



Supporting Pupils with Medical Conditions Policy



Policy Details

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities
- Those with medical conditions are not limited by their condition, and have equal opportunities to learn and work in a safe and healthy environment.

The Trust Board will implement this policy by:

- Ensure sufficient staff are suitably trained
- Raise awareness of pupil's condition, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Angela Ransby.

2. Legislation and Statutory Responsibilities

This policy meets the requirements under **Section 100 of the Children and Families Act 2014**, which places a duty on Trust Boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance: [Supporting pupils at school with medical conditions](#) and [Arranging education for children who cannot attend school because of health needs](#)

This policy also complies with our funding agreement and articles of association.

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3. Roles and Responsibilities

3.1 The Trust Board

The Trust Board has ultimate responsibility to make arrangements to support pupils with medical conditions. The Trust Board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The Head Teacher

The Head Teacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in an appropriate manner.
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Medical Lead

Each Raedwald Trust site will have a named member of staff who will be the Medical Lead. The Medical Lead will be responsible for:

- Maintaining a list of all pupils who have Medical Needs/IHPs
- Writing and reviewing IHPs and Risk Assessments (as delegated by Head Teacher)
- Uploading medical needs information to Schoolpod
- Ensuring the systems in place for storing and recording medicines are robust and adhered to
- Reporting to Trustees on medical needs
- Having a good understanding of the policies, protocols and legislation around supporting children with medical needs
- Undertaking advanced training for common and more complex medical conditions as required
- Raising awareness and supporting staff with the knowledge of how to support children with medical needs in their classes

3.4 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person; any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.5 Parents

Parents will:

- Provide the school with sufficient and valid information about their child's medical needs.
- Be involved in the development and review of their child's IHP and may be involved in its drafting.
- Carry out any action they have agreed to as part of the implementation of the IHP e.g. provide medicines and equipment.
- Discuss with the School where they may feel that changes should be made to the provision of care offered.

3.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.7 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible.

Healthcare professionals, such as GPs and paediatricians, will liaise with the schools nurses and notify them of any pupils identified as having a medical condition.

