



Shropshire Gateway Educational Trust

Supporting pupils with medical conditions policy

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As a proprietor of one or more academies, The Shropshire Gateway Educational Trust has a legal duty to make arrangements for supporting pupils at the academy with medical conditions. The board of The Shropshire Gateway Educational Trust has delegated this responsibility to the academy.

The academy has adopted this policy to set out the arrangements it has put in place for its pupils with medical conditions.

Overriding principles

Children and young people with medical conditions are entitled to a full education. The academy is committed to ensuring that pupils with medical conditions are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential. We want all pupils, as far as possible, to access and enjoy the same opportunities at school as any other child. This will include actively supporting pupils with medical conditions to participate in school trips/visits and/or in sporting activities.

1 Definition of “medical condition”

1.1 For the purposes of this policy, a medical condition is any illness or disability which a pupil has. It can be:

- physical or mental
- a single episode or recurrent
- short-term or long-term
- relatively straightforward (e.g. the pupil can manage the condition themselves without support or monitoring) or complex (requiring on-going support, medicines or care whilst at school to help the pupil manage their condition and keep them well)
- involving medication or medical equipment
- affecting participation in school activities or limiting access to education

1.2 Medical conditions may change over time, in ways that cannot always be predicted.

2 Policy implementation

2.1 The person with overall responsibility for the successful administering and implementation of this policy is the Headteacher.

2.2 The Headteacher has overall responsibility for ensuring:

- that sufficient staff are suitably trained to meet the known medical conditions of pupils at the academy
- all relevant staff are made aware of the pupil's medical condition and supply teachers are properly briefed
- cover arrangements are in place to cover staff absences/turnover to ensure that someone is always available and on site
- risk assessments for school visits, holidays and other school activities outside of the normal timetable are completed

- individual healthcare plans are prepared where appropriate and monitored

3 Notification that a pupil has a medical condition

- 3.1 Ordinarily, the pupil's parent/carer will notify the academy that their child has a medical condition. Parents/carers should ideally provide this information in writing addressed to the Headteacher. However, they may sometimes pass this information on to a class teacher or another member of staff. Any staff member receiving notification that a pupil has a medical condition should notify the Headteacher as soon as practicable.
- 3.2 A pupil themselves may disclose that they have a medical condition. The staff member to whom the disclosure is made should notify the Headteacher as soon as practicable.
- 3.3 Notification may also be received direct from the pupil's healthcare provider or from a school from which a child may be joining the academy. The academy may also instigate the procedure themselves where the pupil is returning to the academy after a long-term absence.

4 Procedure following notification that a pupil has a medical condition

- 4.1 Except in exceptional circumstances where the pupil does not wish their parent/carer to know about their medical condition, the pupil's parents/carers will be contacted by the Headteacher, or someone designated by them, as soon as practicable to discuss what, if any, arrangements need to be put into place to support the pupil. Every effort will be made to encourage the child to involve their parents while respecting their right to confidentiality.
- 4.2 Unless the medical condition is short-term and relatively straightforward (e.g. the pupil can manage the condition themselves without any support or monitoring), a meeting will normally be held to:
- discuss the pupil's medical support needs
 - identify a member of school staff who will provide support to the pupil where appropriate
 - determine whether an individual healthcare plan (IHP) is needed and, if so, what information it should contain
- 4.3 Where possible, the pupil will be enabled and encouraged to attend the meeting and speak on his/her own behalf, taking into account the pupil's age and understanding. Where this is not appropriate, the pupil will be given the opportunity to feed in his/her views by other means, such as setting their views out in writing.
- 4.4 The healthcare professional(s) with responsibility for the pupil may be invited to the meeting or be asked to prepare written evidence about the pupil's medical condition for consideration. Where possible, their advice will be sought on the need for, and the contents of, an IHP.
- 4.5 In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, the Headteacher will exercise his/ her professional judgement based on the available evidence to determine whether an IHP is needed and/or what support to provide.
- 4.6 For children joining the academy at the start of the school year any support arrangements will be made in time for the start of the school term where possible. In other cases, such as a new diagnosis or a child moving to the academy mid-term, every effort will be made to ensure that any support arrangements are put in place within two weeks.

