



**Woodlane High School**

achieving success in a nurturing environment

# **Medical, Personal and Intimate Care Policy**

**Updated: March 2025**

**Next Update: March 2028**

## Principles

The purpose of this document is to set out a clear framework within which all pupils' and young people with special educational needs and disabilities (SEND) receive medical, intimate and personal care they require in order to participate fully in services and activities. As well as providing a clear policy statement to services that support pupils' and young people with disabilities, the document provides guidance for people who provide medical, intimate and personal care.

All the pupils at Woodlane High School have the right to be safe and to be treated with dignity and respect in any situation. These guidelines are to safeguard both the pupils and the staff. They will apply to every member of staff involved with any aspect of the intimate care of pupils and the distribution of medication.

Intimate care can be defined as those personal, and often private, aspects of daily living that a non-SEND person would carry out independently. Some of our pupils will require assistance with toileting, dressing and undressing for P.E. and managing menstruation (*Gloucestershire County Council*). All staff must be sensitive to the individual needs of each pupil.

Consistency in the planning and implementation of intimate care programmes will help the pupils understand more clearly what to expect in particular situations. No child should be attended to in a way that causes distress, embarrassment or discomfort.

We aim to provide education for all pupils regardless of any medical conditions they may have. We recognise that many children with complex learning difficulties may also need additional medical support; this should not preclude them from a normal education. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We, therefore, aim to work closely with medical professionals and parents to help safeguard medication and administer medication in accordance to guidance.

This policy and its guidelines are consistent with the ethos and the aims of Woodlane High School and the current legislation for safeguarding children. The Headteacher has researched NHS guidance and evidence in line with local SEND schools to develop this policy. It is cross-referenced with the school policies on:

- Health, Safety and Well-being Policy
- Staff Code of Conduct
- SEND Policy

## Definitions of Medical Conditions

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

**Short-term:** affecting their participation at school because they are on a course of medication – see temporary medication log.

**Long-term:** potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents feel confident that we will provide effective support for their child's medical condition and that the pupils themselves feel safe.

### **Definition of Personal Care**

Personal Care generally carries more positive perceptions than intimate care. Although it may often involve touching another person, the nature of this touching is more socially acceptable, as it is less intimate and usually has the function of helping with personal presentation and hence is regarded as social functioning. These tasks do not invade conventional personal, private or social space to the same extent as intimate care and are certainly more valued as they can lead to positive social outcomes for people.

Those personal care tasks specifically identified as relevant here include:

- Skin care/applying external medication;
- Feeding;
- Administering oral medication;
- Hair care;
- Dressing and undressing (clothing);
- Washing non-intimate body parts;
- Prompting to go to the toilet etc.

Personal care encompasses those areas of physical and medical care that most people carry out for themselves but which some are unable to do because of special educational needs and disabilities or medical need. Pupils and young people may require help with eating, drinking, washing, dressing and toileting.

### **Definition of Intimate Care**

There is a clear difference between personal and intimate assistance. 'Intimate Care' can be defined as care tasks of an intimate nature, associated with bodily functions, bodily products and personal hygiene, which demand direct or indirect contact with, or exposure of, the sexual parts of the body (*Health Information and Quality Authority, 2012*). Help may also be required with changing colostomy or ileostomy bags, managing catheters, stomas or other appliances. The Intimate care tasks specifically identified as relevant include:

- Dressing and undressing (underwear);
- Helping someone use the toilet;
- Changing continence pads (faeces/Urine);
- Bathing / showering;
- Washing intimate parts of the body;
- Changing sanitary wear etc.

### **Aims**

We will:

- Treat every pupil with dignity and respect, ensuring the maximum amount of privacy.
- Encourage the pupils to carry out as much of their intimate care as they can.
- Involve the pupil in the planning and implementation of their individual intimate care programmes.
- Be responsive to each pupil's reactions and concerns.
- Ensure that practice in intimate care is consistent.
- Be aware of and anticipate the needs of the pupils.
- Take gender, age, personal and cultural factors into account when planning intimate care programmes.
- Encourage each pupil to have a positive image of his or her own body.
- Safeguard pupils against any form of abuse.
- Safeguard staff against false allegations of abuse.
- Based on individual needs, we try to ensure, as far as possible, that a staff member of their own gender accompanies pupils needing assistance with particular aspects of intimate care.
- Ensure that care programmes continue to meet the individual needs of pupils by reviewing them regularly.
- Work in unison with parents and medical professionals to administer the right program of support to pupils.
- Pupils with medical conditions will be supported so that they can play a full and active role in school life (including educational visits, where possible), remain healthy and achieve their academic potential.
- We will focus on each child as an individual, and how their medical needs and unique situation affect their access, participation and enjoyment of school life.
- Arrangements will be in place to support children with medical conditions, including the appropriate use of risk assessments and the development and implementation of healthcare plans.
- Recognising that we can only meet the needs of children with medical conditions to the highest standards when the child, the parent/carer and the relevant health and social care practitioners are fully included.

## **Communication**

We will:

- Communicate with pupils about when we are going to touch them.
- Engage pupils in discussions when possible and chats when providing intimate care to make them feel comfortable.

## **Medical Needs**

### **Links to Achievement and Social and Emotional Wellbeing**

There are often social and emotional implications associated with medical conditions. Long-term absences due to health problems may affect a child's attainment and affect their wellbeing and emotional health. We will work closely with the child, their parent/carer and other practitioners to ensure that the impact of their medical needs on their achievement and social and emotional well-being is minimised.

When a pupil is absent due to medical needs but well enough to learn, virtual learning will be provided.

Our teachers, TA Team and therapists work closely with outside agencies to ensure appropriate support is in place for all children in their class, including those absent due to illness or surgery.

### **Individual Healthcare Plans**

Individual Healthcare Plans (see Appendix 3) are devised and reviewed by the Senior TA, in conjunction with parents and carers. Healthcare Plans and Medical information is given to staff by parents as part of our transition package or if any changes in their medical needs. This is then supported through GP letters, consultation with the school nurse and/or external medical professionals. Copies are held in each pupil's file with the Senior TA and Deputy Headteacher. Additional copies will be made available where it is appropriate to share this information to support the child, whilst preserving confidentiality.

Staff are made aware of necessary healthcare requirements pupils may have throughout the school day e.g. allergies, physio, asthma. Staff are intended to ensure effective support for pupils with medical conditions by providing clarity about what needs to be done, when and by whom. They are essential in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Though not all children will require one, healthcare plans are also helpful in the majority of other cases too, especially where medical conditions are long-term and complex. All key information for specific pupils in their Healthcare Plans. There is also a whole school medical and behaviour document to support staff organising educational visits.

Plans will contain the key information and actions that are required to provide effective support. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Examples of health care plans include:

- Seizure management
- Allergies
- Feeding tubes
- Dysphagia

### **Transitional Arrangements**

Once the school is confident that the pupil's needs can be met, a taster day will be offered and discussion with parents and carers takes place to help inform the Individual Healthcare Plan. If necessary, representatives from all school health teams will attend and the information discussed to help inform us on how to support the pupil from day 1 of attendance at Woodlane. The health teams will also gather information from the relevant reports, including the current EHC plan. EHCP's will be updated annually.

### **Extra-Curricular Activities**

We are committed to actively supporting children with medical needs to participate in the full life of the school (including educational visits, where possible). Teachers are aware of the impact an individual's medical condition may have on their participation. We try to

ensure that there is flexibility for all children to participate according to their own abilities, and with reasonable adjustments (unless evidence from a clinician states that this is not possible).

Risk assessments are carried out so that arrangements take account of any steps needed to ensure that children with medical conditions are included. This includes consultation with the child, if appropriate, the parents/carer and any relevant external agency involved in the care of the child. For example, arrangements might need to be made for a pupil to be given their tube feed while school staff are available.

### **Emergency Medication**

There are several conditions that may result in the need for emergency medication e.g. asthma, epilepsy, diabetes etc. All emergency medication must be readily available. (Examples include Buccal Midazolam, Epi-pens and Inhalers).

Following guidance from the GP and medical professionals, the Senior TA and HLTA will create Emergency Care Protocol (over-seen by the Deputy Headteacher), giving precise details of any action to be taken. A copy must be kept with the medication. School staff must take these when on educational visits (see Appendix 6 for Administering Medication Document).

