



KING'S OAK PRIMARY SCHOOL

SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

July 2025

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Policy reviewed and approved by: Full Governing Body

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This policy links to our SEND Policy which is a statutory policy and is reviewed annually.

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment

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Mission Statement

We are committed to ensuring equality of opportunity for all pupils, staff and adults working in school, parents, carers and those using our facilities or receiving services from our school, in line with the Equality Act 2010. We aim to develop a culture of inclusion and diversity in which all those connected to our school feel proud of their identity and able to participate fully in school life. We encourage positive attitudes and interactions, mutual respect and a shared sense of belonging. We will tackle discrimination through the positive promotion of equality, creating an environment which champions respect for all. We believe that diversity is a strength, which should be respected and celebrated by all those who learn in, teach in and visit our school.

This policy is written in line with the requirements of:-

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE 2015
- 0-25 SEND Code of Practice, DfE 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE 2016
- Equalities Act 2010
- Schools Admissions Code, DfE 2014

This policy follows guidance in RBK School Medicines Policy and should be read in conjunction with the following school policies: SEND Policy, Safeguarding Policy, First Aid Policy, Educational Visits Policy, Single Equality Scheme and Complaints Policy. The Asthma Policy is incorporated into this policy (see Appendix B).

This policy was developed through consultation with parents/carers of pupils with medical conditions, representatives from the Governing Body, healthcare professionals, staff and parents/carers and will be reviewed annually. Consultation with stakeholders will take place every 3 years or earlier if legislation changes.

Definitions of Medical Conditions

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

Short-term - affecting their participation at school but likely to be resolved for example because they are on a course of medication or have a physical injury.

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/carers feel confident that the school will provide effective support for their children's medical condition and that pupils feel safe.

Some children with medical conditions may be considered disabled. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs or disabilities (SEND) and may have a statement or Education, Health

and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEND Policy; the individual healthcare plan (IHCP) will become part of the EHCP.

The statutory duty of the Governing Body

The Governing Body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The Governing Body of King's Oak Primary School fulfils this by:-

- o Ensuring that arrangements are in place to support pupils with medical conditions so that children with medical conditions can access and enjoy equal opportunities at school;
- o Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- o Ensuring that the arrangements give parents'/carers' and pupils' confidence in the school's ability to provide effective support for medical conditions, should show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. We will ensure that staff are properly trained to provide the support that pupils need;
- o Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school, because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;
- o Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;
- o Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents/carers and school staff (this policy);
- o Ensuring that the policy includes details on how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation (see section below on policy implementation);
- o Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition (see section below on procedure to be followed when notifications is received that a pupil has a medical condition);
- o Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions (see section below on individual healthcare plans);
- o Ensuring that the school policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and

by whom training will be commissioned and provided (see section below on staff training and support);

- o Ensuring that the school policy covers arrangements for children who are competent to manage their own health needs and medicines (see section below on the child's role in managing their own medical needs);
- o Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records (see section below on managing medicines on school premises);
- o Ensuring that the policy sets out what should happen in an emergency situation (see section below on emergency procedures);
- o Ensuring that the arrangements are clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities or clubs, and not prevent them from doing so (see section on day trips, residential trips, sporting activities and clubs);
- o Considering whether to
 - develop transport healthcare plans in conjunction with the LA for pupils with life-threatening conditions who use home-to-school transport
 - Purchase defibrillators and train staff in the use of these
 - Hold asthma inhalers and adrenaline auto-injectors (AAIs) for emergency use
- o Ensuring that the policy is explicit about what practice is not acceptable (see section on unacceptable practice);
- o Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk (see section on Liability and Indemnity);
- o Ensuring that the policy sets out how complaints may be made and will be handled concerning the support given to pupils with medical conditions (see section on complaints).

Policy implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Governing Body. The Governing Body has conferred the following functions of the implementation of this policy to the staff below; however, the Governing Body remains legally responsible and accountable for fulfilling our statutory duty.

