condition of non-prescription medicines you will accept. For example, anti-

histamines are non-prescription medicines to relieve allergy symptoms, but school should administer it on residential visits. It is recommended that non-prescription medicines are also only accepted in-date, in their original container with full administration instructions.

- With written parental consent non-prescription medicines can be administered to children e.g. anti-histamines, paracetamol etc. State clearly when you will do so i.e. in exceptional circumstance e.g. pain relief in an emergency where there will be a significant delay before medical attention can be sought or during a residential trip or where a child requires regular pain relief which doctors refuse to prescribe or where a child does not benefit from a medicine which others can limit to taking outside normal school hours such as the once a day anti-histamine. The head teacher should make decisions on a case by case basis and may need to liaise with the child's GP or practice nurse to ensure school will be acting appropriately.
- State clearly who you will accept medicines from. It is best practice for the parent to bring medicines into school and personally deliver them to a named member of staff and Appendix C – Parental Consent to Administer Medicine, contains a parental declaration to that effect. In exceptional circumstances, this may not be reasonable (such as in cases where pupils are transported significant distances to school) and any different course of action should be agreed and form part of the IHCP.
- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. If large quantities of medicine are kept refrigerated school will consider purchasing a lockable fridge. Children should always know where their medicines are kept and be able to access them immediately they might need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.
- When no longer required, medicines will be returned to the parent for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps. You should state what your arrangements are to dispose of sharps box contents e.g. whether you have a relationship with your local health centre or hospital whereby you deliver the box and receive an empty replacement when it is full and whose responsibility that is.

4.6.1 Controlled Drugs

The supply, possession and administration of some medicines e.g. methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. Therefore, it is imperative that controlled drugs are strictly managed between school and parents.

Ideally, controlled drugs should be brought into school daily by parents and the medicine details and quantity handed over be carefully recorded on the child's own Record of Medicine Administered to an Individual Child sheet (Appendix D). This sheet must be signed by the parent and the receiving member of staff. If a daily delivery is not a reasonable expectation of the parent, supplies should be limited to no more than one week unless there are exceptional circumstances. In some circumstances, the drugs may be delivered to school by a third party e.g. transport escort. In this case, the medicine should be received in a security sealed container/bag.

We recognise that a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence. Monitoring arrangements may be necessary and will be agreed on in the IHCP, otherwise school will keep controlled drugs prescribed for a pupil securely stored in a non-portable container to which only named staff will have access. They will still be easily accessible in an emergency and clear records kept of doses administered and the amount of the controlled drug held in school.

School staff may administer a controlled drug to the child for whom it has been prescribed in accordance with the prescriber's instructions and a record will be kept in the same way as for the administration of other medicines. It is considered best practice for the administration of controlled drugs to be witnessed by a second adult. The name of the member of staff administering the drug will be recorded and they will initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs will initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

4.7 Record Keeping

School will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects the pupil experiences are also to be noted.

Where a pupil has a course of or on-going medicine(s) they will have an individual record sheet which a parent should sign when they deliver the medicine (Appendix D: Record of Medicine Administered to an Individual Child).

Where a pupil requires administration or self-administration of a controlled drug they will have an individual record sheet which allows for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record (see Appendix D).

Where a pupil is given a medicine as a one-off e.g. pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (Appendix E1: Record of Medicine Administered to All Children).

To ensure that only eligible and appropriately identified pupils are given the emergency salbutamol inhaler, school will keep a register of such pupils in each emergency asthma kit. You may want to describe here what the register is/will look like because you will need to design your own. The style of register that a small school with one asthmatic child who meets the criteria has may look very different from that of a large secondary school which could potentially have over 100 asthmatic pupils that meet the criteria. A child having an asthma attack may not be able to speak or confirm their identity and if they are not known to the member of staff dealing with their attack a photo-based register will be essential.

Where a pupil is given the emergency salbutamol asthma inhaler as a one-off because their own inhaler is unavailable, it will be recorded on a general record card in the Asthma Emergency Kit (Appendix E2: Record Card: All Children: Emergency Salbutamol Inhaler Administration). The parents of any pupil who requires administration of the emergency salbutamol inhaler will be informed in writing that this has happened and staff should use Appendix I: Template Note Informing Parents of Emergency Salbutamol Inhaler Use). (Delete this paragraph if you will not make salbutamol available in your school).

