



Bowling Park Primary School

Policy / Procedure:	Supporting Pupils with Medical Conditions Policy (including: Asthma Policy)
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Date of governing body approval:	February 2026
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This policy has been written alongside our Safeguarding & Child Protection Policy which states the following - At Bowling Park Primary School, there is nothing more important to us than the physical, emotional, and spiritual welfare of our pupils. The school recognises its legal and moral duty to promote the well-being of children, protect them from harm, and respond to child abuse.

We believe that every child regardless of age has at all times and in all situations a right to feel safe and protected from any situation or practice that results in a child being physically, psychologically, or spiritually damaged.

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1. Statement of intent

1.1. Bowling Park Primary School is committed to ensuring arrangements are in place to support pupils with medical needs. The aim of this policy is to ensure that all pupils with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education (including school trips and physical education) and achieve their academic potential.

1.2. Bowling Park Primary School believes it is important that parents/carers of pupils with medical needs feel confident that the school provides effective support for their child's medical condition, and that pupils feel safe in the school environment. We are committed to ensuring parents and pupils are supported with a range of medical conditions including long-term complex medical conditions which may require on-going support. Complex medical conditions can be life threatening and they can have a significant impact on a pupil's ability to learn.

1.3. It is important that schools minimise the educational impact and the social and emotional implications associated with medical conditions. Pupils may be self-conscious about their condition/s, and we need to be vigilant to ensure that they are not bullied or that they develop emotional disorders such as anxiety and depression around their medical condition.

1.4. Long-term absences because of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

1.5. To ensure that the needs of our pupils with medical conditions are fully understood and effectively supported, we work closely with the NHS, and consult with health and social care professionals, pupils and their parents/carers.

2. Legislative framework

2.1. This policy has due regard to legislation including, but not limited to:

- The Children and Families Act 2014
- The Education Act 2002
- The Education Act 1996 (as amended)
- The Children Act 1989
- The NHS Act 2006
- The Equality Act 2010
- The Health and Safety at Work etc. Act 1974
- The Misuse of Drugs Act 1971
- The Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014

2.2. This policy also has due regard to the following guidance:

- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2000) 'First aid in schools'
- Ofsted (2022) 'The education inspection framework: maintained schools, academies, non-association independent schools, further education and skills provision and registered early years settings in England'
- Keeping Children Safe in Education 2025

2.3. This policy also has due regard to the following policies:

- Care and Control Policy
- Child Protection and Safeguarding policy
- Equality and Diversity Policy
- First Aid policy
- SEND Policy

3. Roles and Responsibilities

3.1. The Governing Board

- Is legally responsible for fulfilling its statutory duties under legislation
- Ensures that arrangements are in place to support pupils with medical conditions
- Ensures that pupils with medical conditions can access and enjoy the same opportunities as any other child at the school
- Ensures that no prospective pupil is denied admission to the school because arrangements for their medical condition have not been made
- Ensures that pupils' health is not put at unnecessary risk. As a result, it holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease
- Ensures that policies, plans, procedures and systems are properly and effectively implemented

4.2. The Headteacher:

- Holds overall responsibility for policy implementation
- Ensures that this policy is effectively implemented with partners
- Works with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education
- Ensures that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively
- Ensures that the focus is on the needs of each pupil and what support is required to support their individual needs
- Instils confidence in parents/carers and pupils in the school's ability to provide effective support
- Ensures that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed
- Ensures that all staff are aware of this policy and understand their role in its implementation
- Ensures that a sufficient number of staff are trained and available to implement this policy and deliver against all **Individual Healthcare Plan (IHP)**, including in emergency situations
- Considers recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported
- Has overall responsibility for the development of IHP plans
- Ensures that staff are appropriately insured and aware of the insurance arrangements

3.2. Parents/carers:

- Will notify the school if their child has a medical condition
- Provide consent for medication to be administered in school (**See Appendix 3**)
- Provide the school with sufficient and up-to-date information about their child's medical needs, including from a medical professional where required.
- Are involved in the development and review of their child's IHP plan
- Carry out any agreed actions contained in the IHP plan
- Ensure that they, or another nominated adult, are contactable at all times

3.3. The SENDCo:

- Will take a lead on ensuring pupils with medical and health condition are supported in school.
- Liaise with 0-19 School Nursing Service, Special School Nursing Service and CAMHS: signposting schools to external agency advice and support for pupils with anxiety, emotional and mental health issues
- Will notify the Headteacher or Deputy Headteacher when the school is consulted to admit new pupils with complex medical needs
- Ensure the reviews of IHP plans take place annually, and ensure pupils (where appropriate) and parent voices are captured as part of this process.
- Review and evaluate the risk assessment of children with complex medical needs and offer advice on strategies and systems to mitigate risks and promote inclusion
- Liaise with external health and social care services, with or on behalf of schools, to support assessment and the provision of high-quality care.
- Offer advice regarding training needs of staff, both within a school setting and across the trust, whilst liaising with the Deputy Headteacher to ensure all training is provided.
- Offer advice and support the reintegration into school of pupils following a period of absence in hospital or due to a complex medical need
- Attend relevant meetings where appropriate to the case and care of the child
- Liaise with school catering staff and Teachers to ensure they are aware of all pupils with allergies, and ensure plans are sufficiently in place to manage any adapted dietary requirements.