- 4.7 In line with our safeguarding duties, the academy will ensure that pupil's health is not put at unnecessary risk from, for example, infectious diseases. The academy will not accept a pupil into the school at times where it will be detrimental to the health of that child or others.

5 Pupils with health needs who cannot attend school

- 5.1 Where a pupil cannot attend school because of health needs, unless it is evident at the outset that the pupil will be absent for 15 or more days, the academy will initially follow the usual process around attendance and mark the pupil as ill for the purposes of the register.
- 5.2 The academy will provide support to pupils who are absent from school because of illness for a period shorter than 15 days. This may include providing pupils with relevant information, curriculum materials and resources.
- 5.3 In accordance with the Department for Education's statutory guidance¹, where a pupil is unable to attend school for more than 15 days due to illness:
- (i) the local authority should be ready to take responsibility for arranging suitable full-time education for that pupil; and
 - (ii) the local authority should arrange for this provision to be in place as soon as it is clear that the absence will last for more than 15 days.

The academy will inform and work collaboratively with the local authority to support these responsibilities.

- 5.4 The academy will work collaboratively with the local authority, relevant medical professionals, relevant education provider, parents and, where appropriate, the pupil, to identify and meet the pupil's educational needs throughout the period of absence and to remain in touch with the pupil throughout.
- 5.5 When a pupil is considered well enough to return to full time education at the academy, the Headteacher or someone designated by them will develop a reintegration plan in partnership with the appropriate individuals/organisations.

6 Individual Healthcare Plans (IHP) – see Annex A

- 6.1 Where it is decided that an IHP should be developed for the pupil, this shall be developed in partnership between the academy, the pupil's parents/carers, the pupil and the relevant healthcare professional(s) who can best advise on the particular needs of the pupil. This may include the school nursing service. The local authority will also be asked to contribute where the pupil accesses home-to-school transport to ensure that the authority's own transport healthcare plans are consistent with the IHP.
- 6.2 The aim of the IHP is to capture the steps which the academy needs to take to help the pupil manage their condition and overcome any potential barriers to getting the most from their education. It will be developed with the pupil's best interests in mind. In preparing the IHP the academy will need to assess and manage the risk to the pupil's education, health and social well-being and minimise disruption.
- 6.3 IHP's may include:
- details of the medical condition, its triggers, signs, symptoms and treatments

¹ *Ensuring a good education for pupils who cannot attend school because of health needs (January 2013)*

- the pupil'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 their condition, dietary requirements and environmental issues e.g. crowded corridors or travel time between lessons
 - specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons or counselling sessions
 - the level of support needed (some children will be able to take responsibility for their own health needs), including in emergencies; if a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
 - who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional and cover arrangements for when they are unavailable
 - who in the academy needs to be aware of the pupil's condition and the support required
 - arrangements for written permission from parents/carers and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
 - separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
 - where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
 - what to do in an emergency, including whom to contact, and contingency arrangements; some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP
- 6.4 The IHP will also clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the academy should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil (regardless of whether they have an IHP) needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany a pupil taken to hospital by ambulance.
- 6.5 Except in exceptional circumstances, or where the healthcare provider deems that they are better placed to do so, the academy will take the lead in writing the plan and ensuring that it is finalised and implemented.
- 6.6 Where a pupil is returning to the academy following a period of hospital education or alternative provision (including home tuition), the academy will work with the local authority and education provider to ensure that the IHP identifies the support the pupil will need to reintegrate effectively.
- 6.7 Where the pupil has a special educational need identified in an Education Health and Care Plan (EHCP), the IHP will be linked to or become part of that EHCP.

7 Reviewing Individual Healthcare Plans (IHP)

- 7.1 Every IHP shall be reviewed at least annually. The Headteacher (or someone designated by them) shall, as soon as practicable, contact the pupil's parents/carers and the relevant healthcare provider to ascertain whether the current IHP is still needed or needs to be changed. If the academy receives notification that the pupil's needs have changed, a review of the IHP will be undertaken as soon as practicable.
- 7.2 Where practicable, staff who provide support to the pupil with the medical condition shall be included in any meetings where the pupil's condition is discussed.