The overall responsibility for the implementation of this policy is given to Ian Hutchings, Headteacher. The Headteacher is responsible for ensuring that:

- all staff are aware of this policy and understand their role in its implementation
- sufficient staff are suitably trained
- cover arrangements are in place in case of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training
- individual healthcare plans are drawn up

SENDCO is responsible for ensuring that:

- supply staff and new staff are briefed
- ensuring risk assessments for pupils with medical conditions are carried out for school visits and other school activities outside of the normal timetable
- monitoring individual healthcare plans
- in conjunction with parents/carers and SENDCO, drawing up, implementing and keeping under review the individual healthcare plan for each pupil and making sure relevant staff are aware of these plans

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a pupil has a medical condition

This covers notification prior to admission, procedures to cover transitional arrangements between schools or alternative providers and the process to be followed upon reintegration after a period of absence or when pupils' needs change.

We will make sure that no child with a medical condition is denied admission or prevented from attending our school because arrangements for supporting their medical condition have not been made. 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 will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

For children being admitted to King's Oak Primary School for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to King's Oak Primary School mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide effective support for medical conditions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities or clubs, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as necessary, unless evidence from a clinician such as a GP states that this is not possible.

We understand that we do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, we will make a judgement relating to what support to provide based on available

evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. These discussions will be led by the SENDCO and following these discussions an individual healthcare plan will be written, in conjunction with parent/carers, and put in place.

Individual healthcare plans

Individual healthcare plans will help to ensure that we effectively support pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases too, especially where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer will agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If a consensus cannot be reached, the Headteacher will make the final decision. A flow chart for identifying and agreeing the support a child needs and developing an individual healthcare plan is provided at Appendix A.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed as children with the same health condition may require very different support. Where a child has SEND but does not have a statement or EHCP, his/her special educational needs will be mentioned in the individual healthcare plan.

Individual healthcare plans (and their review) will be drawn up in partnership between the school, parents/carers and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate. The aim will be to capture the steps which should be taken to help manage their condition and overcome any potential barriers to getting the most from their education. Partners will agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with the school.

We will ensure that individual healthcare plans are reviewed at least annually or earlier if evidence is presented that the pupil's needs have changed. They will be developed and reviewed with the pupil's best interests in mind and will ensure that we assess and manage risks to the pupil's education, health and social wellbeing and minimise disruption. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Each individual healthcare plan will include the following information (see also template A):

- o The medical condition, its triggers, signs, symptoms and treatments;
- o 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, travel time between lessons;

- o Specific support for the pupil's educational, social and emotional needs - for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- o The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring/supervision;
- o Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- o Who in the school needs to be aware of the child's condition and the support required;
- o Arrangements for written permission from parents/carer and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- o Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate e.g. risk assessment;
- o Where confidentiality issues are raised by the parent/carer/child, the designated individual to be entrusted with information about the child's condition; and
- o 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 individual healthcare plan.

Roles and responsibilities

Please refer to the section on policy implementation for the functions that have been delegated to different, named members of staff.

In addition, we refer to the **School Health Team** for support with drawing up Individual Healthcare Plans, providing or commissioning specialist medical training, liaising with lead clinicians and advising or supporting in relation to pupils with medical conditions.

Other **healthcare professionals, including GPs and paediatricians** will notify the School Health Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams will provide support for and training to staff for children with particular conditions (e.g. asthma, diabetes, epilepsy).

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They will be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.

Parents/carers will be expected to provide the school with sufficient and up-to-date information about their child's medical needs. They may, in some cases, be the first to notify the school that their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action to which they have agreed, as part of its implementation e.g. provide medicines and equipment, and ensure that they or another nominated adult are contactable at all times.

Local authorities have a duty to promote co-operation between relevant partners with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation. The local authority will work with us to support pupils with medical conditions to attend full time. Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs, whether consecutive or cumulative across the year.

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

Clinical commissioning groups (CCGs) commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under Section 10 of the Children Act 2004 (as described above for local authorities).

Ofsted places a clear emphasis on meeting the needs of disabled children and pupils with SEND, and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

Staff training and support

A training log is maintained which includes training in first aid, paediatric first aid, outdoor first aid, diabetes, anaphylaxis, epilepsy and other specialist training received, as necessary. All staff who are required to provide support to pupils for medical conditions will be trained by healthcare professional qualified to do so. The training need will be identified by the healthcare professional during the development or review of the individual healthcare plan.