4. Equal Opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

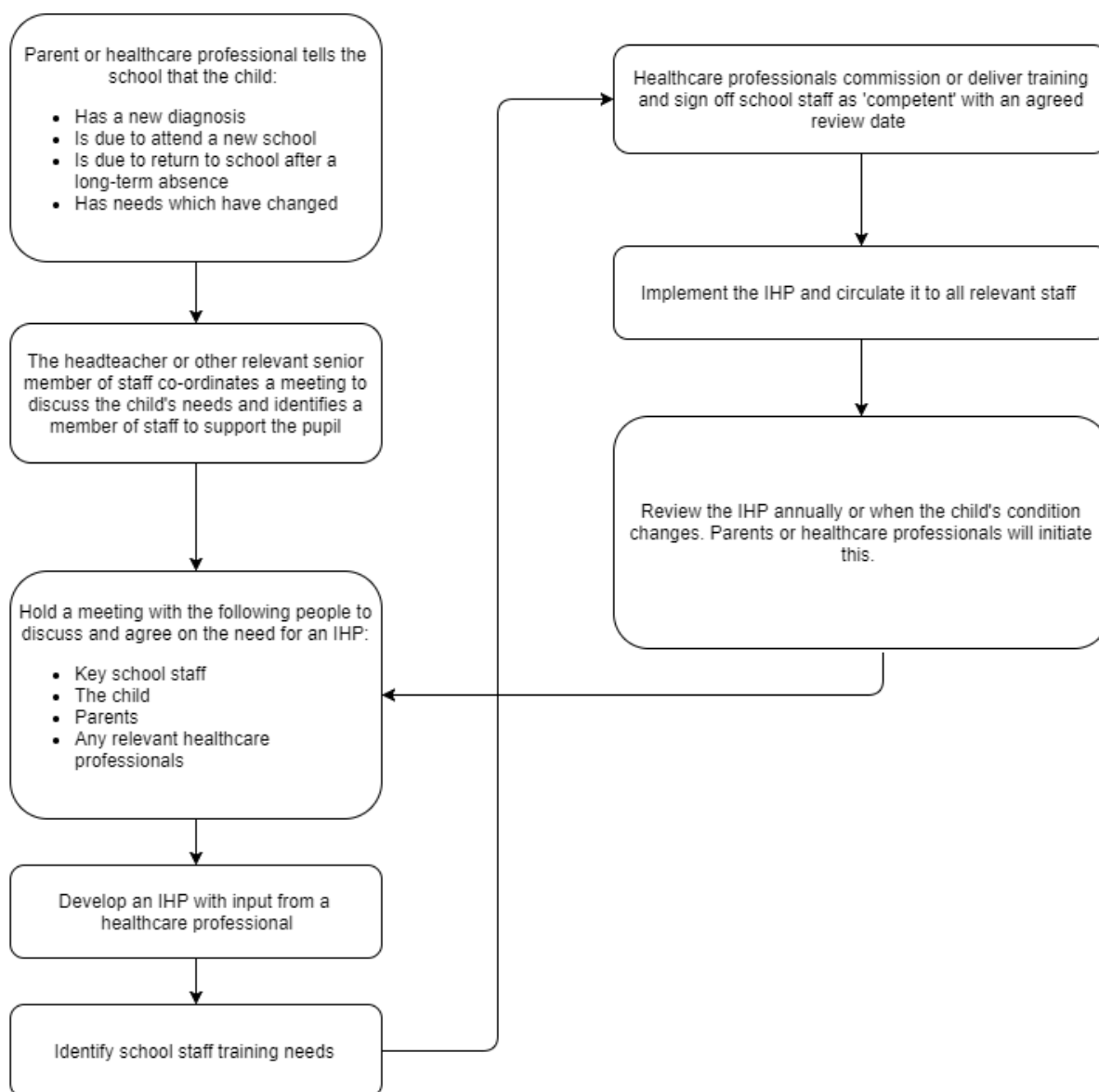
The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.



6. Individual healthcare plans

The Head Teacher has overall responsibility for the development of IHPs for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Head Teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. See Appendix 7: Model IHP Invitation Letter.

IHPs will be linked to, or become part of, any statement of special educational needs (SEN) or education, health
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and care (EHC) plan. If a pupil has SEN but does not have a statement or EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Trust Board and the Head Teacher, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- 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
- 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
- The level of support needed, 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 school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the Head Teacher 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 who to contact, and contingency arrangements

7. Managing Medicines

Prescription (and non-prescription) medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents' written consent (see Appendix 3: Parental Agreement for Setting to Administer Medicines)
- If the medicine has been prescribed for use by the child by a medical professional

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

See Appendix 8: Protocol for Administering Medicines – Checklist for Staff.

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able

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to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required. See Appendix 10: Record of Medicines Received and Returned.

7.1 Controlled drugs

Controlled drugs are prescription medicines that are controlled under the **Misuse of Drugs Regulations 2001** and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils 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
- Ignore medical evidence or opinion (although this may be challenged)
- Send children 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 IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency Procedures

The Medical Emergency Procedure (appendix 10) will be available by all phones across all RT sites. Staff will follow these procedures in the event of an emergency.

All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

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

9. Training

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Every Raedwald Trust site has a Medical Lead who receives relevant training in First Aid and further training on Administering Medicines in Schools; Epilepsy; Asthma; Anaphylaxis as well as Mental Health First Aid.

Staff who are responsible for supporting pupils with specific medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

A record of staff who have received specialist medical training will be completed. See Appendix 6: Record of Staff Medical Training.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head Teacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

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

10. Record Keeping

The Trust Board will ensure that written records are kept of all medicine administered to pupils. See recording templates Appendix 4: Administering Medicines to an Individual Child and Appendix 5: Recording Template Administering Medicines to all Children e.g. vaccinations.