8 Staff training

- 8.1 The Headteacher is responsible for:
- ensuring that all staff (including new staff) are aware of this policy for supporting pupils with medical conditions and understand their role in its implementation
 - working with relevant healthcare professionals and other external agencies to identify staff training requirements and commission training required
 - ensuring that there are sufficient numbers of trained staff available to implement the policy and deliver against all IHPs, including in contingency and emergency situations
- 8.2 In addition, all members of school staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- 8.3 The academy has in place appropriate levels of insurance regarding staff providing support to pupils with medical conditions, including the administration of medication. Copies of the academy's insurance policies can be made accessible to staff as required.

9 Administering medication

- 9.1 Written permission from parents/carers and the Headteacher is required for prescription or non-prescription medication to be administered by a member of staff or self-administered by the pupil during school hours. Medicines will only be administered at the academy when it would be detrimental to a pupil's health or school attendance not to do so. Where clinically possible, medicines should be administered in dose frequencies which enable them to be taken outside of school hours.
- 9.2 If a pupil requires medicines or medical devices, such as asthma inhalers, blood glucose testing meters or adrenaline pens, in school it is vital that the parent/carer advises the academy accordingly, so that the process for storing and administering medication can be properly discussed.
- 9.3 The academy will only accept medicines that are in-date, labelled, provided in the original container and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available inside an insulin pen or a pump, rather than its original container.
- 9.4 The medication must be accompanied by a complete written instruction form signed by the pupil's parent/carer. The academy will not make changes to dosages labelled on the medicine or device on parental instructions.
- 9.5 The pupil and staff supporting the pupil with their medical condition should know where their medicines are at all times and be able to access them when needed. The most

appropriate method for storing medicines and medical devices will be discussed with the pupil's parent/carer but the academy will ultimately decide the approach to be taken.

- 9.6 Wherever possible, pupils will be allowed to carry their own medicines and relevant devices or be able to access their medicines for self-medication quickly and easily. Where it is appropriate to do so, pupils will be encouraged to administer their own medication, under staff supervision if necessary. Staff administering medication should do so in accordance with the labelled instructions. Staff who volunteer to assist in the administration of medication will receive appropriate training and guidance before administering medication.
- 9.7 The academy will keep a record of all medicines administered to individual pupils, stating what, how and how much was administered, when and by whom. Any side effects of the medication will be noted.
- 9.8 If a pupil refuses to take their medication, staff will not force them to do so, and will inform the parent/carer of the refusal as a matter of urgency. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.
- 9.9 It is the parent/carers' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is within its expiry date.
- 9.10 It is the responsibility of parents/carers to notify the academy in writing if the pupil's need for medication has ceased. When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles.

10 Unacceptable practice

Although the Headteacher and other school staff should use their discretion and judge each case on its merits with reference to the pupil's IHP, it will not generally be acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every pupil with the same condition requires the same treatment
- ignore the views of the pupil or their parents/carers 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 IHP
- if the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents/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/carer should have to give up working because the academy is failing to support their child's medical needs; or