4.8 Emergency Procedures

The child's IHCP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

To ensure the IHCP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly and updated as an IHCP changes. Similarly, appropriate briefings for other pupils are required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal school emergency procedures and Appendix G. If you have a set procedure for summoning emergency services detail it very briefly here e.g. is it the responsibility

of the first adult on the scene or a first aider or the appointed person for first aid – does it depend on what the IHCP says etc.

If a child needs to be taken to hospital, a member of school staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

4.9 Emergency Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. There are on average, two children with asthma in every classroom² and over 25,000 emergency hospital admissions every year for asthma amongst children.³ An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out.

From 1 October 2014, the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

We feel that keeping an inhaler for emergency use will benefit children at this school and have decided to purchase and manage at least 2 so that one will be available for off and on-site use at the same time. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having procedures that set out how and when the inhaler should be used will also protect our staff by ensuring they know what to do in the event of a child having an asthma attack. **This decision does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

Therefore, the emergency salbutamol inhaler will only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler; **or**
- who have been prescribed a reliever inhaler; **and**
- for whom written parental consent for use of the emergency inhaler has been given (see Appendix C: Parental Consent to Administer Medicine).

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medicine 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.

² Asthma UK, 'Asthma Facts and FAQs', <http://www.asthma.org.uk/asthma-facts-and-statistics>.

³ The NHS Atlas of Variation in Healthcare for Children and Young People gives the numbers of emergency admissions of children and young people for asthma in each former PCT / local authority area <http://www.sepho.org.uk/extras/maps/NHSatlasChildHealth/atlas.html>

4.9.1 Supplies of Salbutamol

This school will buy inhalers and suitable spacer equipment (as advised by a person no less qualified than a pharmacist) from a pharmaceutical supplier in writing confirming the following:

- the name of the school,
- the purpose for which the product is required and
- the total quantity required.

4.9.2 The Emergency Asthma Kit

Each emergency asthma kit will contain the following:

- a salbutamol metered dose inhaler;
- at least two single-use plastic spacers compatible with the inhaler;
- instructions on using the inhaler and spacer/ plastic chamber;
- instructions on cleaning and storing the inhaler;
- manufacturer's information;
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded;
- a note of the arrangements for replacing the inhaler and spacers;
- a list of children permitted to use the emergency inhaler as detailed in their IHCP (asthma register);
- a record of administration (i.e. when the inhaler has been used – See Appendix E2).

4.9.3 Storage and Care of Inhalers

It is usually the job of a designated first aider to check the contents of and dispose of/re-order as necessary items for first aid boxes. You must decide whether it will be their job to monitor supplies of salbutamol or whether you will designate another appropriate person e.g. the designated staff trained to use them and state so here.

It is the responsibility of (Laura Bingham and Danielle Ward to maintain the emergency inhaler kit 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;
- 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.

Inhalers and spacers are kept (in each off-site first aid kit, in the minibus and in the first aid cupboard) which is a safe and suitably central location in school, known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. They will not be locked away. Inhalers and spacers will be kept separate from any child's own prescribed inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's own inhaler.

Storage will always be in line with manufacturer's guidelines, usually below 30°C and protected from direct sunlight and extremes of temperature.

An inhaler should be primed when first used e.g. spray two puffs. As it can become blocked again when not used over a period of time, regular priming by spraying two puffs will be carried out monthly as part of the working order checks.

To avoid possible risk of cross-infection, the plastic spacer should not be reused and can be given to the child who used it to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place. If there is any risk of contamination with blood i.e. if the inhaler has been used without a spacer, it should not be re-used but disposed of.

4.9.4 Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. To do this legally, a school should register because a spent/out-of-date inhaler counts as waste for disposal. Registration only takes a few minutes online at www.gov.uk/waste-carrier-or-broker-registration, it is free, and does not usually need to be renewed in future years.

Make a brief statement about your disposal arrangements based on the above information.

4.9.5 Staff Use and Training

The Department of Health publication '[Guidance on the use of emergency salbutamol inhalers in schools](#)', March 2015 says specifically regarding staffing and training (paraphrased for brevity):

Schools should ensure that a named individual is responsible for overseeing the protocol for use of the emergency inhaler, monitoring its implementation and for maintaining the asthma register.

