



Integrity, Fellowship and Endeavour

MEDICAL CONDITIONS POLICY

Author:	Roger Eckersley
Date of approval:	June 2019
Next Review date:	June 2020
Review period:	Annual
Status:	Statutory

1. PURPOSE

- 1.1. To ensure pupils at school with medical conditions are properly supported, so that they have full access to education, including school trips and physical education, and that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- 1.2. The school also aims to:
 - 1.2.1. Assist parents in providing medical care for their children during the school day and on school trips and ensure that arrangements are in place to support students with medical conditions.
 - 1.2.2. Ensure arrangements are in place for students who are competent to manage their own health needs and medication whilst in school.
 - 1.2.3. Educate staff and students in respect of specific medical needs.
 - 1.2.4. Adopt and implement the Department for Education (DfE) statutory guidance regarding support at school for students with medical conditions.
 - 1.2.5. Arrange training for staff to support individual students including in an emergency situation.
 - 1.2.6. Liaise as necessary with health and social care professionals in support of the individual student.
 - 1.2.7. Monitor and keep appropriate records, including records relating to administering medication.
 - 1.2.8. Comply with the Health and Safety at Work etc. Act 1974.

2. RELATIONSHIP TO OTHER POLICIES AND DOCUMENTS

- 2.1. This policy should be read in conjunction with the documents specified below, each as amended, revised or updated from time to time:
 - 2.1.1. DfE statutory guidance for supporting pupils at school with medical conditions.
 - 2.1.2. Section 100 of the Children and Families Act 2014.
 - 2.1.3. Equality Act 2010.
 - 2.1.4. Health and Safety Executive (HSE) guidance on school trips.
 - 2.1.5. Special educational needs and disability code of practice 0 to 25 years issued by the DfE and Department of Health.
 - 2.1.6. Guidance on the use of emergency salbutamol inhalers in schools issued by the Department of Health.
 - 2.1.7. Farmor's School Special Educational Needs and Disability (SEND) Policy
 - 2.1.8. Farmor's School Health and Safety Policy.
 - 2.1.9. Farmor's School Safeguarding Children Policy.
 - 2.1.10. Farmor's School Trips and Visits Policy.
 - 2.1.11. Farmor's School Protocol for Individual Healthcare Plans (Appendix A).
 - 2.1.12. Farmor's School Protocol for use of inhalers in school (Appendix B).
 - 2.1.13. Farmor's School Protocol for managing medicines in school (Appendix C)
 - 2.1.14. Farmor's School Asthma protocol (Appendix D)

- 2.1.15. Farmor's School Complaints Policy
- 2.1.16. Farmor's School Data Protection policy
- 2.2. Appendix A, Appendix B, Appendix C and Appendix D are each an integral part of this policy as if set out in the main body of the policy.

3. SCOPE

- 3.1. The school has a responsibility for the health and safety of students in their care. The Health and Safety at Work etc. Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of students with specific medical needs, the responsibility of the school is to make sure that safety measures cover their needs. The school is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support these students may need.
- 3.2. From September 2014 The Children and Families Act 2014 placed a duty on schools to make arrangements for students with medical conditions. Students with specific medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.
- 3.3. Some students with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. Where this is the case the school will comply with its duties under the Equality Act 2010.
- 3.4. Some students with medical conditions may have Special Educational Needs (SEN) and may have an SEN statement, or Education, Health and Care plan (EHCP) which brings together health and social care needs as well as their SEN provision. This guidance should therefore be read in conjunction with the School's SEND Policy which complies with the SEND Code of Practice.

4. ROLES AND RESPONSIBILITIES

- 4.1. The Governing Body is responsible for ensuring that the school has a policy in place to meet their statutory obligations with regard to support for pupils with medical conditions and must ensure that the resulting policies, plans, procedures and systems are properly and effectively implemented. The Headteacher will ensure that this policy for supporting pupils with medical conditions is reviewed regularly and is readily accessible to parents, carers and school staff. The persons detailed below have responsibilities within this policy:
 - 4.1.1. The Headteacher has overall responsibility for the implementation of this policy
 - 4.1.2. The Headteacher is responsible for ensuring that all staff are aware of this policy for supporting students with medical conditions and that sufficient staff are suitably trained to implement the policy and deliver against individual healthcare plans including in emergency situations. Training will be assessed and records monitored to ensure suitable training is received and staff meet the agreed level of competency.