3.4. Pupils:

At a level of involvement appropriate to each child's age / stage of development, pupils:

- Are involved in discussions about their medical support needs
- Contribute to the development of their IHP plan wherever appropriate

3.5. School staff:

- May be asked to provide support to pupils with medical conditions, including the administering of medicines, but are not required to do so. This includes managing any plans or risk assessment related to pupil allergies.
- Consider the needs of pupils with medical conditions in their lessons
- Receive sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions
- Know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help, following that child's individual health care plan
- **Must not accept medication and/or documentation from parents. Parents are expected to pass this on with immediate effect to the school office. For example, staff must not take receipt of medication at classroom doors.**

4. The Role of the Deputy Headteacher

4.1. In liaison with the SENDCo, the Deputy Headteacher will ensure that the medical needs register is up to date. They will have an overview of the pupils' health needs and will co-ordinate their care and their IHPs in partnership with the SENDCOs.

4.2. The Deputy Headteacher will keep training records up-to-date and facilitate training for staff annually and specifically for pupils with more complex needs.

4.3. The Deputy Headteacher will oversee and co-ordinate the safe storage of medicines and will have oversight of records, liaising with administrators to ensure that pupil records are kept up to date.

4.4. The Deputy Headteacher will advise on safeguarding issues relating to children with complex medical needs

4.5. The Deputy Headteacher will advise on the safe storage and administration of medicines

5. Admissions

5.1. No child is denied admission to the school or prevented from taking up a school place because arrangements for their medical condition have not been made.

5.2. A child may only be refused admission if it would be detrimental to the health of the child to admit them into the school setting.

6. Procedures Upon Admission of a Pupil with Medical Needs

6.1. When school is notified a pupil has a medical condition the SENCO will be made aware without delay. The SENCO will contact the family to find out more about the condition and how it may impact upon the pupil educationally, socially and emotionally.

6.2. For pupils with complex needs, the SENCO will liaise with relevant health care professionals to obtain a full picture of the pupil's needs, barriers and to identify support that school can put in place.

6.3. If the pupil does not already have an Individual Healthcare Plan (IHP), the school will create one, with support from NHS partners where available. This is for those pupils who have a long term and complex medical condition, a medical condition which fluctuates, a medical condition which is recurring or there is a high risk that emergency intervention will be required. Not all pupils with a medical condition will require an IHP. It will be agreed with the Deputy Headteacher/Headteacher and the parents.

7. Staff training and support

7.1. A first-aid certificate does not constitute appropriate training for supporting pupils with medical conditions.

7.2. Any staff member providing support to a pupil with medical conditions receives suitable training for the children in their care. e.g. EpiPen training, asthma awareness training. Training can be facilitated via:

- **Diabetes:** Bradford NHS Diabetes Team: 01274 365219
- **Epilepsy:** Bradford NHS Epilepsy Team: 01274 365272 and Epilepsy Action: 0113 210 8800
- **Asthma:** Staff must watch the following 3-minute training video <https://www.asthma.org.uk/advice/inhaler-videos/>. In addition, staff must familiarise themselves with **Appendix 10:** How to recognise and respond to an Asthma attack).
- **Anaphylaxis:** Staff must read the guidance at: <https://www.nhs.uk/conditions/anaphylaxis/treatment/> **and** <https://www.epipen.co.uk/en-gb/patients/your-epipen/how-to-use-your-epipen> (including the 4-minute training video on the above website)
Anaphylaxis, Asthma, and general implementation of medicines: chris@clxfirstaid.org

7.4. Staff have a duty of care to undertake appropriate training to deliver healthcare procedures or administer medication where directed by the Headteacher.

7.5. Through training, staff have the requisite competency and confidence to support pupils with medical conditions and fulfil the requirements set out in IHP plans. Staff understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

8. Self-management

8.1. Pupils should be supervised and supported by a member of staff when taking their asthma inhaler. Children in key stage 2 are encouraged to self-administer their asthma inhaler, although will need to be offered support as appropriate if this is not possible.

8.2. Self-administration of medications should always be supervised by a staff member, learning mentor where possible.

Paracetamol should not be administered routinely, only in exceptional circumstances. Staff should ensure any paracetamol administered is taken in situ and recorded on CPOMS. For those pupils who require paracetamol on a regular basis, parents should get the child reviewed by a GP.

8.3. If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so. Instead, the procedure agreed in the pupil's IHP plan is followed. If such an event should occur, parents/carers will be informed so that alternative options can be considered.

9. Supply teachers and staff absence

Supply teachers and HLTAs are:

- Provided access to this policy
- Informed of all relevant medical conditions of pupils in the class they are providing cover for
- Covered under the school's insurance arrangements

10. Individual Healthcare Plans (IHP)

10.1. The school and parent/carer(s) agree, based on evidence, whether an individual healthcare plan (IHP) is required for a pupil, or whether it would be inappropriate or disproportionate. If no consensus can be reached, the Headteacher makes the final decision.

