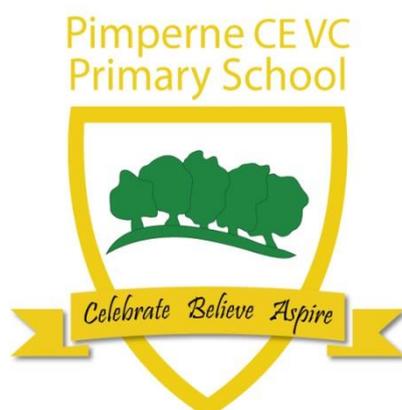


# **PIMPERNE PRIMARY SCHOOL**



## **Supporting pupils at school with medical conditions and managing medicines policy: including asthma**

**Updated: September 2018  
Review Date: Sept 2019**

## **PIMPERNE CE VC PRIMARY SCHOOL**

### **Policy for supporting pupils with medical conditions and managing medicines**

This policy has been structured based upon the most recent government advice "Supporting pupils at school with medical conditions" (DfE - December 2015), the "Guidance and Code of Practice - First Aid at Work" provided by Dorset County Council, guidance from local Health Services, professional teaching associations and Dorset County Council Health and Safety Team.

Pimperne Primary School adheres to the duty as stated in the Children and Families Act 2014 that pupils with medical conditions will have the same right of admission to our school as other pupils and will not be refused admission or excluded from school on medical grounds. Appropriate levels of assessments will be undertaken to establish and determine what support pupils with medical conditions require. This will be done in partnership with parents and health professionals.

The prime responsibility for a pupil's health rests with parents. It is anticipated that parents/carers will ensure that appropriate information is provided for the school that enables proficient management and a good understanding of their child's medical condition; this includes working in partnership in the management of any medicines administered at school.

Pimperne Primary School takes advice and guidance from a range of sources, including the School Nurse, Paediatric Consultants, and other Health professionals in addition to the information provided by parents in the first instance. This enables us to manage support effectively and to minimise any disruption to learning.

#### **Key Personnel**

The designated person with overall responsibility to implement this policy is:

**Mrs Fiona Waller**

This person will also ensure that staff are appropriately aware of the medical condition of children with whom they work and that any confidential information pertinent to the medical condition is entrusted to individual staff.

The person responsible for developing Individual Healthcare Plans is:

**Mrs Samantha McCarthy & Mrs Jayne Brealey**

The Governor with specific responsibility to oversee the arrangements to support pupils at schools with medical conditions is:

**Mr Peter Slocombe**

## **Definition of medical conditions**

We understand that 'Medical Conditions' can include both physical and mental health needs.

The school may need to support a wide range of conditions from asthma, diabetes or epilepsy to anxiety and depression. It may need to support children and young people with toileting difficulties, or those with a gastrostomy or tracheostomy. We would ask parents of children needing toileting assistance to read our policy on 'Intimate Care'.

It is impossible to list every medical condition. We understand that some will be long term whilst others will be relatively short term.

## **AIMS**

The school is committed to assisting children and young people with long-term or complex medical conditions and working in partnership with their parents/carers.

Our aims are:

1. To ensure that pupils at Pimperne Primary School with short or long term medical conditions, are properly supported so that they have full access to education, including off-site activities, residential visits and physical education.
2. To make arrangements for staff to ensure that they receive adequate and appropriate training for them to support children with medical needs.
3. To ensure that parents and children have confidence in the medical support arranged at school.
4. To work in partnership with Health Service colleagues.
5. To be fully compliant with the Equality Act 2010 and its duties.
6. To manage medicines within school in accordance with government and local advice.
7. To keep, maintain and monitor records as detailed in this policy.
8. To write and to monitor Individual Healthcare Plans, in partnership with health professionals and /or parents
9. To ensure that the pupils in our school are safe and are able to attend school regularly with their medical condition.
10. To support pupils with complex medical conditions and or long term medical needs in partnership with Health professionals and parents to enable their access to education.
11. To adhere to the statutory guidance contained in "Supporting pupils at school with medical conditions" (DfE – December 2015), and "Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People" (DSCB 2011)<sup>1</sup> as set out and agreed with the school's governing body.