- 4.1.3. The Student Manager will organise cover arrangements to ensure an appropriate person is always available to meet the needs of each student with medical conditions requiring support in the event of regular staff absence.
- 4.1.4. The Pastoral Manager will provide briefing for supply teachers and induction for new staff.
- 4.1.5. The trip organiser will access medical information and where necessary liaise with parents, carers and healthcare professionals, to obtain the relevant information for risk assessments to plan to meet the pupils needs, taking reasonable steps to mitigate any risks posed by a student's medical conditions', in order to facilitate their participation in visits, holidays and other school activities outside of the normal timetable.
- 4.1.6. The IHCP Coordinator is responsible for the development, monitoring, evaluation of and reporting on individual healthcare plans (**IHCP**) so that the school can effectively support students with medical conditions.
- 4.1.7. In line with good practice, the school's Leadership Team will ensure the Heads of Year, Office Manager, Pastoral Manager, the IHCP Co-ordinator and other relevant staff consult with local authorities, health and social care professionals and other support services as well as students, parents and carers as required by paragraph 4.7 to ensure that the needs of students with medical conditions are properly understood and effectively supported.
- 4.2. Staff will only administer prescribed or non-prescribed medication to students in accordance with the IHCP procedures for the management of medicines on school premises set out in Appendix C (*Protocol for managing medicines in school*).

5. PRINCIPLES

- 5.1. The prime responsibility for a student's health lies with the student's parent or carer who is responsible for the student's medication and who should supply the school with any relevant information.
- 5.2. Teachers and other school staff in contact with students have a duty of care for students whilst at school and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could include the need to administer medicine and administering basic life support if required.
- 5.3. The school acknowledges that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The school will ensure that the focus is on the needs of each individual student and how their medical conditions impact on their school life.
- 5.4. The arrangements in place will give parents, carers and students confidence in the school's ability to provide effective support for medical conditions whilst the student

is in school. These arrangements will show an understanding of how medical conditions impact on a student's ability to learn, as well as increase a student's confidence and promote self-care.

- 5.5. The school will ensure that all relevant staff are properly trained and that they will be made aware of a student's condition, taking into account confidentiality.
- 5.6. The school will ensure that the arrangements put in place are sufficient to meet their statutory responsibilities and ensure that policies, plans, procedures and systems are properly and effectively implemented in line with their wider safeguarding duties.
- 5.7. The school will work with local authorities, health and social care professionals and other support services as well as parents, carers and pupils to ensure that the needs of students with medical conditions are properly understood and effectively supported so that each such student receives a full education and is able to participate in school trips, visits and sporting activities. In some cases this may require flexibility and if necessary, consideration will be given as to how a student will be reintegrated back into school after periods of absence.
- 5.8. All children must receive a full time education, unless this would not be in their best interests because of their health needs. However, in line with its safeguarding duties, the school will ensure that students' health is not put at unnecessary risk e.g. from infectious diseases. The school does not have to accept a student in school at times when it would be detrimental to the health of the individual or other students to do so.
- 5.9. The school will ensure that it has adequate insurance in place each year covering it for any risks of liability arising from the support it provides for students with medical conditions. This will either be through the DfE Risk Protection Arrangements or an appropriate and recognised insurance provider.
- 5.10. The school acknowledges that there are also social and emotional implications associated with medical conditions, in particular long-term absences due to health problems, which may affect the student's educational attainment, impact on their ability to integrate with peers and affect their general wellbeing and emotional health. Reintegration back into school will be properly supported to ensure students are fully engaged with learning and do not fall behind when unable to attend. Short-term and frequent absences including appointments connected with medical conditions will be effectively managed and appropriate support put in place to limit the impact on the student's educational attainment and emotional and general wellbeing.
- 5.11. In the event that a parent is dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure as set out in the Complaints Policy which is available on the School website.

6. NOTIFICATION OF MEDICAL CONDITIONS AND INDIVIDUAL HEALTH CARE PLANS (IHCPs)

- 6.1. When the school is notified that a pupil has a medical condition requiring support from the school such that an Individual Healthcare Plan is required the procedure set out in Appendix A (Protocol following notification that a student has a medical condition) will be followed.
- 6.2. Each IHCP will be developed with the relevant student's best interests in mind and will ensure that the school assesses and manages risks to the student's education, health and social wellbeing and minimises disruption. Each IHCP will aim to provide clarity about what needs to be done, when and by whom. IHCPs are essential particularly in cases where emergency intervention may be required or conditions are long-term and more complex. However, not all children with medical conditions will require an IHCP.