See Appendix 5 for the Individual Health Care Plan Implementation Procedure

See Appendix 6 for the Model IHP Plan.

10.2. The school and parent/carer(s) work in partnership to create and review IHP plans. Where appropriate, the pupil is also involved in the process.

10.3. Where an individual healthcare plan is provided by a specialist service this should be used as the plan of care in school and not rewritten. This includes emergency healthcare plans, e.g., a care plan for rescue medication for epilepsy.

10.4. IHPs are easily accessible to those who need to refer to them, but confidentiality is preserved.

10.5. IHPs are reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner.

10.6. Where a pupil has an education, health and care plan (EHCP) the IHP plan is linked to it or becomes part of it.

10.7. Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHP plan *where this may affect the implementation of the plan*.

10.8. Where a child is returning from a period of hospital education, alternative provision or home tuition, schools will work with the LA to ensure that their IHP plan identifies the support the child needs to reintegrate. Planning will include:

- The training needs, expectations of the role and who will confirm the supporting staff member's proficiency to carry out the role effectively

- Cover arrangements for when the named supporting staff member is unavailable
- Who needs to be made aware of the pupil's condition and the support required
- Arrangements for obtaining written permission from parents/carers and the Headteacher for medicine to be administered by school staff or self-administered by the pupil
- Separate arrangements or procedures required during school trips and activities
- Where confidentiality issues are raised by the parent/carer(s) or pupil, the designated individual to be entrusted with information about the pupil's medical condition
- What to do in an emergency, including contact details and contingency arrangements
- The medical condition, along with its triggers, symptoms, signs and treatments
- The pupil's needs, including medication (dosages, side effects and storage), other treatments, facilities, equipment, access to food and drink (where this is used to manage a condition), dietary requirements and environmental issues
- The support needed for the pupil's educational, social and emotional needs
- The level of support needed, including in emergencies
- Whether a child can self-manage their medication.
- Who will provide the necessary support?

10.9: Where a medical professional has provided a care plan and/or protocol, then this **must** be used alongside the IHPP in **Appendix 5**.

11. Managing medicines

11.1. Administration of medicines

SEE ALSO APPENDIX 7: Checking medicines are suitable to administer

11.1.1. Medicines are only administered at school when it would be detrimental to a pupil's health or school attendance not to do so.

11.1.2. School will seek parent/carer written consent for all pupils for prescription or non-prescription medicines. The only exception to this is the administration of school paracetamol. School will seek written consent for this annually from parents. Where this has not been provided for any reason, verbal consent is sought.

11.1.3. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours, e.g., medication **prescribed 3x daily should be given at home** (other than in exceptional circumstances in special schools). For medication prescribed 4x daily, a lunchtime dose can be given in school.

11.1.4. No pupil is given medicine containing aspirin unless prescribed by a doctor.

11.1.5. Pain relief medicines are never administered without first checking when the previous dose was taken, and the maximum dosage allowed. Only prescribed medication is administered by the school, unless for exceptional circumstances.

11.1.6. Parents/carers are informed any time medication is administered that is *not* agreed in an IHP plan or via the parent consent form.

11.1.7. A consent form should be signed by a parent/carer to allow a suitably trained member of staff to administer medication in school.

11.1.8. All prescribed medication must be in-date, labelled with the child's name, in their original container, and that contain instructions for administration, dosage and storage. The only exception to this is insulin, which must still be in-date, but is available in an insulin pen or pump, rather than its original container.

11.1.9. Before administering, the prescription label should be checked carefully, ensuring it is labelled with the child's name, dose, time to be given and that it is in date. All medicines should also be provided in its original bottle/packaging.

11.1.10. Non-prescription (over the counter) medicines do not need to have been prescribed or authorised by a GP or other prescriber to be administered. When agreeing to administer a non-prescription medicine, staff should be reassured that they are not making the clinical decision that the medication is appropriate for the child's health condition, this is only agreed in exceptional circumstances. This responsibility remains with the parent and/or carer following their written consent.

11.1.13. No medicines should be administered if instructions on the consent form are different to the instructions on the medicine. This would include:

- Where the dose or frequency of the medication requested on the consent form is different to the guidance on the box or bottle.
- The timings of medication administration on the consent form are different to the timings on the box or bottle

If in doubt about any procedure, staff should *not* administer the medicine but check with the parents or contact a member of SLT before taking further action.

11.1.14. A 'Record of Administration' sheet should be available for each pupil who require medicines in school (**Appendix 4**). This should be signed by staff members immediately after giving medication.

11.1.15. School does not administer sun cream. The school can support the application of sun cream by the pupils if consent has been provided by parents, with clearly labelled suncream (child's name/ class). In hot weather, parents are advised to apply this to their child's skin prior to the school day. On overnight residential, staff may choose to agree to administer this to pupils if this is requested by parents (e.g. for younger pupils). However, we encourage children to self-administer this wherever possible.

11.1.16: Only Learning Mentors (First Aiders), and members of the school leadership team may administer medication, unless otherwise stated on an IHP or at the discretion of the school's Headteacher.