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<sup>1</sup> This document will be refreshed in 2016 to align guidance with more recent Statutory Guidance issued by DfE and DoH.

## **THE GOVERNING BODY WILL:**

- act in line with the Children and Families Act 2014 to support pupils with medical conditions;
- ensure that arrangements are in place to support children and young people with medical conditions and that support is tailored to individual medical needs;
- make arrangements for this policy to be published on the school website;
- review this policy annually;
- ensure that staff are identified to implement the policy from day to day;
- monitor the arrangements associated with Individual Healthcare Plans so that they are managed appropriately, reviewed and maintained in partnership with Health professionals;
- ensure that staff receive appropriate training enabling them to provide bespoke and purposeful support to pupils with medical needs and that the training is refreshed regularly;
- ensure pupils with medical conditions are supported under Section 100 of the Children and Families Act 2014;
- ensure that specific arrangements are made for the self-management of medicine where applicable and how this will be both monitored and managed by staff;
- oversee the school's management of medicines to ensure that Health & Safety standards are met and that parents have confidence in the schools ability to support their child's medical needs;
- ensure that insurance arrangements cover staff in carrying responsibility for medical procedures;
- Schools and settings should note that many children and young people with a medical condition are also considered to be disabled. The Equality Act 2010 defines a disability as when a person has a 'physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities'. Schools and settings have additional duties towards disabled children and young people under the Equality Act.
- ensure that appropriate arrangements are made to include pupils with medical conditions on off-site activities;
- ensure that parents/carers are aware of the school's complaints policy.
- Whilst the legal duty does not apply to early years providers and FE Colleges, they are advised by Dorset County Council to follow the DfE guidance to ensure a consistent approach from 0 – 25 years.

## **INDIVIDUAL HEALTHCARE PLANS**

All children or young people who require regular support or monitoring due to their medical condition, or those who require intervention in an emergency situation because of an existing medical condition should be provided with an individual healthcare plan (IHP) by the school or setting.

Individual Healthcare Plans will be developed for pupils with medical conditions in accordance with the advice contained in "Supporting pupils at school with medical conditions" (DfE – December 2015). Individual Healthcare Plans will set out the support

that is needed so that the impact on school attendance, health, social well-being and learning is minimised. Not all conditions will require an Individual Healthcare Plan. In some cases the agreement request to administer medicines will be sufficient to cover short term conditions and treatment. The plan will include the name of the member of staff who is appropriately trained and providing the agreed support.

Health professionals may be involved in the development of Individual Healthcare Plans in addition to parents and pupils.

The Individual Healthcare Plans will be tailored to meet the needs of short term, long term and/or complex medical conditions. The plans will be kept under review by the designated person and revised as required, or at least annually, to ensure that they reflect current medical needs (e.g., changes in medication). Individual Healthcare Plans will include details on emergency arrangements and these will be shared with all relevant staff, First Aiders and school office staff as applicable.

Where pupils have been issued with an Education and Health Care (EHC) Plan by the local authority, any Individual Healthcare Plan will be linked to, or become part of that EHC Plan.

IHPs provide clarity about:

- the child/young person's medical condition
- what needs to be done to help them in the school or setting
- when this needs to happen
- who should provide the support needed.

IHPs help ensure that children and young people are as well as possible and that they are in a fit state to learn and take part in school or setting life.

### **The Impact of Medical Conditions**

The School should recognise that absences due to medical conditions can affect educational attainment. Returning to the school or setting after a period away should be properly supported so that children and young people can fully engage with their learning without falling behind.

The School could consider providing handouts for any lessons likely to be missed, recording lessons or offering catch up sessions and lowering homework expectations where suitable. It is recommended that schools and settings are creative in how they manage support for sustained or frequent absences due to medical conditions and they may wish to investigate the use of ICT to do this.