The school has a limited number of Epi-pens and inhalers with spacers available in the event that pupils' medication has not been supplied by parents or medication is out-of-date, broken or empty. This backup medication is the responsibility of the school and will only be administered with parental agreement (signed letter by parent) and has been acknowledged and is agreed through the pupils' Individual Healthcare Plan.

The Department of Health's policy, 'Guidance on the use of emergency salbutamol inhalers in schools' (March 2015) states 'schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.' This document clearly states that, 'the emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.' (pg.7) The Department of Health's, 'Guidance on the use of adrenaline auto-injectors in schools' (September 2017) states, 'Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.' (pg.2). This medication will be the sole responsibility of the school:

- Arrangements will be made for the school's medication's (asthma inhaler and Epi-pen) storage, supply, care and disposal.
- A register of pupils in the school with asthma and allergies will be kept with the emergency inhaler and Epi-pen.
- Written parental consent for use of the emergency inhaler must be included as part of a child's individual healthcare plan.
- Ensuring that the emergency inhaler and Epi-pen is only used by children with asthma or an allergy with written parental consent for its use.

## **Accidents Within School**

As a school we try our best to prevent accidents and unsafe behaviour around the school which could result in injury. When accidents do occur, staff must ensure to:

- First Aiders attend to the pupil.
- Accident to be logged on CPOMS on the same day.
- Accident to be communicated to parents on their school reports.
- If an accident has occurred which involves from the shoulders up on a pupil's body parents must be called immediately.
- If a more serious accident occurs we may phone an ambulance and contact parents.

For more information regarding Health and Safety around accident management, see appendix 4 and 5 from our Health and safety Policy.

## **Administering Medication to Pupils Procedures**

**Please refer to Appendix 6 for Administering Medication in School guidance, drawn from our Health and Safety Policy.**

### **Management of Medications**

- Medication will not be received in school unless clearly labelled (see Parents' responsibilities).
- On arrival at school, all medication must be handed to Reception staff to be checked in and given to the Senior TA.
- If a child requires medication in school, parents and carers must inform the school in writing and complete a permission form alongside a letter from their GP.
- All medication belonging to pupils will be stored in a locked cabinet in the Medical Room with individual identification. There may be individual exceptions to this. Such situations will be fully risk assessed.
- Staff must ensure that any personal medication is locked in a secure place away from children.

Class TAs will be trained to administer medication as necessary to pupils that have been given written consent from parents to have medication administered at school. Consent will be kept at school in the form of a Healthcare Plan which will be updated regularly and signed by parents/carers and the Headteacher to ensure all details are current and accurate.

The following procedures will be applied:

- All medication kept at school is kept in the medical room corridor inside a locked cabinet.
- Each pupil requiring medication during school hours has a named basket/wallet/box containing their medication and a medication log with emergency contact details listed.
- New medication should be checked as prescribed to the pupil and that it is within the use by date.

- Pupils should be given medication at the times specified on their medication log and the TA should record the date and time it was taken and sign the log.
- If a pupil uses their asthma pump during school hours, times and doses should be recorded on their asthma cards informing parents.
- Parents should be reminded to bring medication from home when the supply is running low and parents must be informed by letter/phone.
- It is unlikely pupils will be able to attend educational visits without medication.

Pupils complaining of headache/tummy ache etc. should be referred to the Office First Aider, if TLC has not been effective. If in doubt refer. Pupil information records state if school has permission to administer pain relief medication (paracetamol), however, parents should always be informed before pain relief is given.

### Example Administering Medication Log:

Name	Year Group	Conditions	Medicine required	Emergency procedure	Expiry date
Example	Nurture KS3	Epilepsy	Emergency medicine in school	Follow procedure on HCP	07/23

### Personal and Intimate Care

**Respect, dignity and privacy are paramount at all times.**

#### Respect

*'Undignified care is that which renders individuals invisible, depersonalises and objectifies people, is abusive or humiliating, narrowly focused and disempowers the individual.'*  
(Tad et al, 2011)

To respect a child's privacy and dignity requires a person-centred approach. It is important to think about the impact on the whole person when attending to their needs:

- Physical
- Psychological
- Emotional
- Social
- Spiritual
- Religious
- Cultural

#### Dignified Care

Key elements of dignified care include:

- Every pupil has the right to feel safe;
- Every pupil has the right to be respectful communication;
- Every pupil has the right to respecting privacy;

- Every pupil has the right to autonomy and a sense of control;
- Every adult should support pupils in a respectful and sensitive manner;
- Every adult should promote inclusivity and a sense of participation;
- Every adult should focus on the individual;
- Every adult should recognise human rights (such as equality, respect and autonomy);

We will:

- Encourage the child to have a positive image of his or her own body. Confident, assertive children who feel their bodies belong to them are less vulnerable to sexual abuse. As well as basics like privacy, the approach taken to the child's intimate care can convey lots of messages to them about what their body is 'worth'. A positive, respectful attitude to the child's intimate care is therefore very important. Keeping in mind the child's age, routine care should be safe, relaxed and dignified. Staff should use the time as a learning opportunity during physio to support academic achievement where possible.
- Ensure that we maintain the dignity and privacy of pupils by closing toilet doors, using curtains or screens as appropriate, toileting pupils on their own if necessary, asking other staff, pupils and visitors to refrain from entering toileting or changing areas on other business whilst these areas are in use.
- Ensure that the focus is on the needs of the pupil at all times and that all communication is with them, not about them
- Ensure that the language we use when referring to intimate care issues, either when talking to the child or another member of staff, is positive and sensitive. Words like naughty, dirty, smelly etc. are offensive and unacceptable.
- Respect a child's dignity by ensuring that their intimate care needs are discussed discreetly and not in a public place, or in front of other pupils.

### **Showers/Changing Clothes**

Young people are entitled to respect and privacy when changing clothes. However, there must be the required level of supervision to safeguard young people with regard to health and safety considerations and to ensure that bullying or teasing does not occur.

Therefore, adults will:

- Announce their intention of entering changing rooms.
- An adult will remain in changing rooms to support with changing clothes e.g/ buttons etc.
- Avoid any physical contact when pupils are in a state of undress.
- Avoid any visually intrusive behaviour.

Given the vulnerabilities of the situation, it is strongly recommended that when supervising pupils in a state of undress, another member of staff is present. The only exception to this is during PE, however, in all other circumstances of intimate care two members staff must be

present. During PE, staff need to be vigilant about their own conduct, e.g. adults must not change in the same place as pupils or shower with pupils.

When supporting a pupil who has physical difficulties always ensure that once you remove an item of clothing i.e. a top, put the next article of clothing on straight away to avoid the pupil being fully undressed.

## **First Aid**

Only First-Aiders are allowed to provide first aid to pupils. Staff who administer first aid will ensure, wherever possible, that another adult is present. The pupil's dignity will always be considered and where contact of a more intimate nature is required (e.g. assisting with toileting or the removal of wet/soiled clothing), another member of staff should be in the vicinity and must be made aware of the task being undertaken (see Appendix 4 and 5, drawn from Woodlane's Health and safety Policy).

## **Personal Autonomy**

We will ensure that:

- Pupils are given the opportunity to carry out as much of their intimate care for themselves as they are able to, given their age and abilities, i.e. staff will try to avoid doing things for a pupil that he or she is able to do alone, or is able to assist with.
- If a pupil is fully dependent, we will talk through what is happening and give the pupil choices wherever possible. Individual intimate care is identified on pupil's moving and handling assessment plans (See Appendix 1) which are tailored to suit the circumstances of each child. Staff need to read these plans before carrying out pupil's intimate care.
- If a pupil expresses dislike or discomfort concerning aspects of intimate care, we will try to establish the cause and rectify it.

## **Staffing**

We will:

- Respect each pupil's right to privacy.
- Consider each pupil's situation to determine how many carers might need to be present when intimate care is required.
- Two members of staff are required to carry out intimate care. If one staff member is an apprentice TA they will need to seek support from a permanent member of staff to carry out the intimate care.
- Ensure that wherever possible staff only care intimately for an individual of the same sex when requested. However, this principle may need to be waived where failure to provide appropriate care would result in negligence e.g. female staff supporting boys when no suitably qualified male staff are available.
- Discuss intimate care arrangements with parents/carers on a regular basis and update the pupil's care plan accordingly. The needs and wishes of pupils and

parents will be taken into account wherever possible within the constraints of staffing and equal opportunities legislation.