There should also be a reasonable number of designated staff to provide sufficient cover e.g. in small schools all staff may be designated staff. 'Designated staff' are people who have responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, been trained to do this, and are identified in school's Policy as people to whom all staff may have recourse in an emergency.

Staff should have appropriate training and support, relevant to their level of responsibility. It would be reasonable for **all staff** to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the school 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 how to access their help.

As part of a Policy, school should have agreed arrangements in place for all staff to summon the assistance of designated staff to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer. These should be proportionate, and flexible and can include phone calls being made or responsible secondary school-aged children being sent to ask for assistance from designated staff and/or collect the inhaler (but not checking the register), as well as procedures for supporting a designated member's class while they are helping to administer an inhaler.

The school's Policy should include a procedure for allowing a quick check of the register as part of initiating the emergency response (and a list of children with parental permission should be in the emergency asthma kit). This does not necessarily need to be undertaken by a designated member of staff, but there may be value in a copy of the register being held by at least each designated member. If the register is relatively succinct, it could be held in every classroom.

Designated staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks; and
- ensuring parents are informed using Appendix I – Template Note Informing Parents of Emergency Salbutamol Inhaler Use.

The Asthma UK films on using metered-dose inhalers and spacers are particularly valuable as training materials - www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers. Children with inhalers will also be able to demonstrate to their teacher how they use it and the school or community asthma nurse may also be able to advise on appropriate use.

Read the above guidance and write a brief summary of your requirements, intentions and procedures relating to them. You may wish to delete from here and keep a separate note of, the guidance on asthma training for all staff because it is sufficient to have the general description about basic information to be given to all staff on all of the common conditions school deals with as already stated in [Section 4.5](#). You should describe in brief the specific training for designated staff and your school or community asthma nurse can tell you who is suitable to deliver it. Remove this guidance text afterwards.

4.10 Allergens

4.10.1 School Meal and Wrap Around Care Providers

If you use a contractor to provide any of your food services, make a brief statement about any quality assurances you look for and have received about their management of allergens. For example:

Our meals contractor/wraparound care provider assures us that they adhere to all allergen requirements and their staff are suitably trained and made aware of all potential allergens in the foods they provide. They have undertaken to:

- liaise directly with us and take the pupil IHCPs that we share into account when planning menus and allergen management;
- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, and keep a copy of the ingredient information on labels of pre-packed foods e.g. sauces, desserts etc.;
- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage;
- ensure allergen information is kept up to date e.g. if foods purchased are changed or products substituted.

Their recipes are analysed and details of allergen contents is available from our kitchen/wraparound care team with each menu cycle. This information is posted to the school website, and is also available from the contractor's website (links to those website pages here might be helpful).

Very briefly outline procedures to control a pupil's exposure to an allergen through school dinners or food provided as part of a wraparound care service e.g. Breakfast and After-School Clubs). For example:

Information is passed to, and we meet regularly with the kitchen/wraparound care team to make sure all dietary requirements and food intolerances are met and catered for. Children with food allergies have an IHCP which is shared as necessary to inform menus and practices.

If you staff your own kitchen/wrap around care service and provide food services, make a brief statement about your management of allergens. For example:

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes;
- handling requests for allergen information;
- how cross contamination can occur and how to prevent it;
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

4.10.2 Other Food Handlers

Other potential food handlers (food technology, classroom baking, cookery club, nursery and other staff serving snacks and treats etc.), will be made aware of information about the [Major Food Allergens](#), and understand that they must take this into account when planning any food-related activity for children with known allergies.

Staff or volunteers working with food in play or the curriculum will receive sufficient instruction on and follow the good practice outlined in [Section 4.10.1](#) above in managing exposure to allergens.

4.10.3 Emergency Situations

All staff receive (as outlined in [Section 4.5](#) above) basic awareness training in the common medical and health needs that we manage at school. This includes anaphylaxis, the causes, signs, symptoms, and treatment.

There are three brands of adrenaline auto-injector (AAI) device licensed for distribution in the UK. Specific training in administering the Jext, the Emerade, and/or the Epi-Pen has been provided for relevant staff and will always be requested of our first aid providers on first aid courses that our staff attend. We are also able to view appropriate training videos provided by the manufacturer via their websites at any time and trained staff are encouraged to view them regularly.