11.2. Safe storage of medication

11.2.1 In school, medicines are kept in a designated, lockable location, which only named staff have access to (see 11.1.17 above) and keys should be accessible at all times and SLT should be informed where this key can be located.

11.2.2. Medication should be stored as soon as it arrives in school.

11.2.3. Office staff should only accept medication with a prescription label and should check the label to see how the medicine needs to be stored, e.g. fridge, out of direct sunlight

11.2.4. Exceptions are EpiPens and asthma inhalers. EpiPens should be kept in a designated safe place, e.g., medical needs box in the classroom that is accessible to staff and not locked away. A copy of the child's care plan should be kept with their EpiPen to be used for reference. Inhalers will be stored in each classroom's 'green bag' alongside the child's asthma/care plan.

11.2.5. When medicines are no longer required, they are safely returned to parents/carers for safe disposal.

11.2.6. In the event of an error, or adverse reaction to medication, staff should seek appropriate professional help either from the dispensing pharmacist number on the prescription label or by contacting NHS 111 or 999. Parents/carers should be informed and the incident documented.

11.2.7 In the event that a child who requires an inhaler does not have one in school, reasonable efforts will be made to contact parents to gain verbal consent for the school's spare inhaler to be used. In the absence of their consent, the school's Headteacher has overriding responsibility for deciding whether this is administered or not.

12.School Trips

12.1. It is the responsibility of the designated trip leader to ensure all staff have the relevant and up-to-date training for a child's individual needs. This should be detailed on the school's visit planning form (see Educational Visits Policy)

12.2.A copy of the parent consent form should be taken on the trip and returned to school.

12.3. When returning from a day trip, sign the Record of Medication Administration sheet (**Appendix 4**).

12.4. The person who took the medication from school is responsible for its safe keeping during the trip.

13.Record keeping

13.1. Written records are kept of all medicines administered to children.

13.2. Accurate record keeping protects both staff and pupils and provides evidence that agreed procedures have been followed.

15.Emergency procedures

15.1. Where an IHP plan is in place, it should detail:

- What constitutes an emergency
- What to do in an emergency.
- A copy of the care plan should be presented to medical staff assessing the child though should not be handed over or left in hospital

15.2. If a pupil needs to be taken to hospital, a member of staff and a trained First Aider remains with the child until their parents/carers arrive at the hospital.

15.3. Parent and the school's Headteacher will be informed with immediate effect if emergency procedures are required.

16.Unacceptable practice

The school will never:

16.1. Assume that pupils with the same condition require the same treatment.

16.2. Prevent pupils from easily accessing their inhalers and medication.

16.3. Ignore the views parents/carers.

16.4. Ignore medical evidence or opinion.

16.5. Send pupils home frequently for reasons associated with their medical condition or prevent them from taking part in activities at school, including lunchtimes, unless this is specified in their IHP plan.

16.6. Send an unwell pupil to the **Learning Mentors' room, school office or other room** alone or with an unsuitable escort.

16.7. Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues UNLESS there is a specific reason e.g., medication that is available in school is not in date. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.

16.9. Create barriers to children participating in school life, including school trips.

16.10. Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition, or any other reasonable adjustments.

17.Liability and indemnity and Insurance

17.1. Bowling Park Primary School ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

17.2. The school holds an insurance policy with a policy provider covering liability relating to the administration of medication and/or treatment. The policy has the following requirements:

17.3. All staff must have undertaken appropriate training.

17.4. The Trust Insurers recommend that: -

- schools maintain suitable records, training and documented parental permission is in place and this information is regularly updated
- It is expected that any training is refreshed and documented as per the guidance from their first aid or medical training provider
- any treatment provided is documented as to when and whom and if necessary

18.Complaints

18.1. Parents/carers or pupils wishing to make a complaint concerning the support provided to pupils with medical conditions are required to speak to the school in the first instance.

18.2. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure.

18.3. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE/Ofsted.

18.4. Parents/carers and pupils are free to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

19.Home-to-school transport

19.1. Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA and parents.

19.2. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils.

20. Safeguarding

20.1. Children with special educational needs or disabilities (SEND) or certain health conditions can face additional safeguarding challenges. These can include:

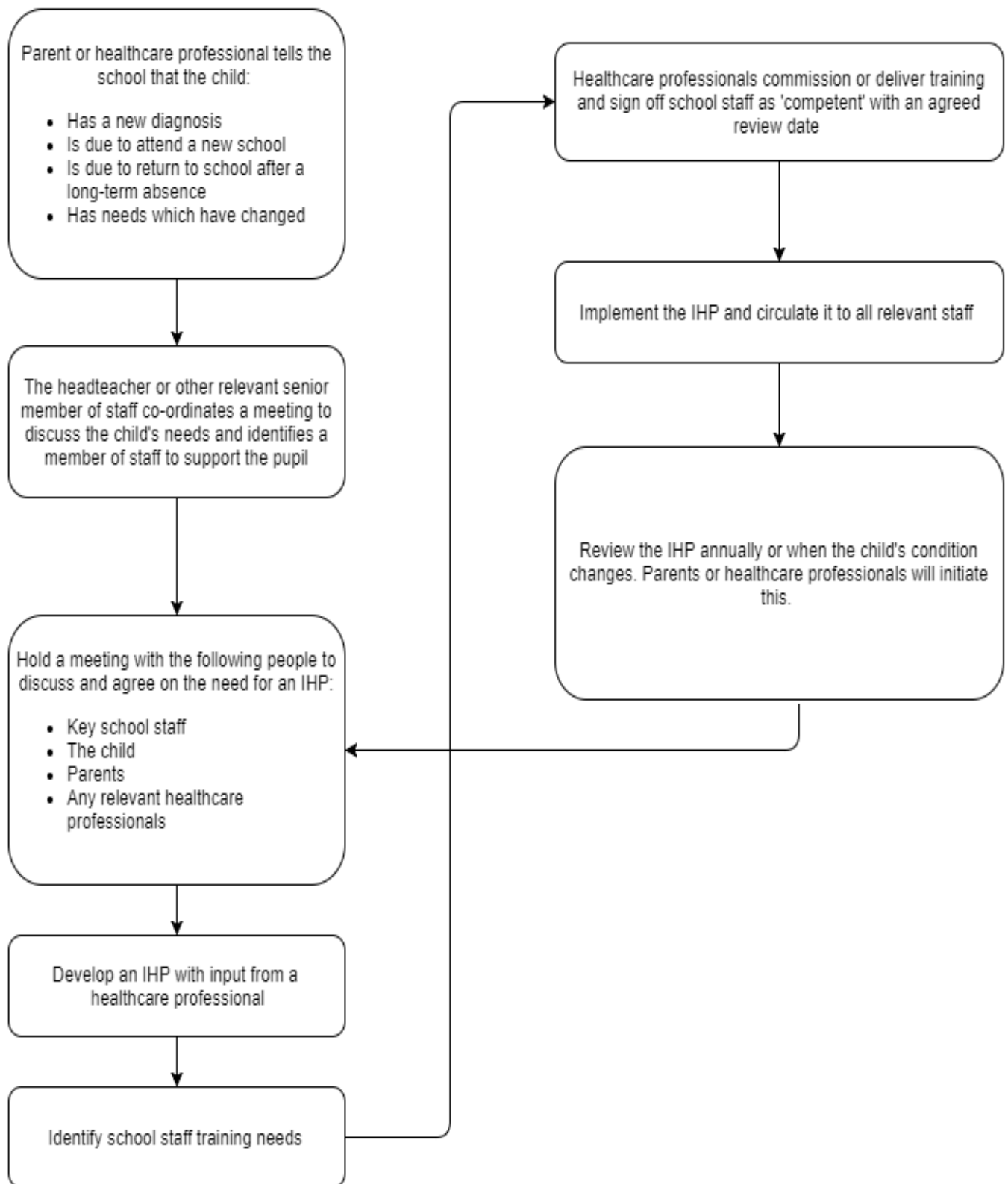
- assumptions that indicators of possible abuse such as behaviour, mood and injury relate to the child's condition without further exploration
- these children being more prone to peer group isolation or bullying (including prejudice-based bullying) than other children
- the potential for children with SEND or certain medical conditions being disproportionately impacted by behaviours such as bullying, without outwardly showing any signs
- communication barriers and difficulties in managing or reporting these challenges

20.2. Children may be at risk of significant harm where they are presenting as follows:

- Refusal and/or non-compliance with medication and/or treatment and understanding the impact of this on the child e.g., Diabetes, Epilepsy, skin conditions, chronic head lice, Asthma, physical or learning disabilities
- Exaggeration / misinterpretation of chronic health conditions e.g. repeated non-prescription medication
- Recurrent attendances at Accident and Emergency Departments and/or avoidable admissions due to failure to adhere to medical advice
- Children with escalating emotional/behavioural issues which may include self-harm
- Child not brought for health appointments/dental appointments
- Lack of parental engagement with the child's therapies e.g., Child and Adolescent Mental Health Services, Speech and Language Therapy, physiotherapist
- Child with escalating eating disorders

20.3. Staff should use their discretion around the treatment and may challenge if they have concerns around the continuing need for pain relief. This applies to administering either a prescription or non-prescription over-the-counter) medicine.

APPENDIX 1: PROCEDURE FOR MANAGING INDIVIDUAL HEALTHCARE PLANS



APPENDIX 2: MEDICATION ADMINISTRATION FLOWCHART

School office procedure	
Step 1	Notification of medication requirements is received, usually verbally from a parent / carer. Medication should be prescribed for this child and be in date. NOTE: School will only administer medication when it is required four times daily and the parent is unable to attend at lunch time.
Step 2	Parent completes a ' Request for school to administer medicine to children form ' (Appendix 3) and parent / carer to sign.
Step 3	When medication arrives in school it is checked for the pupil's name, expiry date and is stored safely. A spoon or dosage syringe must be provided with the medication.
Step 4	The signed form and a blank 'Record of medicine administered' (Appendix 4) should be passed to the Mentor team.