- Understand that pupils who have been abused may feel unsafe, so staff are to ensure that they read the 'Moving and Handling Plan', take extra precaution and talk through their process with the pupil to make them feel comfortable. Where possible, we will try to have named staff who will carry out that intimate care.
- Allow training staff on longer term placements (e.g. apprentices) and regular agency staff to assist pupils with intimate care provided they:
  - have read and understood the relevant school policies;
  - have received necessary training;
  - are familiar with the pupil;
  - have an experienced member of staff with them to support.

## **Safeguarding and Staff Responsibilities**

Woodlane's safeguarding procedures will be adhered to at all times and staff will carry out all planned intimate care programmes with reference to the stated aims of this policy.

All pupils will be taught personal safety skills carefully matched to their level of development and understanding.

The following incidents must be reported to the Senior TA and Designated Safeguarding Leads immediately:

- If a member of staff accidentally hurts a pupil whilst carrying out a part of their intimate care programme.
- If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. marks, bruises, soreness etc.
- If the pupil seems to be sexually aroused by the member of staff's actions.
- If the pupil becomes sexually provocative.
- If the pupil misunderstands or misinterprets an action or instruction.
- If a pupil becomes distressed or unhappy about being cared for by a particular member of staff.
- Staff should report other staff if they are not following the 'Moving and Handling Assessment Plan' correctly.

It is essential that any incident covered by any of these categories is investigated and the outcomes recorded by a member of staff on CPOMS. Some of these areas could be cause for concern about the child. There is also the possibility that the pupil or another adult may misconstrue something that a member of staff has done.

Any adult who has concerns about the conduct of a colleague at the school or about any improper practice must report this to the Designated Safeguarding Lead or the Chair of Governors if the concern is about the Headteacher. Please see our Whistleblowing Policy.

If a pupil makes an allegation against a member of staff, all necessary procedures and protocols will be followed (see Safeguarding Policy). Parents/carers will be contacted and informed as part of this process in order to reach a resolution. Where deemed appropriate;

staffing schedules will be altered until the issue(s) are resolved. During this time the pupil's needs remain of paramount importance. School will seek further specialist advice from outside agencies where necessary to maximize best outcomes for the pupil.

## **Health and Safety**

When attending to the intimate care of pupils, staff must:

- Be aware of the school's Health and Safety policy.
- Always wash hands before commencing intimate care and after removing gloves.
- Always wear gloves and be aware of allergies i.e latex.
- Always wear an apron and gloves when dealing with a pupil who is menstruating or has soiled.
- Clean changing beds thoroughly with antibacterial spray before and after each use.
- Place any soiled waste (urinary or faecal) to put placed in a soft clinical waste bin.
- Staff to report any damages or concerns about equipment to Senior TA immediately. Staff are not to proceed with the care if there are concerns regarding the equipment. Equipment is serviced annually (See Health and Safety Policy).
- Staff are not to physically lift pupils. If pupils need assistance, i.e. moving their legs, staff must be fully aware of the pupils 'Moving and Handling Assessment Plan' and pupil individualised risk assessments (see Appendix 2) before proceeding with the care.

## **Training**

Training to support the school in meeting the needs of children with medical conditions is provided on a regular basis, and from a range of healthcare practitioners qualified to do so (e.g. managing Dysphagia). This includes whole school awareness training, induction training for new members of staff and training for individually identified members of staff.

On the basis of the need identified and the implications for school staff, we will liaise with the healthcare professionals to:

- Identify the key people in school who require training/support.
- Ascertain what their training needs are and who can provide the training.
- Ensure that the right staff access training as swiftly as possible, and that it is implemented appropriately.
- Regularly review whether the child's needs or staff training needs have changed, and act to address this.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements set out in the individual healthcare plans. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate covers basic first aid like wounds, head injuries etc. and does not constitute appropriate training in supporting children with medical conditions. Specific training is needed for conditions like diabetes or use of an Epi Pen. Medications are only to be administered by staff who have had the training to do so. Staff may be required to

administer emergency inhalers or emergency seizure medication, particularly when on educational visits.

The Senior Admin Officer and Senior TA will also log who is able to carry out first aid and additional medical support in the school's information management system/CPOMS.

### **Other Professionals**

There are a range of health care professionals who work on the Woodlane site and are an integral part of the school team. They include:

- School Nurse (provided by CLCH)
- Occupational therapy Team (provided by Woodlane and CLCH)
- Physiotherapy team (Provided by the local authority)
- Speech and Language Therapy (Provided by CLCH)

The school works closely with a range of other professionals when supporting a child with medical needs including community paediatrics, audiology, specialist provision in hospitals, local GPs, etc.

### **Unacceptable Practice**

It is not acceptable practice (unless there is evidence included in the child's Individual Healthcare Plan from a medical professional) to:

- 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 this may be challenged).
- 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.
- Penalise children for their attendance record if their absences are related to their medical condition.
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication 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.
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including educational visits.
- We are unable to administer medication which has not been prescribed by the GP and it is not in its original labelled box.

### **Roles and Responsibilities**

#### **The Headteacher and Deputy Headteacher**

The Headteacher and Deputy Headteacher are responsible for ensuring that:

- The school has a Medical Policy which provides guidance on:
  - supporting pupils with medical needs
  - managing relevant medication

- medical interventions
- All staff are familiar with the policy.

In conjunction with the Senior TA and Deputy Headteacher:

- Appropriate training is given to staff to administer medication/interventions and a signed record of training/competencies completed.
- Accurate records are kept regarding children's medical needs.
- Health care plans are available for children where necessary.
- Regular check of medication to make sure it is in date and using the correct dosage.
- Checking and updating Healthcare Plans as and when necessary.
- Contact with medical professionals and parents regarding medication and support within school.

### **Parents/Carers**

Parents/Carers are responsible for:

- Ensuring their child is well enough to attend school.
- Ensuring that the school is made aware of all information relating to their child and that it is accurate and up to date e.g. any new medical needs, or changes in existing needs.
- Ensuring all medication is labelled with the child's name; the dose required and sent in the original packaging original container complete with a pharmacy label showing the child's name, dosage instructions and any relevant storage instructions. The product must be in date (the exception to this is insulin which must still be in date, but will generally be provided to schools inside an insulin pen or pump, rather than in its original container).
- Replenishing supplies of medicines and collecting no longer required / out of date medicines from school.
- Completing appropriate consent forms regarding the administering of medication / medical interventions.
- Sending in the child's equipment for procedures such as nebulisers and enteral feeding.

### **School Staff**

Any member of school staff may be asked to provide support to children with medical conditions, including the administering of medicines in particular situations. Any member of staff must know what to do and respond accordingly when they become aware that a child with a medical condition needs help.

Staff are responsible for:

- Understanding the nature of any medical condition of a child with whom they work.
- Being aware of the likelihood of the kind of emergency that might arise and the action to be taken.
- Maintaining confidentiality.
- Being familiar with normal precautions for avoiding infection and following basic hygiene procedures.
- Ensuring they have had relevant training and that competencies have been signed off by the school nurse and Senior TA prior to undertaking any intervention
- Undertaking training as and when necessary to maintain the health and safeguarding of pupils with medical needs.

## **The Senior TA and Deputy Headteacher**

The Senior TA is responsible for:

- Ensuring medical advice is available at all times during the school day.
- Safe storage and the administration of all medication and medical interventions.
- Providing appropriate training and advice to school staff who are willing to support pupils with medical needs.
- Providing information and guidance on medical conditions.
- Confirming proficiency in medical procedures e.g. tube feeds, flushing, emergency epilepsy medication.
- Advising on any action to be taken following an outbreak of an infectious disease.
- Drawing up health care plans in conjunction with parents, the school and health care professionals.
- Working closely with parents and other health professionals to promote optimum health.
- Keeping an accurate record of all medication they administer/ supervise administering, including the dose, time, date and staff involved. If a medication is not administered the parent will be notified.

## **Teaching Assistants**

Teaching Assistants are responsible for:

- Undertaking medical interventions for which they have been trained.
- Undertaking training.
- Following Individual Health Care plans.
- Raising any concerns regarding a child's medical condition with the Senior TA.