Procedures are in place to ensure that every child requiring AAIs, and who is deemed competent to by us, carries them on their person at all times with other arrangements in place where impractical e.g. carried by staff in a travel first aid kit on shore whilst canoeing. Arrangements are also in place to ensure that a spare AAI is available in suitable locations depending on the likelihood and severity of an incident of anaphylaxis.

Staff will refer to '[Guidance on the use of Adrenaline Auto-Injectors in Schools](#)', September 2017, or KAHSC Safety Series M02 - Managing Anaphylaxis and Allergies for further guidance and useful record keeping templates as necessary.

4.11 Emergency Adrenaline

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen e.g. food or an insect sting. Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows (but does not require) all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working e.g. because it is broken, or out-of-date.

We feel that keeping an AAI for emergency use will benefit children at this school and have decided to purchase and manage devices on a risk assessment basis i.e. one or more depending on likelihood of device failure and need.

Our procedures will ensure that the spare AAI will only be used on pupils known to be at risk of anaphylaxis, and for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

4.11.1 Steps to Reduce Anaphylaxis Risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- (Primary/special schools only) Food will not be given to food-allergic children without parental engagement and permission e.g. birthday parties, food treats.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g. wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).

4.11.2 Supplies of Auto-Injectors

We will use the template letter available from www.sparepensinschools.uk, signed by the headteacher, to purchase a reasonable number of AAIs of the brand our pupils most commonly use, in the doses necessary (based on the '[Guidance on the use of Adrenaline Auto-Injectors in Schools](#)', September 2017), on an occasional basis (due to their expiry dates averaging 12-18 months) and, in accordance with our assessment of the risks.

4.11.3 The Register and Emergency Adrenaline Kit

The spare AAI in the Emergency Adrenaline Kit may only be used in a pupil where both medical authorisation and written parental consent have been provided.

This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent or legal guardian must be obtained. Such a plan is available from the British Society for Allergy and Clinical Immunology (BSACI www.sparepensinschools.uk/plans or www.bsaci.org/about/pag-allergy-action-plans-for-children).

The spare AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay. This information will be recorded in the pupil's IHCP and where they have no healthcare needs other than the risk of anaphylaxis, we will consider only using the [BSACI Allergy Action Plan](#) suitable for their prescribed device.

We will compile a register of all children who have a diagnosed allergy and have been prescribed an AAI (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis) which includes:

- Known allergens and risk factors for this individual's anaphylactic reaction;
- Whether the individual has been prescribed AAI(s), and if so, what type and dose;
- What type and dose of AAI the individual can receive if they have **not** been prescribed one of their own, but they **do** have a written medical plan confirming that an allergen exposure incident could require AAIs to be administered which includes specific consent for use of the spare AAI from both a healthcare professional and parent or legal guardian;
- Whether written parental consent has been given (usually agreed as part of the IHCP) for use of the spare AAI which may be different to the personal AAI prescribed;
- A photograph of each pupil to allow a simple visual check to be made;

The spare AAIs will be stored as part of an emergency anaphylaxis kit which will include:

- One or more AAI(s);
- Instructions on how to use and store the device(s);
- Manufacturer's information;
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded (including the locations of other devices if more are needed);
- A note of the arrangements for replacing the injectors;
- A list of pupils to whom the AAI can be administered;
- An administration record (see Appendix E3).

This kit will be stored with the emergency asthma kit and in other places as necessary because many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

4.11.4 Storage and Care of Auto-Injectors

It is usually the job of a designated first aider to check the contents of and dispose of/re-order as necessary items for first aid boxes. You must decide whether it will be their job to monitor supplies of adrenaline or whether you will designate another appropriate person e.g. the designated staff trained to use them and state so here.

It is the responsibility of David Hodgkiss and Laura Bingham to maintain the emergency adrenalin kit ensuring that, on a monthly basis, the AAIs (and sharps box if necessary) are present and appear to be in working order and that replacement AAIs are obtained when expiry dates approach.

AAIs are kept in the Head's Office which is a safe and suitably central location, known to all staff, accessible at all times, but which is out of the reach and sight of children. They will not be locked away and will be kept separate from any child's own prescribed AAI (if stored nearby) and be clearly labelled to avoid any confusion with a child's own AAI.