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. Training will ensure staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff will not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans). We recognise that a first aid certificate does not constitute appropriate training in supporting children with medical conditions.

Healthcare professionals, including the school nurse, will provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing the policy. The SENDCO will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents/carers will be asked for their views. They should provide specific advice, but should not be the sole trainer.

The child's role in managing his/her own medical needs

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible children will be allowed to carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored safely to ensure that the safeguarding of other children is not compromised. We also recognise that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force him/her to do so, but will follow the procedure agreed in the individual healthcare plan. Parents/carers will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

At King's Oak Primary School the following procedures will be followed:

- o Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so;
- o No child under 16 will be given prescription or non-prescription medicines without their parents'/carers' written consent (see template B). Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours;
- o We will only accept prescribed medicines (by a doctor or pharmacist), with written permission from a parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage.

- o All medicines (except asthma inhalers and adrenaline auto-injectors) will be stored safely in the medical room. Children will know where their medicines are at all times and be able to access them immediately with supervision.
- o Devices such as blood glucose testing meters will be always readily available in classrooms and not locked away; children will be supported/supervised as necessary.
- o Asthma inhalers and adrenaline auto-injectors are stored in classrooms and children will be supported/supervised as necessary. Please refer to appendix B – Asthma Policy.
- o The school holds emergency inhalers for use by children diagnosed with asthma; these are used to treat asthma attacks when the child's own inhaler has run out or the child does not have their inhaler at school and parents/carers cannot be contacted.
- o The school holds emergency adrenaline auto-injectors (infant and junior doses) for use in cases of undiagnosed severe allergies leading to anaphylaxis. These will only be used under medical supervision after calling 999. If staff trained in AAI are not available to administer the AAI, available staff will administer it under supervision.
- o During school trips the first aid trained member of staff will carry all medical devices and medicines required;
- o Controlled drugs that have been prescribed for a pupil will be securely stored in a non-portable container and only named staff will have access. Controlled drugs will be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in the school;
- o Staff administering medicines will do so in accordance with the prescriber's instructions. We will keep a record (on template C or in a child's personal record book) of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication administered at school will be noted. These records offer protection to staff and children and provide evidence that agreed procedures have been followed;
- o When no longer required, medicines will be returned to the parent/carer to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Emergency procedures

Ian Hutchings, Headteacher, will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an individual healthcare plan, this will 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 school will be trained what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff will stay with the child until the parent/carer arrives, or accompany a child taken to hospital by ambulance.

Day trips, residential visits, sporting activities and clubs

We will actively support pupils with medical conditions to participate in day trips, residential visits, sporting activities and clubs by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions can be included safely. This will involve consultation with parents/carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

Other issues for consideration

Where a pupil uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the pupil's individual healthcare plan with the Local Authority.

Unacceptable practice

Staff at King's Oak Primary School will use their discretion and judge each case on its merit with reference to the child's individual healthcare plan; we understand that it is not acceptable practice to:

- o Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- o Assume that every child with the same condition requires the same treatment;
- o Ignore the views of the child or their parents/carers; or ignore medical evidence or opinion (although this may be challenged);
- o 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;
- o Send children who are ill to the school office or medical room unaccompanied or with someone unsuitable such as visitors or parents/carers of other children;
- o Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- o Prevent pupils from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively;
- o 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. We recognise that no parent/carer should have to give up working because of their child's medical needs;
- o Prevent children from participating, or creating unnecessary barriers to children participating, in any aspect of school life including school trips e.g. by requiring parents/carers to accompany the child.

Liability and indemnity

Insurance is arranged annually by the Royal Borough of Kingston Upon Thames for all maintained schools in the Local Authority.