## Appendix 1



# Moving and Handling assessment

For pupils with personal/ intimate care needs at Woodlane High School

Pupil details		Assessor's details	
Name		Name	
Height		Assessment date	
Weight		Review Date	
Age		Sling serial number	
Location		Sling make	

### Summary of pupil

### Handling constraints (weakness, pain etc)

### Communication needs

### Pupil's view of moving/handling

### Environmental needs

### Checklist for Moving and Manual Handling

Transfer	Yes or No	Independent Yes or No	Details
Hoisting			
Banana Board			

### See details and categories below before carrying out Moving and Handling

Equipment/ Action	Yes or No	If yes, are they independent	Members of staff	Details
Plinth				
Floor				
Wheelchair				
Standing Frame				
Walker				

Plinth	Yes or No	If yes, are they independent	Details
Getting on			
Getting off			
Turning onto side			
Rolling onto side			
Repositioning			
Laying to sitting			
Toileting			

Floor	Yes or No	If yes, are they independent	Details
Getting down			
Getting up			
Turning onto side			
Rolling onto side			
Laying to sitting			

Wheelchair	Yes or No	If yes, are they independent	Details
Getting into			
Getting out			
Reposition			
Stand			
Toileting			

Standing frame	Yes or No	If yes, are they independent	Details
Getting into			
Getting out			
Reposition			
Stand			
Toileting			

Walker	Yes or No	If yes, are they independent	Details
In/out of wheelchair			
Sitting to standing			
Standing to sitting			
Walking			
Toileting			

## Appendix 2



# Moving and Handling Risk Assessment

For pupils with personal care needs at Woodlane High School

Pupil Name	
Date of Risk Assessment	
Assessor	

Task	Independent	Members of staff	Use Hoist	Recommended method and equipment	Risks
Transfer from wheelchair to plinth					
Transfer from plinth to wheelchair					
Toileting in wheelchair					
Toileting					
Transferring from wheelchair to floor					
Transferring from floor to wheelchair					
Emergency/ Fire					

## Appendix 3



# Healthcare Plan

For pupils with medical conditions at Woodlane High School

Pupil's Information			
Name		Form group	
Date of birth		Sex	
Home Address			
Family Contact 1			
Name			
Phone			
Relationship with child			
Family contact 2			
Name			
Phone			
Relationship with child			
GP			
Name		Phone	
Specialist contact		Phone	
Medical Condition Information			
Name:			
Signs and symptoms of medical condition:			
Triggers:			
Routine healthcare requirements during school hours			
How is the pupil supported in school? e.g. dietary, therapy, nursing needs or before physical activity			
<p>Include info on such as:</p> <ul style="list-style-type: none"> <li>• Pupil uses a hoist to transfer from their wheelchair to the plinth.</li> <li>• Pupil requires 2 members of staff to be present when being supported for personal care.</li> <li>• Pupil has a physio/OT programme currently being completed by: _____</li> </ul>			
What to do in an emergency			

Health Care Plan September 2021

## What to do in an emergency

Ensure advice is clearly entered for any relevant audience.

## Regular/Emergency medication taken during school hours

Duplicate tables below as many times as necessary.

### Medication 1

Type:	Regular: <input type="checkbox"/>	Emergency: <input type="checkbox"/>
When is it administered?		
Side Effects		
How is it administered?	Self: <input type="checkbox"/>	Staff: <input type="checkbox"/>

### Medication 2

Type:	Regular: <input type="checkbox"/>	Emergency: <input type="checkbox"/>
When is it administered?		
Side Effects		
How is it administered?	Self: <input type="checkbox"/>	Staff: <input checked="" type="checkbox"/>

## Regular medication taken outside school hours

Medication and dose:	
Side effects that might affect school activities:	

## Emergency medication parental consent

The school has a limited number of Epi-pens and inhalers with spacers available in the event that pupils' medication has not been supplied by parents or medication is out-of-date, broken or empty. This backup medication is the responsibility of the school and will only be administered with parental agreement (signed letter by parent) and has been acknowledged and is agreed through the pupils' Individual Healthcare Plan.

Medication:	Epi-Pen	Parental consent(signature)	
Medication:	Asthma	Parental consent (signature)	

## Infection Control Measures

What additional measures need to be in place for Covid-19 etc. e.g. PPE

Provision →	 Face Covering	 Face Shield/Visor	 Gloves	 Apron	 Enhanced Handwashing
Activity ↓					
Working 1:1 in class with social distancing.					
Supporting in a closer environment, e.g. sensory room.					
Supporting the pupil with feeding in the lunch hall.					

Health Care Plan September 2021

## Parental Agreement

Ensure this health care plan has been shared and agreed with parents/carers and that all information is accurate and up to date. There is a vital interest in all relevant staff having an understanding of the contents of this plan to ensure pupils remain safe, and in an emergency this will also be shared with emergency services. Parents should understand that they must notify the school of any changes in writing immediately.

Date this was updated and shared with parents/carers: \_\_\_\_/\_\_\_\_/\_\_\_\_

Shared via: \_\_\_\_\_

## Appendix 4

### Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

These place a statutory duty on employers to report accidents, diseases and dangerous occurrences which arise out of the workplace and its activities. The following points should be noticed:

#### Regulation 2 (Interpretation)

- (i) This states that acts of violence to an employee which result in a major injury (defined below) must be reported.
- (ii) The "responsible person" (for reporting) is the person "..... having control of the premises..... at which, or in connection with which, the accident or dangerous occurrence happens." ***(The Health and Safety Officer ~ Philip Pringle (0207 361 3735)- is the identified, responsible person for Education.)***

#### Regulation 3 (Notification and Reporting)

- (i) Accidents to non-employees, i.e. members of the public, pupils, etc that require the injured person to be taken straight to hospital must be reported, if attributable to unsafe systems or defects in the condition of the premises.
- (ii) Any of the specified dangerous occurrences (see below) are reportable.
- (iii) Where any of these events occur, they must be reported to the enforcing authority (see below) by the quickest practicable means, i.e. telephone.
- (iv) Where a person at work is incapacitated for more than 5 days, excluding the day of the accident but including any non-working days, this too has to be reported as soon as practicable and in any case within 10 days on the approved form.

#### Regulation 7 (Records)

The responsible person is required to keep records for 3 years from the date the record was made. The information required to be kept for injuries and dangerous occurrences is:

- (i) The date and time of injury or dangerous occurrence
- (ii) The name and nature of the injured person (employee and non-employee)
- (iii) The occupation of the injured employee or status of the injured non-employee
- (iv) The place where the incident occurred and brief details of what happened
- (v) The date the incident was first reported and the way it was reported, i.e. telephone or written notification.

#### Schedule 1 (Major Injuries)

1. Any fracture, other than to fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (temporary or permanent).
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury from an electric shock or burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.

7. Any other injury:
  - (a) leading to hypothermia, heat-induced illness or to unconsciousness.
  - (b) requiring resuscitation.
  - (c) requiring admittance to hospital for more than 24 hours.
8. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
9. Either of the following conditions which result from absorption of any substance by inhalation, ingestion or through the skin.
  - (a) acute illness requiring medical treatment.
  - (b) loss of consciousness.
10. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected materials.

### **Schedule 2 (Dangerous Occurrences)**

These include:

- The collapse or overturning or failure of lifting machines (e.g. lifts, hoists, mobile powered access platforms)
- The failure of pressure systems (e.g. boilers)
- Electrical short circuit or overload attended by fire or explosion.
- Complete or partial collapse of scaffolding more than 5 metres high
- Collapse of building or structure involving more than 5 tonnes of material and of any floor or wall of any building
- Explosion or fire resulting in the suspension of normal work on the premises for more than 24 hours

### **Schedule 3 (Reportable Diseases)**

There are many of these but note should be made of the following activities which might result in notifiable physical conditions:

- Work involving prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arms (cramps, repetitive strain injuries)
- Fumes arising from the use of rosin as a soldering flux and dusts from wood (occupational asthma)

The "enforcing authority" for Education is the Health and Safety Executive. It should be noted that an **immediate response** is required, in the first instance. This is the duty of the **responsible person** who is the Health and Safety Officer.