Storage will always be in line with manufacturer's guidelines, usually at room temperature in a cool dark place preferably at 18-26°C, and we take into account what the prolonged ambient temperature might be in storage locations during holiday periods without any heating on.

4.11.5 Disposal

Manufacturers' guidelines usually recommend that out of date medicines are returned to the pharmacy to be recycled. To do this legally, a school should register because an out-of-date AAI counts as waste for disposal. Registration only takes a few minutes online at www.gov.uk/waste-carrier-or-broker-registration, it is free, and does not usually need to be renewed in future years.

Make a brief statement about your disposal arrangements based on the above information or just refer to the one you made for salbutamol in [Section 4.9.4](#).

4.11.6 Staff Use and Training

Staff will be trained on managing anaphylaxis in accordance with [Section 4.5](#) above. When staff recognise the signs of anaphylaxis:

- the child should be made as comfortable as possible and their own AAI located, and the spare sent for at the same time;
- the spare AAI will be administered only if the child's own devices are not functioning, in-date, sufficient, or available;
- the child will be checked against the register for confirmed identity, consents, and dose before administration;
- although all staff have received allergen awareness training which included training videos on AAI administration and there are very clear administration instructions in each kit, where possible, the AAI will be administered by a first aider whose first aid course included AAI practice;
- administration will be recorded in the kit record and on the individual child's personal administration record (where one is being kept);
- in line with the Department of Health guidance, arrangements will be made as soon as possible to transfer to hospital any pupil that we have administered adrenaline to for further monitoring of their condition;
- parents will be informed about AAI administration through normal emergency contact arrangements as soon as possible, and usually by telephone.

4.12 Day Trips, Residential Visits and Sporting Activities

Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for one that is more so but can still achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required to support a pupil with a medical condition. The IHCP will be used alongside

usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

4.13 Other Arrangements

These issues may not apply to your setting but if they do or might at short notice, you should include them in your Policy.

4.13.1 Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA *must* know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with the school in consultation with the parents. In some cases, it may be appropriate to share elements of the pupil's IHCP with the transport operator.

4.13.2 Defibrillators

Sudden cardiac arrest is when the heart stops beating and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe and this school has one as part of our first aid equipment.

School staff are appropriately trained in its use and the local NHS and ambulance service have been notified of its location.

4.14 Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- prevent pupils 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 medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

4.15 Insurance

Staff will be appropriately insured to carry out tasks associated with supporting pupils with medical conditions and the LA Insurance Policy wording is made available to such staff on request.

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process. (You **must** check this directly with your insurance provider and be clear in your Policy about any specific compliance required, for example with regard to staff training perhaps under [Section 4.5](#). – you may need to request further clarification from your insurer when a new medical procedure is required and it would be sensible to include a commitment here to check this when a new or revised IHCP would seem to demand it as suggested below).