Medical assistance

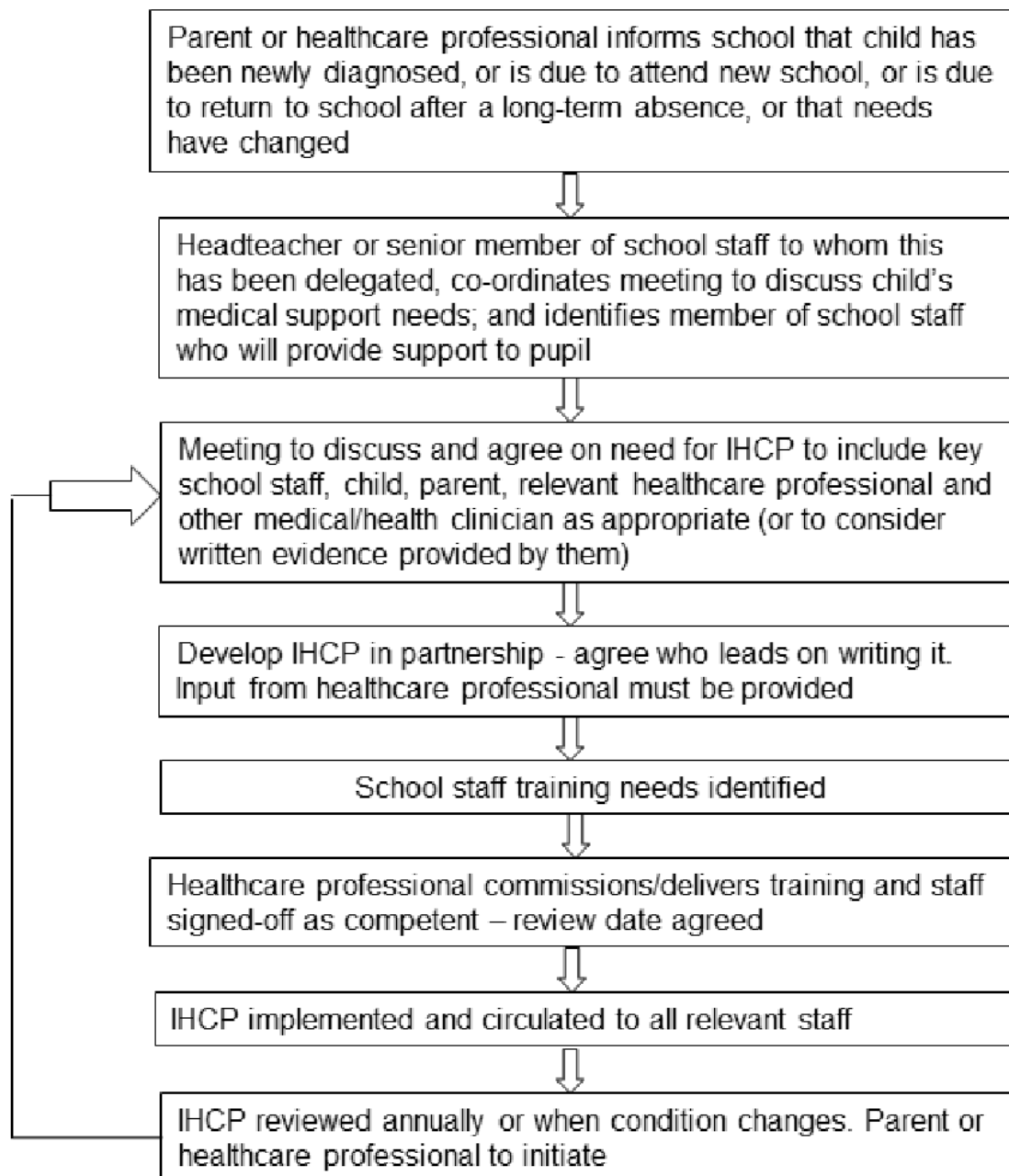
The scheme provides liability cover for injury or damage as a result of the provision of first aid/medication acting in the course of their employment, provided the following criteria have been adhered to:

- they are a designated first aider/authorised to administer medication and acting within their remit
- they have received full training by a qualified medical person, relevant to the first aid/medication being administered
- they have taken the necessary refresher training courses at the required intervals recommended by a qualified medical person
- they have used the protective equipment relevant for that purpose

Complaints

Should parents/carers be unhappy with any aspect of their child's care at our school, they must discuss their concerns with the school. This will be with the child's class teacher in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the Headteacher. In the unlikely event of this not resolving the issue, the parent/carer must make a formal complaint using the Complaints Procedure.