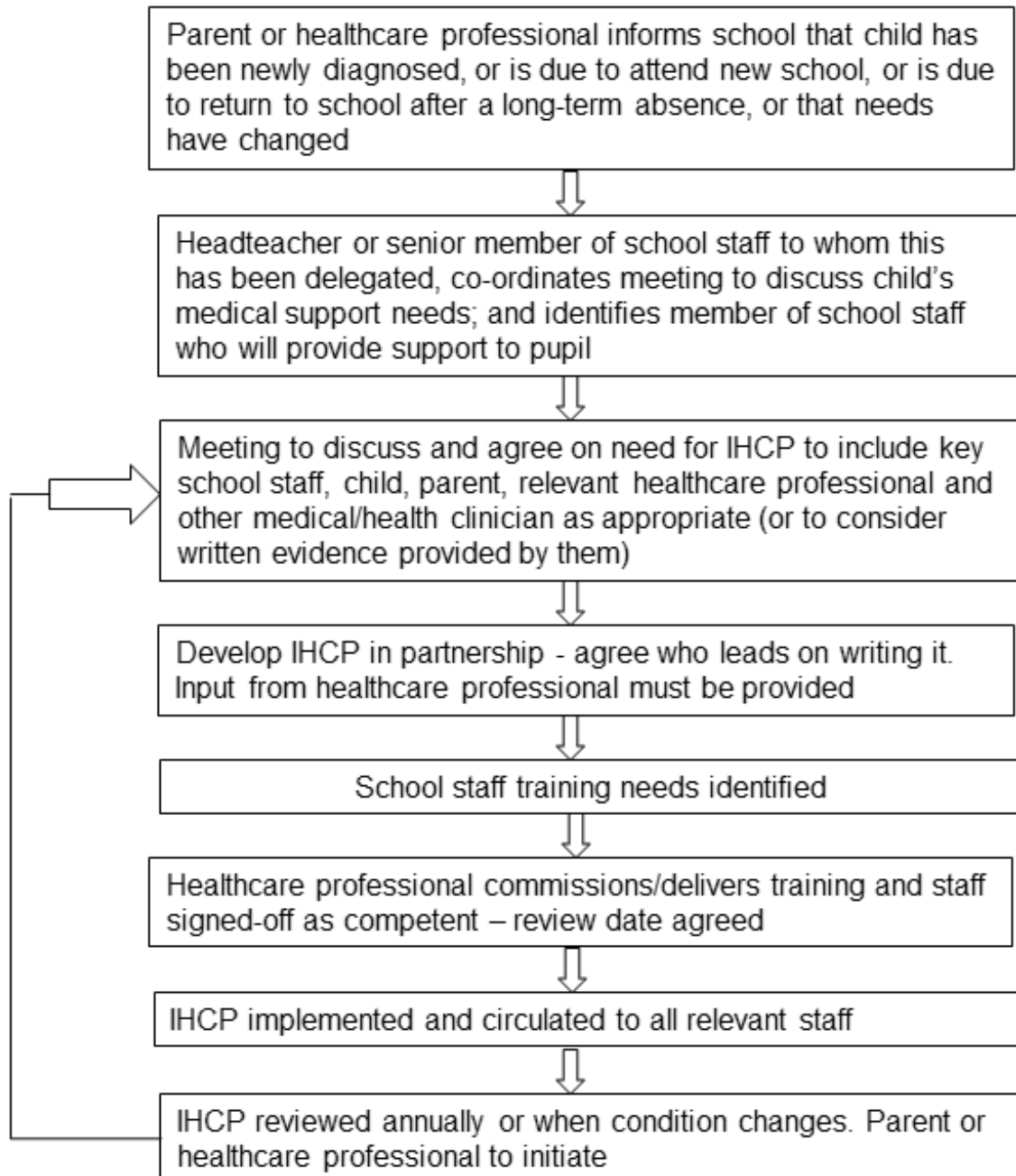
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child

11 Complaints

Complaints regarding this policy or the support provided to pupils with medical conditions should be raised under the academy's usual complaints procedure.

Annex 1 - Process for developing individual healthcare plans

(Supporting pupils at school with medical conditions)



Annex 2 - DfE templates

(Supporting pupils at school with medical conditions)



Department
for Education

Templates

Supporting pupils with medical conditions

May 2014

Introduction

In response to requests from stakeholders during discussions about the development of the statutory guidance for supporting pupils with medical conditions, we have prepared the following templates. They are provided as an aid to schools and their use is entirely voluntary. Schools are free to adapt them as they wish to meet local needs, to design their own templates or to use templates from another source.

Template A: individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

Name of school/setting
 Name of child
 Date medicine provided by parent
 Group/class/form
 Quantity received
 Name and strength of medicine
 Expiry date
 Quantity returned
 Dose and frequency of medicine

Staff signature _____

Signature of parent _____

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

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

C: Record of medicine administered to an individual child (Continued)

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Template E: staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

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

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

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

Yours sincerely

Annex 3 - Supporting pupils with medical conditions during COVID-19²

(Supporting pupils at school with medical conditions)