7. STAFF TRAINING AND SUPPORT

- 7.1. Any member of the school staff providing support to a student with medical conditions will be provided with suitable training. Training needs must be discussed and identified when the student's IHCP is being developed and reviewed and updated when the student's IHCP is reviewed. See the procedures specified in Appendix A (*Protocol following notification that a student has a medical condition*).
- 7.2. Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions and to fulfill the requirements set out in individual IHCP. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- 7.3. Parents and carers can often provide information as to how a student's needs can be met.
- 7.4. The school will ensure all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy. Epilepsy, Asthma and Anaphylaxis training is delivered annually by the School Nurses team. All First Aid trained staff are encouraged to attend this training which takes place in school. Since the school has elected to provide emergency asthma inhalers the school will ensure that all staff are aware of the procedures set out in Appendix B (*Protocol for asthma inhalers in school*) and Appendix D (*Asthma protocol*) and know how to recognise an asthma attack, know what to do in the event of an asthma attack.

8. MONITORING, REPORTING AND EVALUATION

- 8.1 The school will work in partnership with parents, carers, students and healthcare professionals to complete (as a minimum) an annual review of all IHCPs to ensure all information is up to date and correct and allows for adjustments to include, where appropriate, the scope for the students' self-management of any medical condition or medication as they become older and more capable. A student's IHCP will be reviewed earlier than annually if evidence is presented to the school indicating that the student's needs have changed.

- 8.2 The IHCP Co-ordinator will review all IHCP's (as a minimum) on an annual basis with the School Nurse.
- 8.3 The IHCP Co-ordinator will provide feedback annually to SLT (as a minimum) to include an overview of IHCPs and any particular staff training requirements plus feedback on any advice given by the School Nurse or other healthcare professionals.

9. UNACCEPTABLE PRACTICE

- 9.1. As required by paragraph 25 of the statutory guidance *Supporting pupils at school with medical conditions* some practices which are unacceptable in the context of supporting students with medical conditions are listed below. It should be noted, however, that no list of unacceptable practices can be comprehensive and it is essential that all the school community at all times act in accordance with the positive principles set out in paragraph 4 (*Principles*).
- 9.2 Although school staff should use their discretion and judge each case on its merits with reference to each student's IHCP it is not generally acceptable practice to:
- 9.2.1. Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary;
 - 9.2.2 Assume that every student with the same condition requires the same treatment;
 - 9.2.3. Ignore the views of the student or their parents or carers or ignore medical evidence or opinion although this may be challenged;
 - 9.2.4. Send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCP;
 - 9.2.5 Send a student with an IHCP who becomes ill to the school office or medical room unaccompanied unless staff reasonably conclude in the circumstances that this is not necessary;
 - 9.2.6. Penalise a student for his or her attendance record if their absences are related to his or her medical condition;
 - 9.2.7. Prevent a student from eating, drinking or taking toilet or other breaks whenever he or she needs to do so in order to manage his or her medical condition effectively;
 - 9.2.8. Prevent a student from participating in, or create unnecessary barriers to a student with a medical conditions participating in, any aspect of school life including school trips; for example by requiring parents to accompany their child;
 - 9.2.9. Require parents or carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support for their child, including toileting issues. No parent or carer should have to give up working because the school is failing to support his or her child's medical needs.

Appendix A

MEDICAL CONDITIONS POLICY

Protocol following notification that a student has a medical condition

1. PURPOSE

When the school is notified that a student has a medical condition that requires an Individual Healthcare Plan (**IHCP**) an IHCP can be put in place so that students can be supported in school

2. CONTENT OF AN INDIVIDUAL HEALTHCARE PLAN

When determining what information should be included on an IHCP the IHCP Coordinator will consider, amongst other things, which of the following matters needs to be covered:

- 2.1. The medical condition, its triggers, signs, symptoms and treatments;
- 2.2. The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage the student's condition, dietary requirements and environmental issues such as crowded corridors and travel time between lessons;
- 2.3. Specific support for the student's educational, social and emotional needs; for example how absences will be managed, extra time needed in examinations, rest periods required, counseling sessions or additional support in lessons;
- 2.4. Whether the student can manage his or her own health needs or, if support is needed, the level of support required, including in emergencies;
- 2.5. If a student is managing his or her own medication the IHCP should state this and contain appropriate monitoring arrangements;
- 2.6. Who will provide the support needed, their training needs, expectations of their roles and confirmation of proficiency from a healthcare professional together with cover arrangements when they are not available;
- 2.7 Who in the school needs to be aware of the student's medical condition and the support required;
- 2.8. Arrangements for written permission from parents or carers and the Headteacher for medication to be administered by a member of the school staff or self-administered by the student during school hours including, where appropriate, consent for use by the student of the school's emergency inhalers;
- 2.9 Arrangements for school trips or activities outside the normal school timetable so the student can participate; for example, risk assessments;
- 2.10. Where confidentiality issues are raised by the parent, carer or student, the names of individuals to be entrusted with information about the student's condition
- 2.11 What to do in an emergency including whom to contact and contingency arrangements.

3. PROCEDURE

- 3.1 The IHCP Coordinator will make the necessary arrangements for the amendment/development of a student IHCP on receipt of new or updated information regarding a student's medical condition/history. Following receipt of any information a blank care plan (where this is a new condition) or a current care plan to be reviewed (where the condition is existing and known to the school) is sent to the parent/carer for amendment or initial completion.
- 3.2 The parent or carer and the student are invited to meet with the IHCP Coordinator or other senior member of staff at school to discuss the plan further.
- 3.3 The meeting or discussion arranged should include key school staff, the student, the parent or carer and relevant medical and healthcare professionals or have written evidence provided by them for consideration. Following this the IHCP is developed in partnership. There must be input from a healthcare professional. The student must be invited to participate in the discussion.
- 3.4 A final copy of the care plan is sent to the parent or carer for final approval before being shared in school as appropriate.
- 3.5 When individual staff are named in an IHCP, any further necessary training will be identified and training commissioned and staff signed off as competent. Epilepsy, Asthma and Anaphylaxis annual refresher training is delivered by the School Nurses team. All staff are invited to attend this training which is hosted in school on an annual basis.
- 3.5 The necessary medical information is recorded against the student record in SIMS (access is available to staff as necessary).
- 3.6 A copy of the final IHCP is uploaded to the student record on SIMS and to the First Aid group on Office 365 (to ensure all first aid trained staff have an awareness of the student's condition should they be required in the event of emergency).
- 3.7 A quick grab copy of the IHCP can be found for fast access in the school office (clearly labeled and held in a folder inside the tall cupboard).
- 3.8 Any necessary spare/emergency medication is located in Student Services.
- 3.9 If the condition relates to food i.e. an allergy, the kitchen staff are notified by way of a list which details the student's name and medical condition/allergies and includes a photograph of the student.
- 3.11 Staff responsible for arranging care plans will meet with the School Nurse a minimum of once a year (or as necessary) to review all care plans.

Appendix B

MEDICAL CONDITIONS POLICY

NOTE THIS APPENDIX HAS BEEN AMENDED TO REFLECT THE DEPARTMENT OF HEALTH PUBLICATION *GUIDANCE ON THE USE OF EMERGENCY SALBUTAMOL INHALERS IN SCHOOLS*. SEE, IN PARTICULAR, PAGE 7 WHICH SETS OUT WHAT A PROTOCOL ON EMERGENCY INHALERS SHOULD CONTAIN.

PLEASE NOTE THAT CERTAIN OF THE PROVISIONS OF THE ORIGINAL FORM OF APPENDIX B HAVE BEEN REMOVED TO A NEW SUGGESTED APPENDIX D AS THEY WERE APPLICABLE TO ANY ASTHMA ATTACK AND NOT JUST ONE REQUIRING AN EMERGENCY INHALER

Protocol for emergency inhalers in school

1. PURPOSE

- 1.1 To ensure emergency asthma medication is available for students in school when emergency medication is required but their own medication is not available and that such medication is held and used by the school in accordance with Department of Health guidance.