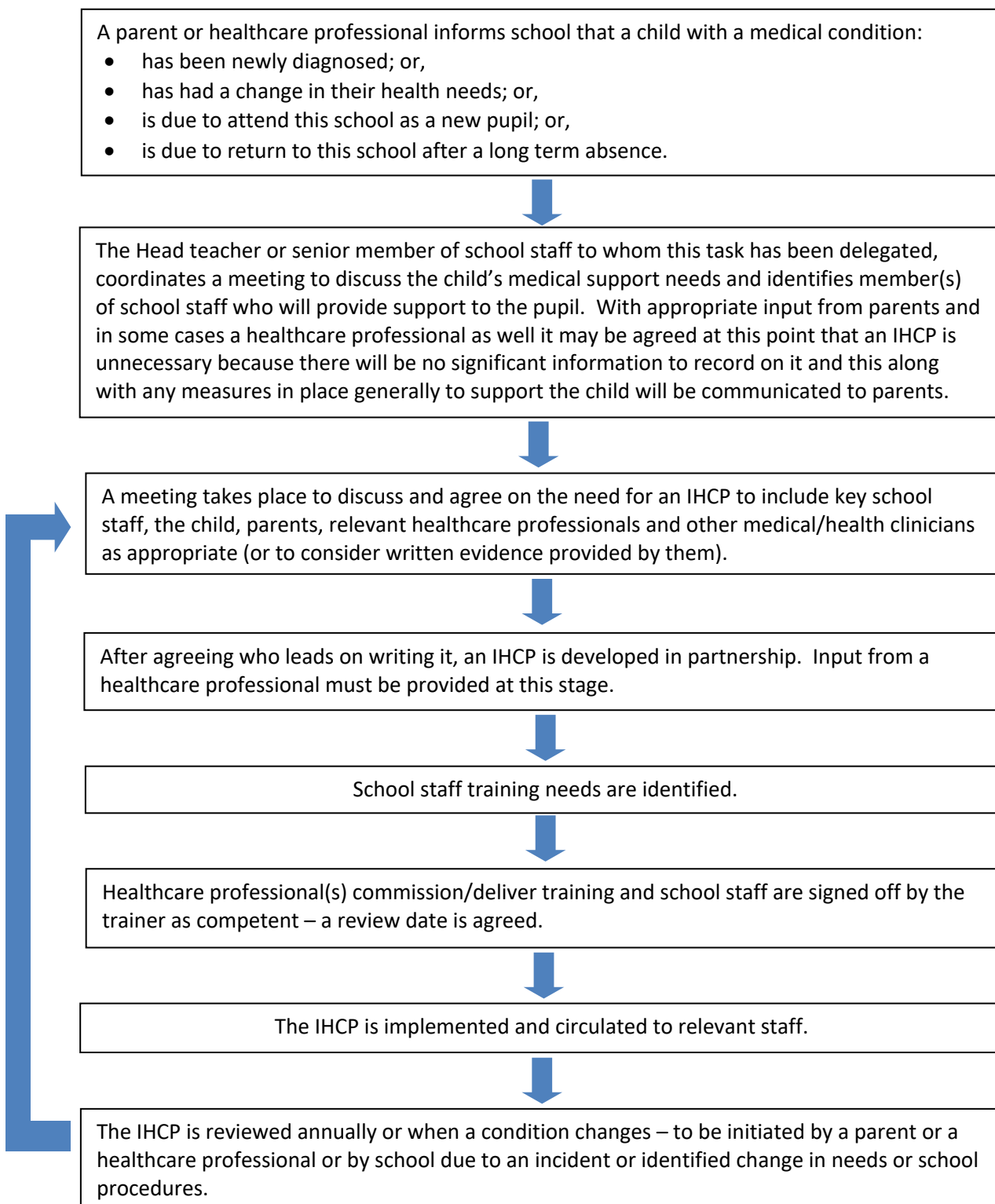
Every IHCP review must consider whether current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

4.16 Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with **David Hodgkiss** the normal school complaints procedure.

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Process for Developing an Individual Healthcare Plan (IHCP)



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Individual Healthcare Plan (IHCP)

School/Setting:				PHOTO
Name of Child:				
Date of Birth:				
Address of Child:				
Gender:	MALE / FEMALE	Class/Form:		
Date:		Review Date:		
Who is responsible for providing support in school?				
Medical Diagnosis or Condition				
EMERGENCY CONTACT INFORMATION				
Family Contact 1			Family Contact 2	
Name:			Name:	
Relationship to Child:			Relationship to Child:	
Work Tel. No:			Work Tel. No:	
Home Tel. No:			Home Tel. No:	
Mobile Tel. No:			Mobile Tel. No:	
Clinic or Hospital Contact			GP Contact	
Name:			Name:	
Contact No:			Contact No:	
Describe the child's medical needs (e.g. details of any symptoms, triggers, signs, treatments, facilities, equipment/devices, environmental issues etc.)				

Please note: Some or all of this information may be shared on a *confidential* and *strictly need to know* basis, with adults other than school staff who may be working with children and young people in a paid or voluntary capacity. **Such adults are bound by the school's code of conduct on confidentiality.**

--

Medicine details (e.g. name of medicine, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision, whether carried by the child and how carried etc.)

--

Agreed procedure if the medicine or procedures are refused by the child

--

Daily care requirements (e.g. before sports activities, at lunchtime etc.)

--

Specific support in place for any educational, social and emotional needs (include re-integration and any partnership working following absences e.g. Local Authority hospital/home tuition services etc. and sensitive management of re-integration after serious or embarrassing incidents at school.