Additionally, children and young people may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression. Long term absences can also impact upon a child or young person's ability to integrate with their peers. The School should therefore ensure that social and emotional wellbeing is supported in addition to academic achievement.

## **ROLES AND RESPONSIBILITIES**

### Parents

Parents are asked to provide the school with sufficient and up-to-date information about their child's medical needs and medication using a standard form so that arrangements to manage their short or long term medical conditions can be implemented in partnership.

Parents are asked to deliver medicine to school if it is not possible for this to be administered outside the school day. Medicine should be provided in the original container(s) ensuring that the medicine is in date and that it has been stored correctly. All medicines must be marked with the following information clearly indicated:

- the child's name on the medicine;
- when the medicine should be given;
- the prescribed dose and pharmacist's instruction, e.g., after meals.

Parents are expected to notify the school immediately (in writing) of any changes or alteration to a prescription or recommended treatment so that adjustment can be made to Individual Healthcare Plans or previous agreement. It is important that the school is aware and informed by parents about other issues or symptoms their child may have experienced over night or before school; this is particularly important for asthma conditions

It must be remembered that the prime responsibility for a child's health rests with parents/carers.

### The Headteacher and Governor will ensure the following support is available within school:

- Children and young people with medical conditions should be properly supported so that they have full access to their education, including trips and physical education;
- To achieve this, the school may have to change how they do things, make reasonable adjustments, relax or alter rules, and plan in advance. Advance planning is particularly important if children and young people are to be included on trips, and the school will use risk management processes early to overcome any barriers to inclusion.
- Leaders of schools and settings should consult with health professionals, children and young people, their parents and where necessary, social care professionals, to ensure that medical needs are properly understood and effectively supported. Support should always be based upon such discussions, and particularly the advice of medical practitioners, rather than assumptions of what the child or young person might require.
- The school will be mindful of the Guidance for safer working practice for those working with children and young people in education settings. This is particularly relevant for children and young people with intimate care needs. (see separate policy).
- Thought will demonstrate how support will be provided will vary due to the individual needs of each child or young person. Some might need support from a member of staff throughout the day, or at specific points during the day. They may need help to take their medication or to keep them well. Others might require monitoring and intervention in emergency circumstances and staff may require specialist training from medical professionals to ensure they can do this properly. It should be recognised that each child or young person is unique.

- The school, has a written policy explaining how they will support pupils with medical conditions and how complaints can be made by parents. It reflects and details the school's own practice in supporting pupils with medical conditions.
- The school has a policy for administering medicines. (see separate policy).
- that governors are informed about the implementation and effectiveness of this policy;
- that arrangements are made with staff supporting pupils with medical conditions, and for any medicines required in delivering that support to be stored safely and in line with guidance provided by the local authority;
- suitable arrangements are agreed in partnership and liaison with parents/carers to support the medical needs of pupils;
- that appropriate training has been provided for staff that enables them to carry out agreed procedures;
- that staff will not be directed to administer medicines - they can choose to volunteer to do so if they so wish (all staff will be advised to refer to advice from their professional associations before volunteering to administer medicines); (see separate policy)
- liaison with governors in the review of this policy at appropriate intervals, in line with local and national advice;
- that all staff and parents/carers are aware of this policy and the procedures for dealing with medical needs at Pimperne Primary School
- make arrangements through the designated teacher to manage the following:
  - prescription medicines in school;
  - prescription medicines on trips and outings, including school transport;
  - accurate record keeping when administering medicines;
  - the safe storage of medicines;
  - procedures for access to medicines during emergency situations;
  - adhering to risk management procedures involving medicines;
- that risk assessments and arrangements for off-site visits are checked and that governors are informed of the details.