2. PROCEDURES

- 2.1. Spare emergency salbutamol inhalers along with spacers are available from Student Services. Emergency inhalers and spacers are to be used, stored and cared for in accordance with the provisions below.
- 2.2. Students in school who have been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication are encouraged to have on them at ALL times the necessary inhalers for quick access and to self-administer medication.
- 2.3. Sometimes a student's inhaler runs out during the school day or becomes lost or simply forgotten. In these circumstances a student whose parent or carer has given written consent (usually as part of the student's Individual Healthcare Plan (IHCP)) to the use of emergency inhalers can make their way to Student Services where spare inhalers and spacers are available for their use. The staff member giving out the emergency inhaler must check the asthma register to ensure the student has the consent of his or her parent or carer to access an emergency inhaler.

- 2.4. Except as provided in paragraph 2.6, emergency inhalers must only be used by students for whom the written consent of parents or carers for the use of an emergency inhaler has been obtained and who have either been diagnosed with asthma and prescribed an inhaler or who have been prescribed an inhaler as reliever medication.
- 2.5. The school will maintain a register of students who have been diagnosed with asthma and prescribed an inhaler or who have been prescribed a reliever inhaler, noted to indicate whether parents and carers have given consent to the use of an emergency inhaler. A copy of this register will be kept in Student Services with the emergency inhalers and spacers.
- 2.6. If a student on the register referred to in paragraph 2.5 suffers an asthma attack then, regardless of whether specific parental consent has been given to the use of emergency inhalers, any first aider may authorise the use of an emergency inhaler by that student. In doing this the school will be acting in accordance with the general authority given by parents to administer first aid to students when required.
- 2.7. If a student who requires an emergency inhaler is too unwell to go to Student Services then the teacher should send a fellow student to Student Services to ask a first aider to attend. The first aider will take the inhaler and spacer to the student and the student can be monitored in accordance with their individual needs and the school's asthma protocol set out in Appendix D (*Asthma protocol*) of the school's Medical Conditions Policy and in accordance with the guidelines provided at the school's annual asthma and anaphylaxis training.
- 2.8. As required by the school's Medical Conditions Policy, a record will be kept of each use of an emergency inhaler, specifying when the attack took place, how much medication was given and by whom. Parents or carers must be informed in writing that their child has used an emergency inhaler. The Department of Health guidance contains a model letter which may be used for this purpose.
- 2.9. The school arranges annual in school asthma, and anaphylaxis training which is delivered by the School Nurse team which all staff are encouraged to attend and which all first aiders and all staff named as requiring such training in an Individual Healthcare Plan must attend.
- 2.10. The school will ensure that at all times two volunteer staff members are designated as responsible for ensuring that this protocol is observed. Currently the named persons are Laura Whiteman (Student Manager) and Gemma Hartshorn (Deputy Student manager).
- 2.11 The emergency asthma kit held by the school will include:
- 2.11.1.salbutamol metered dose inhalers
 - 2.11.2.at least two plastic spacers per inhaler compatible with the inhaler
 - 2.11.3.instructions on the use of the inhaler and spacer
 - 2.11.4.manufacturer's information
 - 2.11.5.a checklist of inhalers identified by their batch number and expiry date with monthly checks recorded
 - 2.11.6.a note of the arrangements for replacing the inhalers and spacers
 - 2.11.7.a list of students permitted to use the emergency inhalers

2.11.8.a record of use.

2.12 The staff members responsible for maintaining the emergency asthma kit must ensure:

2.12.1. on a monthly basis the inhalers and spacers are present and in working order and that each inhaler has sufficient number of doses available;

2.12.2.replacement inhalers are obtained when expiry dates approach;

2.12.3.replacement spacers are available following use

2.12.4. 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.

2.13 The emergency asthma inhaler kit is stored in Student Services and must be out of reach and sight of students but not locked away. It should be clearly labeled and stored away from direct sunlight at the temperature recommended by the manufacturer and, to avoid confusion, well away from any student's own inhaler which is stored in Student Services.

2.14 A plastic spacer must not be re-used but given to the student who has used it to take home for future personal use. Inhalers may be re-used provided they are cleaned after use in accordance with Department of Health guidelines.

2.15 Manufacturers usually recommend that spent inhalers be returned to the pharmacy for recycling. To do this legally the school needs to be registered as a lower tier waste carrier. See the Department of Health guidance for more information.

Appendix C

Appendix C

Protocol for managing medicines in school

Purpose:

To ensure the safe, secure storage of emergency medication in school whilst allowing fast access to staff as necessary for the emergency treatment of a student.