--

Arrangements for educational visits or other activities outside the normal timetable

--

--

Other Information

--

Describe what constitutes an emergency and the action to take if this occurs

--

Permission is given to administer salbutamol in an asthma emergency :	YES	NO	N/A
---	-----	----	-----

Permission is given to administer adrenalin in an anaphylaxis emergency :	YES	NO	N/A
---	-----	----	-----

Describe any follow-up care required

--

Who is responsible in an emergency? (Please state if different for different activities e.g. off-site etc.):

--

Staff training needs identified or already undertaken (e.g. names of staff trained, what training they have received and when, along with any plans to train others and when)
--

--

Plan developed with: (e.g. child, parents, healthcare professional, therapist etc.)
--

Print Name	Signature	Relationship to child:	Date

Form copied to (Please state who holds copies of this information and where):

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Parental Consent to Administer Medicine

This school/setting will not give your child medicine unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and Procedures **and** you complete and sign this form.

School/Setting:			
Name of Child:		Gender:	MALE / FEMALE
Date of Birth:		Class/Form:	
Date for review to be initiated by:			
Medical diagnosis, condition or illness			
MEDICINE(S)			
Name/type of medicine(s) (as described on the container)			
Expiry date(s):			
Dosage and method of administration:			
Timing(s):			
Special precautions or other instructions: e.g. with food etc.			
Side effects that the school/ setting must know about:			
Can the child self-administer?	YES / NO	If YES is supervision required?	YES / NO
Does any medicine need to be carried by the child on their person, what and where will they keep it?	YES / NO		
Steps to take in an emergency:			

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

CONTACT INFORMATION			
Name:			
Relationship to Child:			
Address:		Work Tel. No:	
		Home Tel. No:	
		Mobile Tel. No:	
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)			
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.		YES NO N/A	
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.		YES NO N/A	
I understand that my child must have the number of working and in-date AAIs that their medical practitioner has recommended, clearly labelled with their name, which they will bring with them every day.		YES NO N/A	
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.		YES NO N/A	

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

Signed:		Date:	
----------------	--	--------------	--

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Parental Consent to Administer Medicine

This school will not give your child medicines or medical treatments unless it is in accordance with our Supporting Pupils with Medical Conditions Policy and procedures **and** you complete and sign this form. Parents can complete this entire form, but in line with recommendations from child protection Serious Case Reviews, **a relevant medical professional must also sign their agreement** to the administration of medicines and treatments described below. **Please PRINT information clearly and use BLACK INK where possible.**

Name of Child:				School/Setting:			
Date of Birth:		Gender:		MALE / FEMALE		Class/Form:	
						Date for review to be initiated by:	
Medical diagnosis, condition or illness							
MEDICINE(S)							
Name/type of medicine(s) (as described on container)	Expiry date	Dosage and method of administration	Timing	Special precautions or other instructions e.g. with food etc.	Side effects that we need to know about		

PLEASE NOTE: medicines must be in the original containers as dispensed by the pharmacy.

Can the child self-administer?	YES / NO	If YES is supervision required?	YES / NO (if YES, please detail e.g. visual only, guiding hand, measure check only etc.)		
Does any medicine need to be carried by the child on their person, what and where will they keep it?	YES / NO (if YES, please give details):				
Procedures to follow in an emergency:					
EMERGENCY CONTACT INFORMATION					
Name:				Relationship to Child:	
Address:				Work Tel. No:	
				Home Tel. No:	
				Mobile Tel. No:	
Parental Declarations					
I understand that I must deliver the medicine personally to: (name the agreed member(s) of staff)					
I understand that my child must have a working, in-date and sufficiently full inhaler, clearly labelled with their name, which they will bring with them every day.				YES	NO N/A
I consent to my child receiving, in an asthma emergency, salbutamol which has not been prescribed to them.				YES	NO N/A
I understand that my child must have the number of working and in-date AAIs that their medical practitioner has recommended, clearly labelled with their name, which they will bring with them every day.				YES	NO N/A
I consent to my child receiving, in an anaphylaxis emergency, adrenaline not prescribed to them.				YES	NO N/A
The above information is, to the best of my knowledge, accurate at the time of writing and I consent to school/setting staff administering medicine in accordance with the Policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.					
Signed:				Print Name:	Date:
Medical Practitioner Declaration					
The above information is, to the best of my professional knowledge of this child, accurate. I agree that, in order to adequately support this child at school with their medical condition(s), school staff need to administer or facilitate and/or supervise the self-administration of the medicines or treatments described above.					
Signed:				Print Name:	Date:
Professional Relationship to Child:				Recommended Date of Review/Review Trigger:	

Record of Medicine Administered to an Individual Child

All medicines administered to individual children must be recorded on this sheet.