Notice is drawn particularly to the fact that violence and subsequent non-accidental, major injuries have to be notified immediately as an **investigation might be required**.

**The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 can be purchased from HMSO bookshops or good bookshops.**

## Appendix 5

### Accidents involving Blood

Accidents involving blood, e.g. cuts, nose bleeds etc, carry the danger of Hepatitis B, HIV (Aids) etc.

If possible, make the patient put pressure on his/her nose or cut to stop the bleeding.

If blood has been spilt on any work surface then carry out the following procedure, or if appropriate ask person involved to do this.

- 1) Avoid getting blood on yourself, or on other people.
- 2) Put on rubber gloves.
- 3) Using disposable paper towels, tissues etc. mop up spillage.
- 4) Wipe surface with bleach solution (e.g. 10% Domestos in water) and leave for ½ hour if possible.
- 5) Put all contaminated material into a plastic bag, put in some bleach, tie up bag, then put in bin.

**Designated areas should have the following materials:**

- **Bleach solution (10% in water).**
- **Paper towels.**
- **Rubber gloves.**
- **Hazard labelled plastic bags.**
- **Bin.**

## Appendix 6

### *Administering Medicines in School*

A few children whilst fit to attend school may require to take medicine in school hours. The following guidelines about giving medicines in schools should be read in conjunction with the DfEE document “Supporting Pupils with Medical Needs”. The arrangements apply to children who are required to take medication and if appropriate have a letter or certificate from a doctor indicating that he/she is fit to attend school.

#### **1. School’s Responsibility**

The Headteacher shall ensure that a named person is responsible for medicines in each school together with a nominated deputy. Day-to-day mechanics of medicine administration may be delegated to competent, trained staff. (See 3)

A clear written statement of their responsibility should be given to all parents, detailing:

- How to make a request for medicines to be given at school, i.e. in writing, in person to the Headteacher or Deputy or other but **not** brought by the child.
- How medicine should be provided to the school, i.e. in the original container from the pharmacy and clearly labelled with:
  - Child’s name
  - Name of medicine
  - How much to give (i.e. dose)
  - When to be given
  - Any other instructions
- The need for parents to notify the school in writing of any changes in medication.
- The need for parents, in person, to replenish the supply of medicines, if necessary a recommendation that a senior manager be advised of any significant disease, medical condition or allergy the child may have, subject to confidentiality.

#### **2. Storage of medicines**

Medicines, when not in use, should be kept in a safe and secure place (a refrigerator if appropriate). However, medicines which may be required in an emergency should be readily accessible.

Where appropriate, with parental and school agreement, pupils should be responsible for their own inhalers.

#### **3. Administration/Record**

The label on the medicine container should be checked against the school medicine record. Any discrepancy should be queried with the parent before administering a medicine. A parent should confirm their intentions, **in writing**, if their instructions differ from those on the medicine container.

The **RIGHT** medicine in the **RIGHT** dose should be given at the **RIGHT** time to the **RIGHT** pupil.

**A record should be kept of doses given (see example of School Medicine Record**

below).

Administration and recording should be carried out to the best of the nominated person's ability.

#### **4. Disposal**

Medicines no longer required should not be allowed to accumulate. They should be returned to the parent in person for disposal. In the last resort, unwanted medicines should be given to the local pharmacist for disposal as required by the Environmental Health Regulations.

#### **5. Bumped Heads**

If a child receives a knock on the head, a phone call to the parent will be made, informing them of this. Additionally, relevant teachers/TAs have to be informed by the office staff, if it happens in the playground. To ensure pupils are monitored if it is appropriate they return to class.

#### **6. Being taken to hospital**

If a child is severely distressed or has to be taken to hospital for treatment, the School will contact a parent or other designated person immediately. The child will be taken or accompanied on the ambulance by a member of staff and remain with the child until the person contacted arrives.

Anyone using their car for this purpose will be required to have the appropriate "business cover".

#### **7. Basic First Aid**

Basic First Aid will be given by a qualified First Aider and a record maintained.

#### **8. School Nurses**

Staff should seek advice from the school nurse if they require relevant information concerning rarer health problems of the child, ensuring they highlight this to a senior manager.

School nurses will seek to promote a greater understanding amongst staff of some health problems and their wider implications.

#### **9. Liability of School Staff**

Staff designated to administer medicines to pupils will be covered by the Council in the event of liability/negligence claims made against them, as long as they have taken all reasonable steps to follow the procedures contained in these guidelines. For further advice please contact the Insurance Section at the Town Hall.



## School Asthma Policy

School name	Woodlane High School
Head Teacher/Principal	Claire Maynard
Asthma Champion/ Lead	Demi Bolton
School nursing team contact number	Saffi Nantwi - 07586 437403
Date	September 2024
Policy review date	September 2025

***As a school, we recognise that asthma is a serious, but controllable condition. The school welcomes all children/ young people with asthma and aims to support these children in participating fully in everyday school life. School will take on a whole school approach to Asthma to support the children/ young people. We aim to actively involve parent/ carers/ children/ young people in the management of asthma within school.***

This policy has been developed within National guidelines for the management of children/ young people (CYP) with asthma.

### Indemnity statement

School staff should be willing to assist with inhaler administration when it has been recommended by an appropriate healthcare professional.

### The importance of Asthma

- Asthma is the most common chronic condition, affecting one in eleven children.
- On average, there are two children with asthma in every classroom in the UK

- There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.
- Children with persistent, uncontrolled, or severe asthma are more likely to miss school, compared to children with mild asthma.
- Every September, more children are rushed to hospital due to their asthma than at any other time of the year.
- Research studies suggest that asthma is responsible for up to 18% of school absences, with evidence improved asthma control improves school attendance and performance.

## **What is Asthma?**

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a child with asthma is exposed to something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrow and inflamed. Sticky mucus or phlegm also builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.

The most common day-to-day symptoms of asthma are:

- Dry cough
- Wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest
- Tummy ache in younger children

## **Medication and inhalers**

There are many forms of treatment for asthma. All children with asthma will have some form of inhaled treatment.

### **Preventer and reliever inhalers:**

The 'preventer inhalers' take time to build up in the system. They help stop asthma symptoms developing at all by protecting the airways. They can also reduce the risk of a potential life-threatening asthma attack. They are taken every day and usually at home.

The 'reliever inhalers' help symptoms to go away once they have started. These are the inhalers used during an asthma attack. It is important that in school the reliever inhaler is administered in the correct way if needed.

There is also a type of inhaler with both preventer and reliever combined. This is known as MART (maintenance and reliever therapy). This inhaler can be used according to the PAAP (Personalised Asthma Action Plan).

CYP are encouraged to carry their reliever inhaler, we would expect this to be by Key Stage 2 as soon as they are responsible enough to do so. However, we will discuss this with each child's parents or carer.

Some CYP may have several other medications which are taken morning and/or night, as prescribed by the doctor/nurse. These medications need to be taken at home regularly and correctly for maximum benefit.

Parents should be encouraged to report to school if their CYP has any changes in the treatment plan (PAAP)

## HOW TO RECOGNISE AN ASTHMA ATTACK

It is important to recognize the signs and symptoms of an asthma attack in a Child/Young person (CYP). The onset of an asthma attack can gradually appear over days. Early recognition can reduce the risk of a hospital admission.

A CYP may have one or more of these symptoms during an asthma attack:



### **BREATHING HARD AND FAST**

You may notice faster breathing or pulling in of muscles in between the ribs or underneath the ribs. (recession)

### **WHEEZING**

This is typically a high-pitched whistling noise heard on breathing in and out, a sound produced by inflamed and narrowed airways that occur in asthma.



### **COUGHING**

A cough may become worse, particularly at night preventing your child from having restful sleep and making them seem more tired in class.



### **BREATHLESSNESS**

A child may become less active and reluctant to join in activities. Lack of interest in food or restlessness can be a sign that the child is too breathless to exercise or eat.

### **TUMMY OR CHEST ACHE**

Be aware that younger children often complain of tummy ache when it is actually their chest that is causing them discomfort.



### **INCREASED USE OF THE RELIEVER INHALER**

If the CYP is old enough, he/she may ask for the reliever inhaler more frequently during an attack. It is important that you follow the asthma action plan and recognize that if the reliever inhaler is not helping that it is time to seek medical help.