Records will be securely stored on the medicine tab on School Pod/Compass.

Parents will be informed if their pupil has been unwell at school.

IHPs and supporting documents/information will be stored on individual pupil's RT Medical Tab on MIS and all staff are to be made aware.

11. Liability and Indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

12. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head Teacher in the first instance. If the Head Teacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring Arrangements

This policy will be reviewed and approved by the Trust Board every year.

14. Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Complaints Procedure
- Equality, Diversity & Inclusion Policy
- Health and Safety Policy
- Safeguarding & Child Protection Policy
- Special Educational Needs Information Reports & Policy

Appendix 1 – IHP Template

Child's name

--

Tutor group

--

Date of birth

--

Child's address

--

Medical diagnosis or condition

--

Date

--

Review date

--

Family Contact Information

Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

Email

--

Name

--

Relationship to child

--

Phone no. (work)

--

(home)

--

(mobile)

--

Email

--

Clinic/Hospital Contact

Name

--

Phone no.

--

Email

--

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

Risk Assessment attached? Yes / No

Appendix 2 – Risk Assessment Template

This is the [INSERT SCHOOL NAME] risk assessment and is provided for guidance only. It must be adapted by the home school for their use. The context and environment in school may present different risks that need to be addressed.

Child's Name:				DOB:	
School:				Keyworker:	
Brief description of diagnosis/difficulties/reason for accessing Ipswich Hospital School:					
Information available to inform risk assessment: e.g multiple sources, parents, CAMHS, Individual, teacher.					
Risk (Please enter all relevant risk issues under the headings below.)	Low (0-1)	Medium (2-3)	High (4-5)	Description of risk (Please use Risk Assessment Information and Scoring Sheet for assistance if required)	Recommended Measures taken to prevent or reduce risk / Risk management Plans. (you may cross reference with any part of the referral form or attachments) (To include specific details/useful information which help the individual to cope and or help the professional to assist in improving engagement in teaching and learning sessions; Clear actions and responsibility stated)
Risk to Self:					
Risk to others:					
Vulnerability e.g At risk from others, Neglect, Child protection					
Risk within the Environment (include where relevant e.g home, hub)					

Plans for positive risk taking:
(e.g. N/A, or Please use Risk Assessment Information Guide and Scoring Sheet for assistance if required)

Any Incidents while at IHS – Date//brief description below.

Network of Support (e.g. other professionals involved, carer, CAMHS Worker)

Name:	Role:	Contact details:

Signature of assessor: [enter name if electronic]

Data Protection Act. This information is being collected for the purpose of determining the educational needs of the named pupil, but may also be shared with other relevant professionals to inform their work. The information collected may also be used for the wider purpose of providing anonymised statistical data to assist with monitoring of provision and/or determining areas of need in order to target future resources.

Appendix 3 – 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

GP Contact Details	
Signature of Healthcare Professional (if required)	

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 _____

Appendix 4 – 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:	Staff sign:	Child sign:	Witness sign:

Appendix 5 – Record of Medicine Administered to all Children

Name of school/setting

Date	Child's Name	Time	Name of medicine	Dose Given	Any reactions	Signature	Print Name

Appendix 6 – Staff Training Record, Administration of Medicine

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 _____

Appendix 7 – Model letter inviting parents to contribute to individual health care 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

Appendix 8 – Protocol for Administering Medicines, Checklist for Staff

Protocol for the administration of medicine

- Check name on medication (never give medication to anyone other than the person named on the prescription)
- Check dosage method and timings
- Check expiry date
- Check medicine is in its original container and clearly labelled (do not accept medication that has been decanted into another container)
- Check details on possible side effects are included with medication (usually a leaflet)
- Check storage requirements (refrigeration)
- Follow any specialist requirements/other instructions e.g. take on an empty stomach, do not crush tablets etc. If applicable consult individual health care plan. In addition if administering non-prescription paracetamol follow WSCC protocol
- Keep records of administration – parental consent template B and admin of medicines template C & D
- If giving a controlled drug ensure administration is witnessed and signed by witness on template B.