- Where individual pupils, for a limited duration, are unable to physically attend school but are able to continue learning, for example pupils who have tested positive for COVID-19, the school will provide remote education³.
- Some pupils with medical conditions may have been categorised as 'clinically extremely vulnerable' (CEV) during earlier stages of the COVID-19 pandemic, meaning that they have underlying health conditions which put them at increased risk of severe illness from COVID-19. There is no longer government guidance for people previously identified as CEV. The guidance now refers to people whose immune system means they are at higher risk of serious illness from COVID-19 despite vaccination⁴.
- Current government advice is that all children should continue to attend education settings unless they are one of the very small number of children under paediatric or other specialist care who have been advised by their clinician or other specialist not to attend.
- Where pupils who were previously categorised as CEV and/or are identified as being at higher risk of serious illness from COVID-19 attend school, the academy will support them to take extra care in observing the control measures outlined in our risk assessment and other measures advised by the government and medical professionals. A similar approach will be taken where a pupil lives with someone who was previously categorised as CEV and/or is identified as being at higher risk of serious illness from COVID-19.
- Where pupils who were previously categorised as CEV and/or are identified as being at higher risk of serious illness from COVID-19 need to remain at home in accordance with government and medical advice, the procedures in section 5 of this policy (Pupils with health needs who cannot attend school) will apply.
- In order to protect all pupils during COVID-19 and particularly those with medical conditions the academy will follow current government guidance to avoid direct and indirect transmission of the virus within school.

² This Annex reflects Government guidance in place as at 19 July 2022 and is intended to cover the stance taken by the academy towards pupils with medical conditions specifically in relation to COVID-19

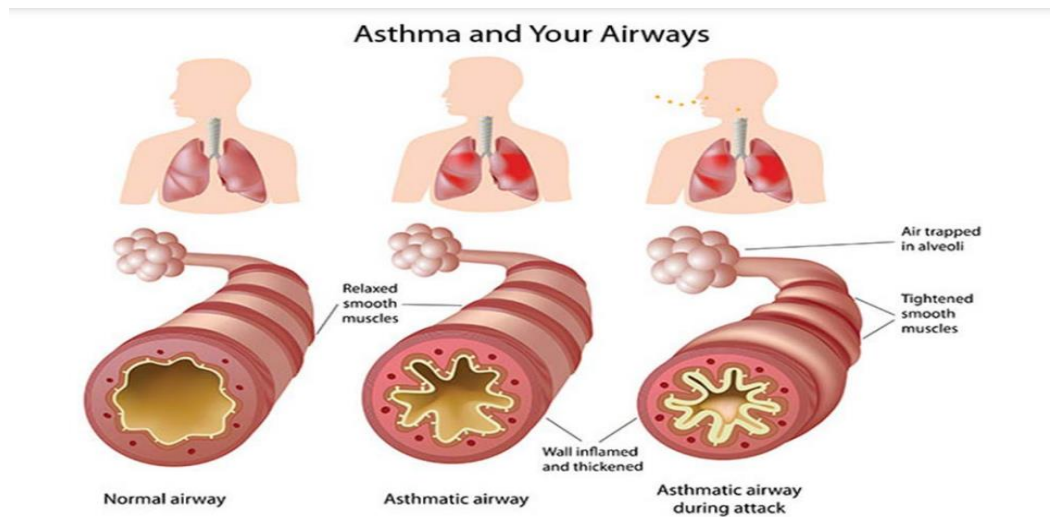
³ Guidance: Providing remote education: guidance for schools

⁴ Guidance: COVID-19: guidance for people whose immune system means they are at higher risk

Annex 4: Meeting the needs of children with Asthma

Background

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).



This appendix has been written with advice from the Department for Education, Asthma UK, the local education authority, local healthcare professionals, the school health service, parents/carers, the governing body and pupils. As an Academy, we recognise that asthma is a widespread, serious, but controllable condition. Shropshire Gateway Educational Trust welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- up-to-date asthma approach,
- an asthma lead,
- all pupils with immediate access to their reliever inhaler at all times,
- all pupils have an up-to-date asthma action plan,
- an emergency salbutamol inhaler
- ensure key staff have regular asthma training,
- promote asthma awareness pupils, parents and staff.

Asthma Register

We have an asthma register of children within each school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan,
- their reliever (salbutamol/terbutaline) inhaler in school,
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Asthma Lead

Each school in the Academy has an asthma lead who is responsible for managing the asthma register, updating the asthma policy, managing the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) and ensuring measures are in place so that children have immediate access to their inhalers.