[www.beatasthma.co.uk](http://www.beatasthma.co.uk)

## How do I Manage a Child/Young Person Having an Asthma Attack?



What are you seeing?

### Mild/moderate symptoms

- Cough
- Wheeze
- Shortness of breath
- Chest tightness/pain
- Sore tummy
- Not as active/quiet

### Severe/life threatening symptoms

- Rapid breathing rate
- Heaving upper body
- Inability to talk in full sentences
- Colour change in skin or lips
- Distress/confusion

### Amber Actions

- Be calm and reassuring
- Encourage CYP to sit down and loosen clothing in needed
- Administer 2 puffs of the blue inhaler through a spacer 1 puff at a time. **Make sure** you shake the inhaler before each puff
- Keep doing this every 10 minutes if there are still symptoms up to a total of 6 puffs
- **OR** if a child has a combined inhaler (MART) give 1 dose wait 10 mins if there are still symptoms an extra 4 doses may be given
- Encourage a normal breathing rate if they are able

### Red Actions

- Ask a colleague to DIAL 999 (ambulance) and then contact parent/guardian
  - Be calm, confident, reassuring
  - Administer 1 puff reliever (blue) inhaler 30 secs through a spacer
  - Shake before each puff, 1 puff at a time, 4-5 breaths for each puff
  - Follow actions above until the ambulance arrives
- If losing consciousness (rare) follow emergency first aid procedures**

Is the CYP responding?

NO

YES

- Allow to sit for 15-20 mins observed by a member of staff
- Allow to return to class
- Inform parent/carer
- If symptoms return after 4 hours, repeat and ask parent/carer to collect

[www.beatasthma.co.uk](http://www.beatasthma.co.uk)

## Supporting CYP with Asthma: Legal requirements Checklist



All the resources mentioned in the checklist are available through the Beat Asthma Schools home page

<p>School Asthma policy</p>	<ul style="list-style-type: none"> <li>• Supporting Pupils in school with Medical condition (Department for Education 2015) available for all staff to read and to use as guidance when developing policies</li> <li>• Guidance on the use of Emergency Salbutamol Inhalers in Schools (Department of Health, Sept 2014) available.</li> <li>• School asthma policy in place, developed using guidance from above and updated regularly – all staff to be made aware of the policy and where to access it</li> <li>• Information available on inhaler devices and how to use them.</li> <li>• System in place to identify pupils who have frequent absences from school due to asthma</li> </ul>
<p>Asthma Register</p>	<ul style="list-style-type: none"> <li>• Have a named individual responsible for asthma</li> <li>• Ensure school asthma register in place and updated regularly. Must state name and date of birth of child/young person.</li> <li>• Register available to all staff – suggest displaying in school office/staff room with a photo board</li> <li>• Ensure every CYP have an individual healthcare plan (IHCP) completed. School asthma care detailed on the IHCP and supported where needed with a specific asthma management plan</li> </ul>
<p>Medications</p>	<ul style="list-style-type: none"> <li>• Asthma medication is provided by the parent for school use with instructions of when and how to use, in keeping with their IHCP.</li> <li>• A system is in place to check the expiry dates of any medication and a system to replace when expired or almost empty</li> <li>• School staff and CYP know where their inhaler and spacer are kept – must be accessible at all times</li> <li>• Inhalers should be kept in a cool environment</li> <li>• If using a metered dose inhaler (“puffer” type), a spacer device must also be provided by the parent.</li> </ul>

	<ul style="list-style-type: none"> <li>• Medication must be clearly labelled with a pharmacy label displaying name/dose/instructions</li> <li>• Usage of reliever medication must be recorded, and parents informed.</li> </ul>
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Pupils that self-manage	<ul style="list-style-type: none"> <li>• If a CYP carries their own inhaler as part of their IHCP, a spacer and metered dose inhaler should be available for them to use in school – provided by the parent</li> <li>• Parents should be informed if a CYP who self manages appears to be using their inhaler more than usual</li> <li>• Encourage every CYP to carry a copy of their school plan in their personal planner</li> </ul>
Staff Training	<ul style="list-style-type: none"> <li>• Recommended that all school staff (not just first aiders) attend an asthma awareness session <a href="https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improvingasthma-care-together/">https://www.educationforhealth.org/course/supporting-children-and-young-peoples-health-improvingasthma-care-together/</a></li> <li>• Asthma attack flow chart displayed in school – all staff to be familiar</li> <li>• Staff administering inhalers should be knowledgeable of the correct technique</li> </ul>
Emergency Inhaler kits  - To use if pupils own not available	<ul style="list-style-type: none"> <li>• Suggest minimum x 3 emergency inhaler kits are purchased to keep in school as part of school asthma policy, conveniently located in key areas</li> <li>• Can only be used for CYP who have a diagnosis of asthma or have been prescribed a salbutamol inhaler with the exception where parents have submitted the opt out consent.</li> <li>• An emergency kit should be taken out of school for offsite activities/residential trips</li> </ul>

- Each kit should consist of:
  - Asthma register (with parental consent)
  - 1 large volume spacer device
  - 1 salbutamol 100mcgs per puff inhaler
  - Information leaflet on how to administer
  - Asthma attack flow chart
  - Inhaler actuation chart
  - Letter template to send to the parent informing them that the emergency inhaler/spacer has been used.
  - Every inhaler following use should be returned to pharmacy for safe disposal.
  - Each spacer used for a single child only could be retained and labelled for that child / given to the parent for home use /returned to pharmacy for safe disposal.

### *Emergency Salbutamol Inhaler in School*

As a school we are aware of the guidance, 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March 2015), which gives guidance on the use of emergency salbutamol inhalers in schools. The document can be found on



[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf).

This guidance enables our school to have spare relief inhalers and spacers.

Our kits are kept in the **Senior Management Office**.

### *School Trips/Residential Visits*

No child will be denied the opportunity to take part in school trips/residential visits because of asthma, unless so advised by their GP or consultant. The child's reliever inhaler will be readily available to them throughout the trip, being carried either by the child themselves or by the supervising adult in the case of Key Stage 1 children.

For residential visits, staff will be trained in the use of all the CYP regular treatments, as well as emergency management. It is the responsibility of the parent/carer to provide written information about all asthma medication required by their child for the duration of the trip. Parents must be responsible for ensuring an adequate supply of medication is provided which is clearly labelled with the

prescribed instruction. Group leaders will have appropriate contact numbers and a copy of each Personal asthma action plan (PAAP) see below.

A school spare reliever inhaler will be taken on the trip as advised in

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

*Personal Asthma Action Plans (PAAP) Appendix 4/5 example*

National Guidance recommend that every CYP who has asthma is provided with a Personal asthma action plan PAAP. This would ensure asthma symptoms are managed effectively.

A personalised asthma action plan.