Appendix A: Model process for developing individual healthcare plans



Appendix B- Asthma Policy

Background

Our school recognises that asthma is a widespread, serious but controllable condition affecting many pupils. We positively welcome all pupils with asthma and encourage pupils with asthma to succeed in all aspects of school life by having a clear policy that is understood by staff (including adults working in school), pupils and the Governing Body. Supply teachers and new staff are made aware of the policy. This policy should be read in conjunction with the Supporting Pupils With Medical Needs Policy and Children With Health Needs Policy.

Record keeping

When a child joins our school, their parents/carers are required to complete an Admission Form and medical needs that are indicated on this by parents/carers will prompt a separate meeting to discuss a Individual Healthcare Plan. Each year, all parents/carers are asked to update the details we hold about their child via the Data Collection Form.

Parents/carers of children with asthma will be given an Asthma Plan (see Plan below and 'Policies' Drive for interactive version) to take to their child's asthma nurse or doctor so that this can be completed and returned to school. We ask that this is completed on an annual basis and when dosage or medication changes.

All medical needs are disseminated to school staff on a need to know basis.

Asthma medicines

Medication to treat the symptoms of asthma comes in the form of inhalers. Some children will have 'a preventer inhaler' (brown); these are children who have moderate to severe asthma. This type of inhaler is used daily to try to reduce the number of asthma attacks. All children will have a 'reliever inhaler' (blue). Reliever inhalers work by relaxing the muscles surrounding the airways, therefore, making breathing easier. Reliever inhalers are essential for treating children who have asthma during an attack.

Immediate access to reliever medicines is essential; pupils with asthma in KS2 are encouraged to carry their inhaler and in KS1, an adult is in charge of these. All inhalers are labelled with the child's name and kept in the classrooms unless carried by the pupil. School staff are not required to administer asthma medicines to pupils except in an emergency; however, staff at our school are willing to support children as necessary. School staff who agree to administer medicines are insured by the Local Authority when acting in agreement with this policy. All school staff will let pupils take their own medicines when they need to.

Exercise and activity – PE and games

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. Pupils with asthma are encouraged to participate fully in all PE lessons and/or out of school activities. If a pupil needs to use his/her inhaler during a lesson he/she will be encouraged to do so. Teachers follow the same principles as described above for other games and activities involving physical activity.

Out-of-School activities, trips and outings

We will consider asthma triggers when planning out-of-school activities and will ensure there is a member of staff trained in First Aid in attendance. Pupils who do not have their inhaler will be prevented from attending if parents/carers cannot be contacted.

School environment

Our school does all that it can to ensure the school environment is favourable to pupils with asthma. We have a definitive No-Smoking Policy. As far as possible, we do not use chemicals in lessons which are potential triggers for pupils with asthma.

If a pupil falls behind in lessons

If a pupil is missing a lot of time at school or is always tired because asthma is disturbing his/her 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 Educational Needs and Disabilities Coordinator about the pupil's needs. Our 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, our school follows the procedure outlined in Procedure A below.

Responsibilities

Governors will:

- seek to ensure the health and safety of all staff and anyone else on the premises or taking part in school activities (this includes pupils). This responsibility extends to those staff and others leading activities taking place off site, such as visits, outings or field trips;
- ensure that an appropriate Asthma Policy is in place;
- make sure the Asthma Policy is effectively monitored and regularly updated;
- provide indemnity for teachers who volunteer to administer medicine to pupils with asthma who need help.

The Headteacher will:

- plan an individually tailored School Asthma Policy with the help of school staff, school nurses, local education authority advice and the support of the Governing Body;

- plan the School's Asthma Policy in line with devolved national guidance;
- ensure good communication of the policy to everyone;
- ensure every aspect of the policy is maintained;
- assess the training and development needs of staff and arrange for them to be met;

School staff will:

- follow the School Asthma Policy;
- know which pupils with whom they come into contact, have asthma;
- know what to do in the event of an asthma attack;
- allow pupils with asthma immediate access to their reliever inhaler;
- tell parents/carers if their child has had an asthma attack;
- tell parents/carers if their child is using more reliever inhaler than they usually would;
- ensure pupils have their asthma medicines with them when they go on a school trip or out of the classroom;
- liaise with parents/carers, the school nurse and medical needs coordinator/SENDCo.
- Inform parents/carers if their child has had an asthma attack at school which did not result in needing to call 999 so that they can make an urgent same-day appointment with the child's GP or asthma nurse.