Step 1	Pupil arrives or is sent for, to enable administration of medication at due time.
Step 2	Another member of staff is available to witness the administration of medication.
Step 3	Check the ' <i>Record of medicine administered</i> ' sheet (Appendix 4) to see what time the medicine was last administered, if at all.
Step 4	Confirm the pupil's name and check the signed request sheet (Appendix 3) to identify the required medication and parent/carer consent.
Step 5	Administer medication as detailed in signed request form.
Step 6	Complete all fields of ' <i>Record of medicine administered</i> ' (Appendix 4) medication administration sheet in black ink.
Step 7	If appropriate, medication to be sent home with child and brought back the next day. If course of medication has ended, completed ' <i>Record of medicine administered</i> ' (Appendix 4) to be sent to the school office for filing.

If a parent requests that school give their child medication – please note the following points:

- School will only administer medication when it is required **four times daily** and the parent is unable to attend at lunch time.
- School can administer medication which has been prescribed and that shows the following information:
 1. Pupil's name
 2. Name of medication
 3. Dosage
 4. Frequency
 5. Date of dispensing
 6. Storage requirements
- A spoon or dosage syringe must be provided with the medication
- Parent must complete the attached consent form (**Appendix 3**). This, along with the medication and the form for staff to complete must then be given to a first aider.

When the form is complete after the medication course has been completed it must be returned to the Learning Mentor office for filing

APPENDIX 3: REQUEST FOR SCHOOL TO ADMINISTER MEDICINE IN SCHOOL



Pupil details – Surname:	
Forename(s)	Class
Address	M/F
Condition or illness	
Medication	
Date dispensed	
Full directions	Dosage
Frequency	When school to administer
Storage instructions	
Any precautions	
Side effects	
Self-administration	Y/N
Action if pupil refuses to take medication	
Contact details	
Name	
Daytime telephone number	
Relationship to pupil	

- I understand that I must deliver the medication personally to school and I request that authorised staff administer the above medication to my child. I accept that this is a service which the school is not obliged to undertake.
- I consent to medical information concerning my child's health to be shared with other school staff and/or health professionals to the extent necessary to safeguard his/her health and welfare.
- I confirm that the medication has been prescribed by a doctor/consultant and that this information has been provided in consultation with my child's doctor/consultant.
- 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 if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature: _____

Date: _____

Print name: _____

Relationship to child: _____

APPENDIX 4: RECORD OF MEDICINE ADMINISTERED



Medical Needs Process

Medical Needs Register

An updated version of this is provided to all Teachers via a 'Class Overview' summary. It is the responsibility of SENCO's to ensure these are updated with new medical information as this is shared by parents – and to provide an updated copy of the 'Class Overview' to the Teacher concerned.

This includes pupils with allergies, asthma and those requiring Individual Healthcare Plans – all new additions are administered by the school office within 1 school day of being informed of new/amended medical needs

Individual Healthcare Plans

Individual Healthcare plans are posted on the staffroom noticeboard and a copy kept in classrooms in the SEND red folder.

Storage of Medicines

New Cross Street:

Pastoral Support Officer's room: In the locked drawer unit which sits between the two Learning Mentor desks against the rear window.

Usher Street:

Learning Mentor Room: in the locked drawer of the left-hand desk.

Next to the storage cupboards is a green folder that has a paper copy of:

- All parent consent forms
- All Individual Healthcare Plans
- Record of Administration forms
- Any correspondence or plans from healthcare professionals

APPENDIX 6: INDIVIDUAL HEALTHCARE PLAN



School site (NCS/US)	
Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

<u>Name 1.)</u>	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
<u>Name 2.)</u>	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

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 for ongoing care and/or administration of medication?

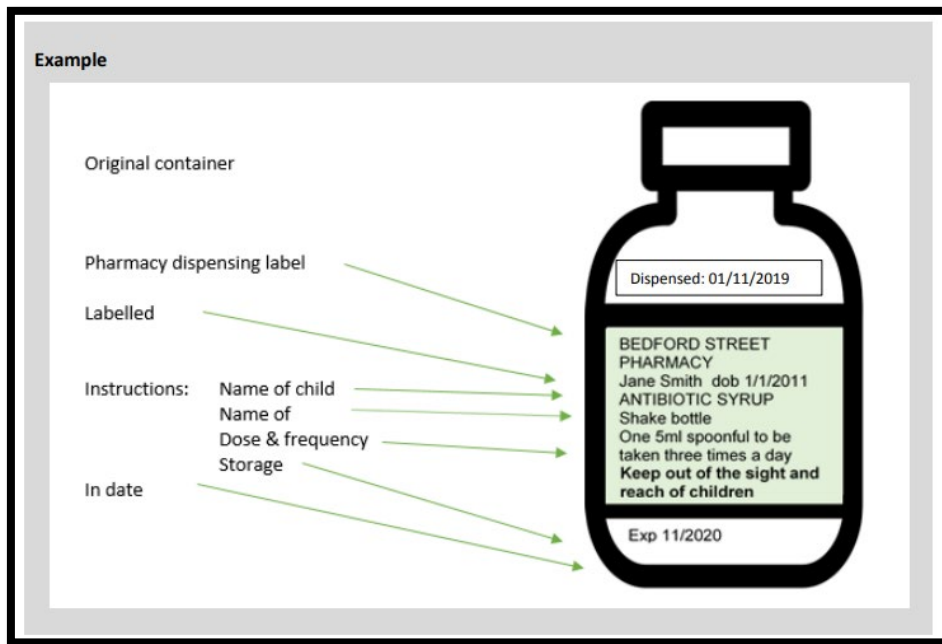
Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Parent Signature / Name / Relationship to child _____