<p><b>Green zone – Good</b> </p> <p><b>Your asthma is under control if:</b></p> <ul style="list-style-type: none"> <li>• your breathing feels good</li> <li>• you have no cough or wheeze</li> <li>• your sleeping is not disturbed by coughing</li> <li>• you are able to do your usual activities</li> <li>• you are not missing school</li> <li>• if you check your Peak Flow, it is around your best</li> </ul> <p><b>BEST PEAK FLOW</b> .....</p> <p><b>Green Zone Action - take your normal medications</b></p> <p>Your preventer inhaler is a ..... colour and is called .....</p> <p>You take ..... puffs/sucks every morning and every night even when you are well.</p> <p><b>Other asthma medications</b> you take are: .....</p> <p>Your reliever inhaler is a ..... colour and is called .....</p> <p>You take ..... puffs/sucks up to 3 times in a week for symptoms and before exposure to your triggers (see your list) if needed.</p> <p>If you are needing to use your reliever inhaler more than 3 times per week for symptoms</p> <p><b>Move to the AMBER ZONE</b></p>	<p><b>Amber zone – Warning</b> </p> <p>If you are using your blue inhaler more than 3 times per week for symptoms or you often wake at night with a cough or wheeze, arrange a review with your asthma nurse or GP.</p> <p><b>Warning signs that your asthma is getting worse:</b></p> <ul style="list-style-type: none"> <li>• you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)</li> <li>• you need your reliever inhaler more than usual</li> <li>• your reliever is not lasting <b>four hours</b></li> <li>• your peak flow is down by a third</li> </ul> <p><b>PEAK FLOW 1/3 DOWN</b> .....</p> <p><b>Amber Zone Action – continue your normal medicines AND</b></p> <ul style="list-style-type: none"> <li>• Take <b>2 puffs</b> of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs</li> <li>• You can do this every 4 hours but <b>must</b> make an appointment at your GP surgery within the next 24hrs even if you feel better.</li> <li>• If you need to do this more than every 4hrs, you must see your GP today or go to A&amp;E</li> <li>• Start keeping a record of your symptoms and peak flow readings to take to the Doctor</li> </ul> <p><b>IMPORTANT:</b></p> <ul style="list-style-type: none"> <li>• If after your <b>6 puffs</b> you still have increasing wheeze or chest tightness</li> </ul> <p><b>Move to the RED ZONE</b></p>	<p><b>Red zone – Severe</b> </p> <ul style="list-style-type: none"> <li>• you are still breathing hard and fast</li> <li>• you still feel tight and wheezy</li> <li>• you are too breathless to talk in a sentence</li> <li>• you are feeling frightened and exhausted</li> </ul> <p><b>Other serious symptoms are:</b></p> <ul style="list-style-type: none"> <li>• colour changes - very pale / grey / blue</li> <li>• using rib and neck muscles to breath, nose flaring</li> </ul> <p><b>Red Zone Action</b></p> <p><b>Take 10 puffs of the blue inhaler via a spacer and call 999</b></p> <ul style="list-style-type: none"> <li>• Asthma can be life threatening</li> <li>• Do not attempt to do a peak flow</li> <li>• Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.</li> <li>• Stay where you are and keep calm</li> <li>• If your child becomes unresponsive and has an adrenaline pen for allergies-use it now.</li> </ul> <p><b>Additional comments or information</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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A school personalised asthma plan

**Green zone – Good** 

**Your asthma is under control if:**

- Your breathing feels good
- You have no cough or wheeze
- Your sleeping is not disturbed by coughing
- You are able to do your usual activities
- You are not missing school
- If you check your Peak Flow, it is around your best

**BEST PEAK FLOW**.....

**Green Zone Action**

**Take your normal medications**

Preventer (taken at home)

.....

.....

**Reliever** (to use in school **before exercise** and **before** exposure to triggers 4 hourly if needed)

.....

.....

Others (taken at home)

.....

.....

**Amber zone – Warning** 

**Warning signs that your asthma is getting worse:**

- You had a bad night with cough or wheeze and might be tired in class
- You have a cough, wheeze or 'tight' chest and feel out of breath
- You need to use your reliever more than usual

**Tell a member of staff or ask a friend to get help**

**Amber Zone Action**

**Use your spacer with the blue reliever puffer and do the following:**

- Take **2 puffs** of the blue inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes, if you still have symptoms, up to a total of 6 puffs.
- Sit quietly, where an adult can see you for 10 minutes until you are feeling better and can go back into class
- If you feel like this again after 4 hrs, tell a member of staff, repeat above and school should phone your parent to collect you
- School need to write how much inhaler you have used in your diary or tell your parent

**IMPORTANT:** If **6 puffs** of the blue inhaler via the spacer is not working or its effect is lasting less than **4 hrs** and you have increasing wheeze or chest tightness, move to the **Red Zone**

**Red zone – Severe** 

**IF after 6 puffs of your blue inhaler you experience any of the following symptoms within the next 4 hours:**

- You are still breathing hard and fast
- You still feel tight and wheezy
- You are too breathless to talk in a sentence
- You are feeling frightened and exhausted

**Other serious symptoms are:**

- Colour changes - very pale / grey / blue
- Using rib and neck muscles to breath, nose flaring

**Red Zone Action**

**Take 10 puffs of your blue inhaler via a spacer and CALL 999**

- Whilst waiting for the ambulance to arrive and using your spacer, keep taking 1 puff of your blue inhaler every 30 seconds, breathing at a normal rate for 4-5 breaths.
- Stay where you are and keep calm
- If the pupil becomes unresponsive and has an adrenaline pen for allergies-use it now.

**Additional comments or information**

My spacer/inhaler/adrenaline pen is kept:

.....

**School Environment**

The school does all that it can to ensure the school environment is favourable supports CYP with asthma. The school has a definitive no-smoking policy. Triggers will be recorded in the asthma action plans (PAAP). It is not always possible to avoid all triggers. Awareness/assessment of common triggers to asthma can reduce risk. **Potential triggers in school**

**Chemicals/fumes** as far as possible, pupils should try to avoid fumes in science, art and craft lessons that are known to trigger their asthma. They may need to leave the room until the fumes are no longer in the room

**Mould/damp** Classrooms should be well aired and ventilated. Any evidence of damp/mould within school should be acted on quickly. Where possible, autumn leaves falling from trees, forming piles should be kept away from pupil areas and regularly removed as the mould from these can be a trigger to asthma.

**Grass and Pollens** Pupils with asthma should be able to use their salbutamol regularly every 4 hours if the pollen count is known to be high or if they are having troublesome hay fever symptoms. Pupils may need to be given an option to do indoor PE if the pollen count is high. Where possible, grass cutting should be avoided during school hours or limited to late afternoons.

**Aerosols/sprays** Many children have asthma that can be triggered by strong odours and aerosols. Ensure changing rooms are well ventilated and encourage the use of roll-on deodorants and unscented products. Consideration should be given to allowing pupils with this trigger to have alternative changing facilities

**Changing Weather** Pupils may need to use their blue inhaler before outside play depending on the weather. Commonly, cold, damp, weather can be a trigger. Thunderstorms can also trigger asthma attacks as large quantities of pollen are released into the air.

### *Exercise, activity and after school clubs*

Sports, games, and activities are an essential part of school life for all CYP and is a government recommendation. School staff and PE teachers will be informed which children in their class have asthma from the school's asthma register. All CYP who have been advised to take their reliever inhaler before participating in exercise should be encouraged to take 15-30 minutes before the activity begins. Reliever inhalers should be easily accessible during sport.

### *When Asthma control causes concern*

The aim of asthma medication is to allow people with asthma to live a normal life. If a member of staff has concerns about a student/attendance relating to control of asthma symptoms this will be discussed with parents and an asthma review will be encouraged. If concerns continue the asthma champion/ lead will gain consent from parents to contact appropriate health care professionals to ensure the CYP needs are met.

However, the school recognises that pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma. **Staff Training**

It is highly recommended that all school staff complete an annual awareness session. Please see the link below:

<https://www.educationforhealth.org/course/supporting-children-and-young-peoples-healthimproving-asthma-care-together/>

## **References**

1. BTS/SIGN asthma Guideline
2. Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools
3. Beat asthma [Home - Beat Asthma](#)
4. National bundle of care for children and young people with asthma [NHS England](#)  
[» National bundle of care for children and young people with asthma](#)
5. E Learning asthma training  
<https://www.educationforhealth.org/course/supportingchildren-and-young-peoples-health-improving-asthma-care-together/>

*Resources tailored to the needs of schools*

- <https://www.beatasthma.co.uk/resources/schools/>
- <https://www.asthma.org.uk/advice/resources/#schools>

## **APPENDIX**

**1.School action plan**

**2.Individual healthcare plan (See whole school policy [appendix 3](#))**

**3.Use of Emergency inhaler in school consent form**

**4.Personal asthma action plan (PAAP)**

**5. School individualised plan**

**Asthma Policy Appendix 1**

**School Action Plan**

**Date:**

Name: ..... Date of birth: ..... ..... Allergies: ..... ..... Emergency contact: ..... Emergency contact number : ..... Doctor's phone number: ..... Class: .....	Affix photo here
--	------------------

What are the signs that you/your child may be having an asthma attack?

--

Are there any key words that you/your child may use to express their asthma symptoms?

What is the name of your/your child's reliever medicine and the device?

--

Does your child have a spacer device? (please circle)      Yes      No

--

Does your child need help using their inhaler? (please circle)      Yes      No

--

What are your/your child's known asthma triggers?

--

Do you/your child need to take their reliever medicine before exercise? (please circle) Yes No

If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

--

I give my consent for school staff to administer/assist my child with their own reliever inhaler as required unless I have opted out. Their inhaler is clearly labelled and in date.