PE:

- Staff understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in an activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled;
- Staff ensure pupils have their reliever inhaler with them during activity or exercise and are allowed to take it when needed;
- If pupils have asthma symptoms while exercising, staff allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait at least five minutes);
- Staff remind pupils with asthma whose symptoms are triggered by exercise, to use their reliever inhaler immediately before warming up;
- Staff ensure pupils with asthma always warm up and down thoroughly.

Pupils will:

- treat other pupils with and without asthma equally;
- let any pupil having an asthma attack take his/her reliever inhaler (usually blue) and ensure a member of staff is called;
- tell their parents/carers, teacher or support staff when they are not feeling well;
- treat asthma medicines with respect;
- know how to gain access to their medicine in an emergency;
- know how to take their own asthma medicines.

Parents/carers will:

- ensure school has the correct labelled and in-date inhaler;
- ensure their child's reliever inhaler (and spacer where relevant) is labelled with their name;
- inform school of any medicines the child requires while taking part in visits, outings or field trips and other out-of-school activities such as school team sports;
- inform school of any changes to their child's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma);
- ensure their child has regular asthma reviews with their doctor or asthma nurse (every six to 12 months)

Procedure A

Procedure for treatment to be given during an asthma attack

- Never leave a pupil having an asthma attack;
- In an emergency situation school staff are required under common law, duty of care, to act like any reasonably prudent parent;

Signs that a child is having an asthma attack:

- Their reliever inhaler (usually blue) isn't helping or they need it more than every four hours, or
- They cannot talk or walk easily, or
- They are finding it hard to breathe, or
- They are coughing or wheezing a lot, or
- Their chest is tight or hurts (young children may express this as tummy pain)
- They appear exhausted
- They have a blue/white tinge around their lips

What to do:

- Call for help
- Help them to sit up – don't let them lie down. Try to be calm
- Help them take a puff of their reliever inhaler (usually blue), with their spacer, if they have it every 30 to 60 seconds up to a total of 10 puffs
- If they don't have their blue inhaler, it's not helping or if you are worried at any time, call 999 straightaway. The emergency inhaler can be used under 999 direction.
- Ask someone to call the parents
- While you wait for an ambulance, your child can use their blue reliever again, every 30 to 60 seconds (up to 10 puffs) if they need to.
- A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.
- If the child goes to A&E, remember to take their written asthma plan with you – either as a photo on your phone or a paper copy.

If you don't need to call 999 because the child's asthma symptoms improved after they used their blue inhaler, parents/carers need to be informed to make an urgent same-day appointment with the child's GP or asthma nurse.

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: parent/carer 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	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
Group/class/form					
Medical condition or illness					
Medicine					
Name/type of medicine <i>(as described on the container)</i>					
Expiry date	<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>				
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 D: 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 – King’s Oak Primary School, Dickerage Lane, New Malden
4. state what the postcode is – KT3 3RZ
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



My Asthma Plan

1 My usual asthma medicines

• My preventer inhaler is called _____
_____ and its colour is _____

• I take _____ puff/s of my preventer inhaler in the morning and _____ puff/s at night. I do this every day even if I feel well.

• Other asthma medicines I take every day:

• My reliever inhaler is called _____
_____ and its colour is _____

I take _____ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.

• My best peak flow is _____

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.



2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than _____, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take _____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better



URGENT! "If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take emergency action now (see section 3)"



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, i'll check with my doctor or nurse if it would help me)

Other things to do if my asthma is getting worse

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than _____

If I have an asthma attack, I will:



Call for help



Sit up – don't lie down. Try to be calm.



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



If I don't have my blue inhaler, or it's not helping, I need to call 999 straightaway.



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

Even if I start to feel better, I don't want this to happen again, so I need to see my doctor or asthma nurse today.