APPENDIX 7: CHECKING MEDICINES ARE SAFE TO ADMINISTER



<p>Loose Strips of Medication</p> <p>✗</p>		<p>Should not be accepted.</p> <p>Medications should only be provided in the original container, they were prescribed purchased in, with appropriated directions.</p>
<p>Tablets/capsules/ liquids decanted into another bottle by parent/carer</p> <p>✗</p>		<p>Should not be accepted, as parent carer has decanted into a different bottle to the one they were dispensed/purchased in.</p> <p>Medications should only be provided in the original container, they were dispensed or purchased in.</p>
<p>Tablets/capsules/ liquids decanted into another bottle by Community Pharmacy</p> <p>✓</p>		<p>Can be accepted, as decanted into a different bottle by a community pharmacy and contains a pharmacy label which includes: patients name, name of drug, dose, frequency, date of dispensing and pharmacy details/</p> <p>Expiry dates should be as per the guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.</p>
<p>Insulin pens (not in original box)</p> <p>✓</p>		<p>Insulin pens must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.</p> <p>Insulin pens should be stored in the fridge until opened.</p> <p>Most insulin pens will expire within 28 days (See PIL for more information) of opening or if kept as a spare outside of the fridge.</p>
<p>Outer carton labelled, tube, bottle not labelled.</p> <p>✗</p>		<p>Advise that the actual medication should be labelled, rather than the outer carton.</p>

ASTHMA POLICY

This policy is based on advice taken from: The Department for Education, the National Asthma Campaign, the School Nursing Service, Leeds Teaching Hospital Trust, Leeds Health Initiatives Team, Children Leeds Health and Safety Team.

1. Values

Bowling Park Primary School:

- recognises that asthma is a condition affecting many children
- welcomes all pupils with asthma to the school community
- encourages children with asthma to achieve to their full potential
- helps and encourages pupils with asthma to manage their own condition safely and effectively
- ensures that pupils with asthma have the confidence to ask for support
- ensures that pupils with asthma participate fully in all aspects of school life, including Physical Education (PE), extra-curricular activities, sports events, visits, outings, or field trips

2. Aim of the Policy

This Asthma Policy will:

- promote increased attendance, participation and achievement for pupils with asthma
- enable all pupils to understand, appreciate and encourage the achievements of people with asthma
- enable all school staff to understand and assist pupils with asthma when necessary and appropriate

3. Training

- School staff will engage in a regular programme of training which covers all the medical conditions, including asthma, of children in their care.
- Training will be delivered annually, and updates are given for all new staff.
- All staff are made aware of when and where to ask for support in dealing with medical conditions

4. Using Inhalers and Responsibilities

- All children requiring an inhaler in school require a Parent/Carer to complete an Asthma Notification Form (**Appendix 9**)
- Staff in our schools understand that immediate access to reliever (BLUE) inhalers is vital. For this reason, asthma inhalers should not be locked away but should be stored in each classroom's 'green bag' (see above).
- Children's inhalers are stored safely in the classroom and are available for use on request or when there are specific instructions from the child's doctor to say when the inhaler is needed
- The child's *individual healthcare plan* should be kept with the inhaler and used as reference for the supporting staff member
- It is the parent/carer's responsibility to ensure that the child has a labelled inhaler with the issue date and child's name.
- It is the parent/carer's responsibility to ensure that inhalers in daily use by their child are checked termly and renewed when necessary and it is the parent/carer's responsibility to ensure that inhalers are fit for current use
- Parents must tell school staff how many doses should be taken in the event of an asthma attack this should be indicated on the prescription label
- School will carry out checks of inhalers and request any new inhalers from parents' carers
- Asthma UK advises that reliever inhalers (BLUE) are inherently safe medicines. (Clearly pupils should not be allowed to use each other's inhalers as it is illegal and increases the risk of spreading infection.) Only relievers (BLUE) are allowed to be used in school. Brown inhalers are to be used at home only.
- Trained staff can assist children with using their BLUE inhalers when acting in accordance with this policy

- Staff are not required or able to supervise the administration of, or to administer, any other medication associated with asthma unless this is a reasonable adjustment agreement for a child with complex health issues.

5. Medical Information and Responsibilities

- Trust schools have a system to inform staff of pupils' medical needs and the arrangements in place to meet them
- At the beginning of the school year, or when the pupil joins the school, parents/carers should inform staff if their child has asthma care needs, and an individual health care plan (IHPP) will be completed with support of the school care team. An example of an IHPP can be found in Appendix 6 of the Bowling Park Primary School *Supporting Pupils with Medical Needs Policy*
- 1 Parent/carers must inform the school immediately if the medication of their child changes and care plan to be amended to reflect this.
- Schools will keep sufficient records to facilitate support for the pupil. The school does not undertake to keep definitive records of all asthma incidents

6. PE/Sport/Off-site activities

- Schools will seek to take all practical steps to encourage and enable pupils with asthma to take part in PE
- All staff are aware that pupils must use their inhalers when they need to and will give appropriate support to children to take their inhaler before the lesson and/or warm up before exercise
- When classes take place off-site or away from classrooms, the school will require pupils who need them to have inhalers and plan for the safe transport and storage of inhalers
- On extended / residential trips the school will require pupils who use inhalers to bring an appropriate supply
- Risk assessments for school visits must indicate which children need inhalers and that these are taken on the trip.