Signed.....Date.....

--

Print Name.....Relationship to child.....

--

--

## Asthma Policy Appendix 2



# Woodlane High School

achieving success in a nurturing environment

Du Cane Road, London W12 0TN

Headteacher: Claire Maynard Tel: 020 8743 5668 Fax: 020 8743 9138 Email: [admin@woodlane.lbhf.sch.uk](mailto:admin@woodlane.lbhf.sch.uk)

Dear Parent/Carer

Wednesday 15<sup>th</sup> November 2023

### The use of Emergency Inhaler and Spacers in school

Following guidance from medical professionals, the school has purchased emergency medication for those pupils who suffer with Asthma.

This medication will **only be used in an emergency**, where the pupil has **not** got their medication in school, **it has expired** or **it has run out**. We require your consent to administer emergency medication should it be necessary.

Please find attached your child's Health Care Plan which has a section for you to sign confirming your consent.

Below is also a consent form to be filled out alongside the Health Care Plan.

Please return **both completed forms** to the **school office** as soon as possible.

Kind regards,

Demi Bolton

Medical, Personal and Intimate Care Higher Level Teaching Assistant

---

***Please circle where appropriate:***

I do / do not give consent for the school's inhaler to be used on my child in an emergency

Full name of child: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_



# Asthma Policy Appendix 3 - Personal asthma action plan (PAAP)

**Remember:** take your blue inhaler **before** you come into contact with any of your triggers if needed and regularly in response to symptoms if you have a cold.

**My Triggers are:**

- .....
- .....
- .....
- .....
- .....
- .....

**Common Triggers are:**

- Viruses
- Changes in weather
- House dust mites
- Animal fur, feathers and their bedding
- Foods
- Exercise
- Upset, distress, and emotions
- Smoke – cigarettes and fires

**Additional Comments:**

.....

.....

.....

.....

**Your Asthma Nurse's name and telephone number is:**

.....

.....

**Your doctor's name and telephone number is:**

.....

.....

**Recommended websites**  
[www.beatasthma.co.uk](http://www.beatasthma.co.uk)

**Asthma+LungUK at:**  
[www.asthma.org.uk](http://www.asthma.org.uk)

<https://uk-air.defra.gov.uk/forecasting/>

This leaflet is intended for colour printing.


**beat asthma** place your logo here

**Asthma Management Plan For**

.....

Best Peak Flow .....

Date .....



Please take this with you when you visit your doctor or asthma nurse.

**Green zone – Good** 

**Your asthma is under control if:**

- your breathing feels good
- you have no cough or wheeze
- your sleeping is not disturbed by coughing
- you are able to do your usual activities
- you are not missing school
- if you check your Peak Flow, it is around your best

**BEST PEAK FLOW** .....

**Green Zone Action - take your normal medications**

Your preventer inhaler is a ..... colour and is called .....

You take ..... puffs/sucks every morning and every night even when you are well.

**Other asthma medications you take are:**

.....


.....

Your reliever inhaler is a ..... colour and is called .....

You take ..... puffs/sucks up to 3 times in a week for symptoms and before exposure to your triggers (see your list) if needed.

If you are needing to use your reliever inhaler more than 3 times per week for symptoms

**Move to the AMBER ZONE**

**Amber zone – Warning** 

If you are using your blue inhaler more than 3 times per week for symptoms or you often wake at night with a cough or wheeze, arrange a review with your asthma nurse or GP.

**Warning signs that your asthma is getting worse:**

- you have symptoms (cough, wheeze, 'tight chest' or feel out of breath)
- you need your reliever inhaler more than usual
- your reliever is not lasting **four hours**
- your peak flow is down by a third

**PEAK FLOW 1/3 DOWN** .....

**Amber Zone Action – continue your normal medicines AND**

- Take **2 puffs** of the BLUE inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes if you still have symptoms up to a total of 6 puffs
- You can do this every 4 hours but **must** make an appointment at your GP surgery within the next 24hrs even if you feel better.
- If you need to do this more than every 4hrs, you must see your GP today or go to A&E
- Start keeping a record of your symptoms and peak flow readings to take to the Doctor

**IMPORTANT:**

- If after your **6 puffs** you still have increasing wheeze or chest tightness

**Move to the RED ZONE**

**Red zone – Severe** 

- you are still breathing hard and fast
- you still feel tight and wheezy
- you are too breathless to talk in a sentence
- you are feeling frightened and exhausted

**Other serious symptoms are:**

- colour changes - very pale / grey / blue
- using rib and neck muscles to breath, nose flaring

**Red Zone Action**

**Take 10 puffs of the blue inhaler via a spacer and call 999**

- Asthma can be life threatening
- Do not attempt to do a peak flow
- Whilst waiting for the ambulance and using your spacer, take 1 puff at a time of your blue inhaler, breathing at a normal rate for 4-5 breaths, every 30 seconds.
- Stay where you are and keep calm
- If your child becomes unresponsive and has an adrenaline pen for allergies-use it now.

**Additional comments or information**

.....

.....

.....

.....

# Asthma Policy Appendix 4

**Remember:** take your reliever inhaler **before** you come into contact with any of your triggers and every 4 hours if you have a cold

### Your Triggers are:

- .....
- .....
- .....
- .....
- .....
- .....

### Common Triggers are:

- Viruses
- Changes in weather
- House dust mites
- Animal fur, feathers and their bedding
- Foods
- Exercise
- Upset, distress, and emotions
- Smoke –cigarettes and fires

### Emergency contact numbers:

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

### Your GP's name and telephone number is:

Dr.....  
 .....

Pupil Photograph

Additional Comments:

### School Asthma Management Plan

.....  
 Best Peak Flow.....  
 Date.....

Keep this with you at all times in school

Recommended websites  
[www.beatasthma.co.uk](http://www.beatasthma.co.uk)  
[www.asthma.org.uk](http://www.asthma.org.uk)



**Green zone – Good**

**Your asthma is under control if:**

- Your breathing feels good
- You have no cough or wheeze
- Your sleeping is not disturbed by coughing
- You are able to do your usual activities
- You are not missing school
- If you check your Peak Flow, it is around your best

**BEST PEAK FLOW**.....

**Green Zone Action**

**Take your normal medications**

Preventer (taken at home)

.....  
 .....

**Reliever** (to use in school **before exercise** and **before** exposure to triggers 4 hourly if needed)

.....  
 .....

Others (taken at home)

.....  
 .....

**Amber zone – Warning**

**Warning signs that your asthma is getting worse:**

- You had a bad night with cough or wheeze and might be tired in class
- You have a cough, wheeze or 'tight' chest and feel out of breath
- You need to use your reliever more than usual

**Tell a member of staff or ask a friend to get help**

**Amber Zone Action**

**Use your spacer with the blue reliever puffer and do the following:**

- Take **2 puffs** of the blue inhaler with your spacer 1 puff at a time. Keep doing this every 10 minutes, if you still have symptoms, up to a total of 6 puffs.
- Sit quietly, where an adult can see you for 10 minutes until you are feeling better and can go back into class
- If you feel like this again after 4 hrs, tell a member of staff, repeat above and school should phone your parent to collect you
- School need to write how much inhaler you have used in your diary or tell your parent

**IMPORTANT:** If **6 puffs** of the blue inhaler via the spacer is not working or its effect is lasting less than **4 hrs** and you have increasing wheeze or chest tightness, move to the **Red Zone**

**Red zone – Severe**

**IF after 6 puffs of your blue inhaler you experience any of the following symptoms within the next 4 hours:**

- You are still breathing hard and fast
- You still feel tight and wheezy
- You are too breathless to talk in a sentence
- You are feeling frightened and exhausted

**Other serious symptoms are:**

- Colour changes - very pale / grey / blue
- Using rib and neck muscles to breath, nose flaring

**Red Zone Action**

**Take 10 puffs of your blue inhaler via a spacer and CALL 999**

- Whilst waiting for the ambulance to arrive and using your spacer, keep taking 1 puff of your blue inhaler every 30 seconds, breathing at a normal rate for 4-5 breaths.
- Stay where you are and keep calm
- If the pupil becomes unresponsive and has an adrenaline pen for allergies-use it now.

**Additional comments or information**

My spacer/inhaler/adrenaline pen is kept: .....