Before administering medication

Check you are giving the:

- RIGHT MEDICATION to the RIGHT CHILD
- Medication is the RIGHT STRENGTH
- You are giving the RIGHT DOSE
- You are administering via the RIGHT ROUTE (i.e. oral, apply to skin etc.) and are following any specific instructions i.e. take with food
- You are administering at the RIGHT TIME of day – with the correct interval between doses
- And the medication is IN DATE

Appendix 9 – Medical Emergency Procedures

Medical Emergency Procedures

PLEASE PUT A COPY OF THIS FORM BY ALL SCHOOL PHONES.

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.

Your telephone number	
Your name	
Your location – school / setting address	
State the postcode <i>(please note that postcodes for satellite navigation systems may differ from the postal code)</i>	
Provide the exact location of the patient within the school setting	
Provide the name of the patient and a brief description of their symptoms	
Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient	

Appendix 11 – Asthma Procedure

1. Introduction

Raedwald Trust is an inclusive community that aims to support and welcome pupils with asthma. We ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to children with asthma.

Raedwald Academy's asthma procedure is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings. We ensure all staff understand their duty of care to children and young people in the event of an emergency. All staff feel confident in knowing what to do in an emergency. All new school staff receive asthma awareness training.

Raedwald Trust has clear guidance on the administration and storage of medicines at school. We have clear guidance about record keeping. Each member of the Trust and health community know their roles and responsibilities in maintaining and implementing an effective medical condition policy. The asthma policy is regularly reviewed, evaluated and updated. Updates occur every year.

2. Guidelines

Raedwald Trust is an inclusive community that aims to support and welcome children with asthma.

- Every Asthmatic child should have an inhaler in school at all times – one reliever inhaler for daily use, stored in the class
- Children with asthma are encouraged to take control of their condition
- Children feel confident in the support they receive from the school to help them do this
- Children with asthma are included in all school activities
- All staff feel confident in knowing what to do in an emergency
- The Trust asthma procedure is understood and supported by the whole Trust
- All inhalers are kept in a box or rucksack in each class
- If the class goes out, the inhalers must be taken in a rucksack
- All inhaler boxes/bags will be taken out in the event of a fire alarm
- All inhaler boxes/bags must be taken on all trips – including Swimming
- Emergency inhaler also available in the school office

We ensure that the whole school environment, which includes physical, social, sporting and educational activities, is inclusive and favourable to children with asthma.

Raedwald Trust ensures all staff understand that pupils with asthma should not be forced to take part in activity if they feel unwell.

We ensure all staff are aware of the potential triggers for pupil's asthma when exercising and are aware of ways to minimise these triggers.

Raedwald Trust ensures all children have the appropriate medicines with them during physical activity and that children take them when needed.

Risk assessments are carried out for any out of school visits and activities and asthma is always considered during this process. Factors considered include how routine and emergency medicines will be stored and administered and where help could be obtained in an emergency.

There may be additional medicines, equipment or factors to consider when planning residential visits. These may be in addition to any medicines, facilities and healthcare plans that are normally available in school.

All staff understand asthma and posters are visible in each room outlining procedures in the event of an asthma emergency.

Staff at Raedwald Trust understand their duty of care to children in the event of an emergency.

In an emergency situation, school staff are required under common law duty of care, to act like any reasonably prudent parent. This may include administering medicines.

Raedwald Trust uses Health Care Plans to inform the appropriate staff of children in their care who may need emergency help.

If a pupil needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent arrives. The school tries to ensure that the staff member will be one the pupil knows.

From 1st October 2014 the Human Medicines Regulations 2014 will allow schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can only be used if the pupil's inhaler is not available.