7. Triggers for Asthma

- Bowling Park Primary School will ensure that school environments are favourable to children or staff with asthma or other respiratory conditions by: -
- Using alternatives to chemicals or art materials which may trigger asthma including such things as air fresheners
- Where building works may create a dusty environment, remedial action will be taken to prevent asthma attacks

8. When a child is falling behind in lessons

- If a child is absent from school because of asthma or is tired in class because of disturbed sleep due to the condition, the class teacher will initially talk to the child's parent/carer
- If appropriate, the class teacher will consult the parent, special educational needs coordinator or clinical lead practitioner regarding any action to be taken
- The school recognises that children with asthma may in some cases have special educational needs because of their condition

9. Asthma attacks: action to take

- The traffic light system from Asthma UK gives a simple colour chart to refer to for school staff and to use as a guide

Traffic Light System

Mild	Reliever inhaler given for cough or wheeze, but otherwise child is ok	Reassure the child and inform parents that reliever inhaler was used
Moderate	Wheeze, cough, chest hurts, or child is finding it hard to breath Reliever inhaler is needed three or more times a week Child is waking up at night because of their asthma	Inform parents ASAP so that they can make a GP appointment if the child doesn't improve within 24 hours
Severe	Reliever inhaler isn't helping or is needed more than every 4 hours Child can't walk, talk or eat easily Finding it hard to breathe Coughing or wheezing a lot Chest feel tight/hurts	Call 999 Remain calm Sit child up Administer inhaler

The traffic light system should be displayed in classroom settings and a copy kept with the child's individual healthcare plan

Staff should ensure that:

1. They do not overcrowd the child but do not leave alone or unsupervised
2. They use the blue inhaler via the spacer device
3. They follow the child's individual healthcare care plan or asthma management plan from their GP or specialist if they have one, and refer to the Traffic Light System above.
4. They inform parents if their child has symptoms during school hours

10. Action to be taken in the event of an acute attack

Using (BLUE) reliever inhaler and spacer device if provided:

- Give 2 initial puffs a minute apart, then 1 puff every minute up to 10 puffs
- If child's breathing improves, ring parents to inform them
- If no improvement & child is distressed ring 999 and inform the ambulance service that the child is having asthma attack
- Keep on the phone with the ambulance service until the ambulance arrives
- Continue with 1 puff every minute via spacer until paramedics arrive (up to 10 puffs)
- Inform parent/carer at earliest opportunity

11. Other responsibilities for school staff

- An up-to-date asthma register is incorporated into the school's medical needs register (see above) and this is made available for all Teachers to access.
- An emergency inhaler should be available. These can be purchased from local chemists or online from Selles Medical. Please see emergency Inhaler guidance:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Our school emergency inhalers are located in the Learning Mentor rooms. Verbal parental consent for these may be sought from SLT/Learning Mentors. However, in the absence of parental consent, Learning Mentors and/or SLT have authorisation to administer the use of the emergency inhaler on **two** occasions. 111 should be phoned if symptoms persist.

12. References

- Supporting pupils at school with medical conditions (December 2015) DfE
- Guidance on the use of emergency salbutamol inhalers in schools (March 2015) DoH
- <https://www.nhs.uk/conditions/asthma/>
- <https://www.blf.org.uk/support-for-you/asthma>
- <https://www.asthma.org.uk>
- <https://www.bbc.co.uk/news/health-49277813>
- Amended-SelfCare-Booklet-LivingWellWithAsthma.pdf (mylivingwell.co.uk)
- Living Well | Make the Healthy Choice | Bradford District (mylivingwell.co.uk)

APPENDIX 8: What to in event of an Asthma Attack

In the event of an asthma attack:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Ensure that tight-fitting clothing is loosened
- Use the child's own inhaler – if not available, use the emergency inhaler (located in the Learning Mentor's room).
- 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



Asthma Notification Form

Childs Name

Date

Regular Treatment to be taken in school time (Preventative)

Name of Medication

Dosage

When Taken

Needed before exercise? Y/N

Relief treatment when needed

(For students with tightness of breath, wheeze, breathlessness or cough)

Name of Medication

Dosage

When Taken

If no relief or symptoms are repeated in 3 hours, repeat relief medication and call parent/guardian. Call 999 if symptoms persist.

Doctor Information

Doctor Name
.....
...

Medical Centre
.....

Telephone Number
.....

Authorisation

Parent/Carer

I give consent for my child to take his/her inhaler during school. Should any changes in medication be prescribed I will notify the school as soon as possible.

Signed

Date

HOW TO RECOGNISE AN ASTHMA ATTACK

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)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

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

WHAT TO DO 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
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, 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 the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way