Asthma medicines and inhalers

Immediate access to reliever medicines is essential. Pupils with asthma are encouraged to carry their reliever inhaler as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough (usually Key Stage 2). In Primary schools, the reliever inhalers of all children are kept in their classroom in a labelled container. For older pupils, pupils will be responsible for having their inhaler to hand at all times.

All inhalers should be in their original containers, showing the pupil's name, expiry date, and prescription and administration information along with a completed School Asthma Health Care Plan. School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique, or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training, and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

Record keeping

At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form. All parents/carers of children with asthma are consequently sent an Asthma Care Plan to complete (Annex 5) and return to the school. From this information, the school keeps an asthma register, which is available to all school staff. Parents/carers are reminded annually to update plans and check medicines are in date/ doses etc. It is parental responsibility to update the school of any changes which may taking during the year. In Primary Schools, a record is kept when a child uses their inhaler and frequent usage should be shared with parents.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and all PE teachers at the school are aware of which pupils have asthma from the school's asthma register. Pupils with asthma are encouraged to participate fully in all PE lessons. Teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with staff that each pupil's inhaler will be labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson, they will be encouraged to do so. Classroom teachers follow the same principles as described above for games and activities involving physical activity.

Out-of-hours sport

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented, and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs. Teachers, classroom teachers and out of hours school sport coaches are aware of the potential triggers for pupils with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

School Trips and Visits

All year groups make visits to a wide variety of places throughout the year in order to enhance learning. Pupils with asthma are always included in risk assessments for these visits and procedures are planned for to minimise risks to pupils with asthma. Inhalers are always taken on school trips for any child with asthma and these children are identified to the adults in charge.

School environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definitive no-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma.

Making the school asthma-friendly

The school ensures that all pupils understand asthma. Asthma can be included in the National Curriculum Key Stages 1 and 2 in science, design and technology, geography, history and PE. When a pupil is falling behind in lessons If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.

Asthma attacks

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the school follows the procedure outlined by Guidance for the Management of Asthma in Secondary and Primary Schools in Shropshire and Telford & Wrekin (March 2015, p.30).

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

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

If the child is showing these symptoms we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

*Appears exhausted

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

It goes on to explain that in the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Shake the inhaler and remove the cap
- Place the mouthpiece between the lips with a good seal, or place the mask securely over the nose and mouth
- Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.(1 puff to 5 breaths)

If there is no improvement, repeat these steps* up to a maximum of 10 puffs

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

Staff with Asthma

Any staff who suffer from Asthma should speak to the head teacher about their needs and any special provision required.

Equal Opportunities (see Equality Policy and Plans)

Equal opportunities is about ensuring that every member of the school community is regarded as being of equal worth and importance, irrespective of culture, race, gender, sexual orientation, gender identity, learning abilities, sensory or physical impairment, social class or lifestyle. This also applies to people with asthma; it is about recognising differences, meeting individual needs and taking positive action, so that everyone has equal access to the educational opportunities offered by the school; it is also about regularly monitoring that each child has the opportunity to achieve.

Annex 5 – example of an Asthma Health Plan

Asthma Health Care Plan

Child's name

Date of birth

Group/class/form

Child's address :
.....
.....

Date Asthma Diagnosed

Describe how the asthma affects your child including their typical symptoms and asthma 'triggers '

.....
.....

Describe their daily care requirements including the name of their asthma medicine(s), how often it is used and the dose (E.g. once or twice a day, just when they have asthma symptoms, before sport)

.....
.....

Describe what an asthma attack looks like for your child and the action to be taken if this occurs

.....
.....

Who is to be contacted in an emergency? Give three contact telephone numbers

.....
.....

Please note:

- **It is your responsibility to ensure that the school is keep informed about changes to your child's medicine, including how much they should take and when.**
- **It is also your responsibility to provide the school with medication that is clearly labelled and in date.**
- **It is your responsibility to ensure that your child's medication has not expired.**
- **It is your responsibility to ensure that your child has their 'relieving' medication with them in school (if they carry it themselves) and that it is clearly labelled with their name.**

I agree that a school inhaler can be used in an emergency, if available.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school/setting staff (or my son/daughter) administering medicine in accordance with the school/setting policy. I understand that I must notify the school/setting in writing of any change in dosage or frequency of medication or if medication is stopped.

Date: _____

Signature: _____