TO AVOID POSSIBLE RISK OF CROSS INFECTION THE PLASTIC SPACER IS NOT TO BE RE-USED AND MUST BE SENT HOME WITH THE CHILD (FOR FUTURE PERSONAL USE)

3. Staff Responsibilities:

- A named member of staff ensures Inhalers are checked termly and parents notified if expiry date is within a term
- Inhalers sent home ideally termly or at least once per year for parents to check
- Replacement spacers are cleaned after use
- Empty/out of date inhalers are returned to parents
- School office to re-order emergency inhaler when required
- Staff must record usage in the inhaler usage logbook (kept with emergency inhaler)

- Parents must be notified when a child has used their inhaler, (if the school's emergency inhaler has been used, investigate why it was needed instead of child's own and follow up.)

4. School Asthma Card

If a child is identified as having asthma, parents are asked to fill out the pupil's school Asthma Card. (Appendix 12) Parents then return these completed forms to the school. Parents may need to liaise with their child's health care professionals to complete the form. Raedwald Trust ensures that a relevant member of school staff is available, if required to help complete the health care plan for children with particularly complex healthcare needs. It may be necessary to consider an Individual Healthcare Plan for pupils whose asthma is not well managed.

5. Other record keeping

The parents at Raedwald Trust have a responsibility to:

- Tell the school if their child has asthma
- Ensure the school has a complete and up-to-date school asthma card for their child
- Inform the school about the medicines their child requires during school hours
- Inform the 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
- Tell the school about any changes to their child's medicines, what they take and how much
- Inform the school of any changes to their child's condition
- Ensure their medicines and medical devices are labelled with their full name
- Ensure that their child's medicines are within their expiry dates
- Keep their child at home if they are not well enough to attend school

-
- Ensure their child catches up on any school work they have missed
 - Ensure their child has regular reviews with their doctor or specialist healthcare professional
 - Ensure their child has a written self-management plan from their doctor or specialist healthcare professional to help them manage their child's condition

All staff at Raedwald Trust have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of asthma and know what to do in an emergency
- Understand the Trust's asthma policy
- Know which children have asthma and be familiar with the content of their individual health plan and/or asthma cards
- Allow all children to have immediate access to their emergency medicines
- Maintain effective communication with parents including informing them if their child has been unwell at school
- Ensure children who carry their medicines with them, have them when they go on a school trip or out of the classroom
- Be aware that long term conditions can affect a pupil's learning and provide extra help when children need it
- Be aware of children with asthma who may need extra social support
- Liaise with parents, the child's healthcare professionals, special educational needs coordinator and welfare officers if a child is falling behind with their work because of their condition
- Use opportunities such as PSHE to raise pupil awareness about asthma
- Understand asthma and the impact it can have on children. (Children should not be forced to take part in activity if they feel unwell)
- Ensure all children with asthma are not excluded from activities they wish to take part in
- Ensure children have the appropriate medicines with them during activity or exercise and are allowed to take it when needed

Appendix 12 – Asthma Card Template

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature
<input type="text"/>	<input type="text"/>

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/carer's signature Date

What signs can indicate that your child is having an asthma attack?

Does your child tell you when he/she needs medicine?

Yes No

Does your child need help taking his/her asthma medicines?

Yes No

What are your child's triggers (things that make their asthma worse)?

Pollen Stress

Exercise Weather

Cold/flu Air pollution

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes No

If yes please describe

Medicine	How much and when taken
<input type="text"/>	<input type="text"/>

Dates card checked

Date	Name	Job title	Signature / Stamp
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

To be completed by the GP practice

What to do if a child is having an asthma attack

- Help them sit up straight and keep calm.
- Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
- Call 999 for an ambulance if:
 - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
 - they don't feel better after 10 puffs
 - you're worried at any time.
- You can repeat step 2 if the ambulance is taking longer than 15 minutes.



Any asthma questions?

Call our friendly helpline nurses

0300 222 5800

(Monday-Friday, 9am-5pm)

www.asthma.org.uk

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