Procedure

1. The parent must provide emergency medication to the school; this is usually identified as a result of an Individual Healthcare Plan (IHCP) being put in place.
2. The parent must provide clear instructions as to who the medication belongs to and the required dosage and details of any particular procedure to follow.
3. Where appropriate (i.e. epi-pen treatment) staff named in an (IHCP) may receive further training from the parent or a relevant Healthcare Professional.
4. Medications are stored in student services
5. Details of any medication and dosage are provided in the IHCP
6. Medication that is stored in school but not as part of an IHCP (e.g. paracetamol or similar for the treatment of headache) may only be administered where parental permission has been received
7. Spare medicines such as paracetamol or similar can be obtained from student services if necessary but will only be administered with parental permission

Appendix D

MEDICAL CONDITIONS POLICY

NOTE THE DEPARTMENT OF HEALTH GUIDANCE ENTITLED *GUIDANCE ON THE USE OF SALBUTAMOL INHALERS IN SCHOOLS* RECOMMENDS THAT ALL SCHOOLS HAVE AN ASTHMA POLICY WHICH INCLUDES GENERAL INFORMATION ON HOW TO RECOGNISE AND RESPOND TO AN ASTHMA ATTACK AND WHAT TO DO IN AN EMERGENCY SITUATION. THIS DRAFT PROTOCOL CLOSELY REFLECTS PROVISIONS ON PAGES 15-17 THE DEPARTMENT OF HEALTH GUIDANCE.

Asthma protocol

1. PURPOSE

- 1.1. To supplement the school's Medical Conditions policy by ensuring school staff have general information on how to recognise and respond to an asthma attack and know what to do in an emergency.

2. DAY TO DAY SYMPTOMS OF ASTHMA

- 2.1. These are:

- 2.1.1. cough and wheeze (a 'whistle' heard on breathing out) when exercising;

- 2.1.2. shortness of breath when exercising; and

- 2.1.3. intermittent cough.

- 2.2. These symptoms are usually responsive to the use of the student's own inhaler and rest; for example, stopping exercise. They would not usually require the student to be sent home.

3. SIGNS OF AN ASTHMA ATTACK

- 3.1. These include:

- 3.1.1. persistent cough when at rest;

- 3.1.2. a wheezing sound coming from the chest when at rest;

- 3.1.3. being unusually quiet;

- 3.1.4. the student complaining of shortness of breath when at rest, feeling tight in the chest or, in a younger child, having tummy ache;

3.1.5. difficulty in breathing (fast and deep respiration);

3.1.6. nasal flaring;

3.1.7. appearing exhausted;

3.1.8. a blue/white tinge about the lips;and

3.1.9. going blue.

3.2. If a student is displaying the above signs the advice below on responding to an asthma attack should be followed.

4. AMBULANCE TO BE CALLED

4.1. An Ambulance should be called IMMEDIATELY and the asthma attack procedure below immediately commenced if the student:

4.1.1. appears exhausted;

4.1.2. has a blue/white tinge around the lips;

4.1.3. is going blue;or

4.1.4. has collapsed.

5. RESPONDING TO THE SIGNS OF AN ASTHMA ATTACK

5.1. Regardless of the severity of the asthma attack and whether an ambulance has been called, the following procedure must be followed:

5.1.1. Keep calm and reassure the student.

5.1.2. Encourage the student to sit up and lean slightly forward;

5.1.3. Use the student's own inhaler- if not available use an emergency inhaler;

5.1.4. If an emergency inhaler is required remain with the student and send a fellow student to Student Services to ask for a first aider to attend with an emergency inhaler and spacer;

5.1.5. As soon as an inhaler is available immediately encourage the student to take two separate puffs via the spacer;

5.1.6. if there is no immediate improvement continue to give two puffs every two minutes up to a maximum of ten puffs or until the symptoms improve. The inhaler should be shaken between puffs.

5.1.7. Stay calm and reassure the student. An adult should stay with the student until he or she feels better.

5.1.8. If the student does not feel better or if the person attending the student is worried at ANY TIME before the student has reached ten puffs, **CALL 999 FOR AN AMBULANCE.**

5.1.9. If an ambulance does not arrive in ten minutes give another ten puffs in the same way as before.

5.1.10. A member of the school staff should accompany a student taken to hospital by ambulance and should stay with the student until a parent or carer arrives.

6. CONTACTING PARENTS AND CARERS

6.1. The student's parent or carer should be contacted as soon as an ambulance has been called.