In addition, the supply, possession and administration of some medicines are strictly controlled by the Misuse of Drugs Act and its associated regulations and are referred to as 'controlled drugs'. Examples would include methylphenidate (Ritalin), Midazolam, Diazepam etc. In the case of controlled drugs, it is best practice for the administration of such substances to be witnessed by a second adult. Record the name of the member of staff administering the drug and they should initial under 'Staff initials (1)'. The second member of staff witnessing the administration of controlled drugs should initial under 'Staff initials (2)'. These initial signatures should be legible enough to identify individuals.

The quantity of controlled drugs received from and returned to parents must be carefully accounted for and recorded on this sheet.

Name of school/setting:								
Name of child:					Date of Birth:		Class/Form:	
Name and strength of medicine:								
Dose and frequency of medicine:								
Date medicine received from parent:		Expiry date of medicine:		Date medicine returned to parent:				
Quantity of medicine received:					Quantity returned to parent:			
Staff Signature:				Parent Signature:				

PLEASE NOTE: parents must be informed of the non-administration of medicine that is due - record the reason for non-administration under 'Any reaction'

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								
Staff initials (1):								
Staff initials (2):								

Date:								
Time given:								
Dose given:								
Any reaction?								
Name of staff administering:								

Staff initials (1):								
Staff initials (2):								

Date	Name of Child	Time	Name of Medicine	Dose Given & How	Any Reactions	Signature of Staff	Print Name

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Staff Training Record – Supporting Pupils with Medical Conditions

This form is for recording all training delivered to staff (and as appropriate volunteers) with the aim of supporting pupils with medical conditions, including the Whole School Awareness briefing.

Name of School/Setting:			
Name(s) of Staff:			
Type of Training Received: Describe in brief what was covered e.g. Whole School Awareness (and the content of it), physiotherapy, administering medicine, tube feeding etc.			
Date Training Completed:			
Name of Trainer:			
Training Provider: Organisation, profession and job title of the person delivering the training.			
I confirm that the above-named member(s) of staff received the training detailed above and they are competent to carry out any necessary treatment.			
Date by which I recommend this training be updated:			
Trainer Signature:		Date:	
I confirm that I have received the training detailed above.			
Staff Signature(s):		Date:	

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Summoning Emergency Services

To summon an ambulance, dial **9 to get an outside line followed by 999, ask for an ambulance and be ready with the following information.**

Your telephone number including any extension number.	
Your name.	
Your location.	Insert the full address of the school/setting here.
Your location postcode.	For satellite navigation systems this may be different from the postal code – check before completing this section. If your site is large there may be different postcodes for different entrances. The one given to emergency services must be for the entrance that is best to access the patient quickly.
The exact location of the patient within the school.	
The name of the patient and a brief description of their symptoms.	
The best entrance for the ambulance crew to use and state they will be met and taken to the patient.	

Display a suitably amended copy of this form close to any phone that might reasonably be used to summon emergency services

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Template Letter Inviting Parents to Contribute to the Development of Their Child’s Individual Healthcare Plan

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

A central requirement of the Policy is for an Individual Healthcare Plan to be prepared, setting out what support your child needs and how this will be provided. Individual Healthcare Plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child’s case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although Individual Healthcare Plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child’s medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child’s Plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve the following people:

(State the names and relevant positions of people who will attend)

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other information you would like us to consider at the meeting as soon as possible.

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

Yours sincerely

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Notification to Parents of Emergency Salbutamol Inhaler Use

Child’s Name:

Child’s Class: Date:

Dear Parent,

This letter is to formally notify you that your child has had problems with their breathing today.

This happened when:

[Delete the statements below that do not apply to the action taken]

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ____ puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ____ puffs.

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

Yours sincerely

Notification to Parents of Emergency Salbutamol Inhaler Use

Child’s Name:

Child’s Class: Date:

Dear Parent,

This letter is to formally notify you that your child has had problems with their breathing today.

This happened when:

[Delete the statements below that do not apply to the action taken]

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They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ____ puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given ____ puffs.

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

Yours sincerely