The Designated Teacher will ensure the following:

- staff work in partnership with parents/carers to ensure the well-being of children and young people;
- that interruption to school attendance for medical reasons will be kept to a minimum;
- staff who have agreed to administer medicines will receive the appropriate training;
- adherence to Individual Healthcare Plans;
- all cultural and religious views, made known to the school in writing, will be respected;

## **STAFF TRAINING AND SUPPORT**

Most medicines to be administered will not require professional training; however the school will ensure that staff supervising the administering of medicines will understand that accurate records are to be kept and are completed at the time of being administered. Staff who maintain these records should be clear about what action to take, (such as referring to the Designated Senior Person for Child Protection) if they become concerned about the welfare of an individual pupil. If child or young person is provided with an Individual Healthcare Plan, additional training must be given by a nominated Health professional, e.g., use of a nebuliser, using Epipens. Training received or cascaded from parents will not be accepted unless otherwise instructed by a health professional. Record of Training Forms must be completed and maintained (see DfE Template E: staff training record).

(Also see “Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People” (*DSCB 2011*); section 3.3 and 3.4 including Chart E.)

## **REASONABLE ADJUSTMENTS**

The school understands it’s duties under the Equality Act 2010 to make reasonable adjustments and enable children and young people to have equitable access to education. Children and young people with complex or significant medical needs will be included in activities for as much as their health permits.

## **MANAGING MEDICINES ON SCHOOL PREMISES AND ON OFF-SITE ACTIVITIES**

We will ensure that:

- records are maintained detailing an accurate history of the administering of medicines as far as possible – this will not include self administering of over the counter medicines for older pupils for whom parents have requested permission using the appropriate Template;
- DfE Templates C and/or D (or an appropriate equivalent) will be used to log administering of medicines;
- suitable back-up systems are in place to cover administering of medicines in the event of staff absence;
- if there are any doubts or confusion about arrangements for administering medicines, staff must consult with the parents and the designated member of staff;
- no child or young person under 16 will be given medicines or be permitted to self-medicate without their parents’ written request.

Pimperne Primary School has a defibrillator that may be used in an emergency in accordance with the manufacturer’s instructions and in line with the DCC’s Guidance and Code of Practice on Automated External Defibrillators (AEDs).

## **STORAGE OF MEDICINES**

The school will adhere to the advice contained in “Guidance and Code of Practice - First Aid at Work” and local guidance provided by Dorset County Council’s Health & Safety Team and the local authority’s Physical and Medical Needs Service.

## **REFUSAL OR TOO UNWELL TO TAKE MEDICINES**

If a child refuses to take medicine as prescribed and as requested by parents, the records (DfE Template C or D or appropriate equivalent) must state 'REFUSED' clearly and the parents/carer informed immediately. Children/young people will not be forced to receive medicine if they do not wish to do so.

If a child or young person is ill/injured and therefore unable to receive the agreed prescribed medication, the person designated to supervise the taking of medicine will consult with parents/carers immediately and advise the Headteacher of their actions. If the child vomits or has diarrhoea soon after receiving medication, parents must be contacted so that they can seek further medical advice.

## **SELF MANAGEMENT OF MEDICINES**

In some cases it might be appropriate that pupils self administer medicines, e.g., inhalers, epipens. The school will encourage those with long term medical conditions to take responsibility for administering their own medication but continue to ask staff to supervise so that the appropriate records can be completed for safeguarding purposes.

Some pupils may carry 'over the counter medicines' (non-prescribed medicines) for their own use or self administer prescribed medicines that are appropriate to carry. When this occurs parents should request permission from the Headteacher in writing (using DfE Template B or appropriate equivalent) and provide relevant details about the type and dosage of the medicine. We understand the need for personal dignity in addressing this matter to avoid individual embarrassment. We recommend that only one dose should be brought to school at any one time in order to reduce potential risk of medicines being abused.

## **OFF-SITE ACTIVITIES/SCHOOL TRIPS**

All arrangements for medicines, including the storage of medicines, Individual Healthcare Plans, and Risk Management programmes will apply for all off-site activities or school trips. A member of staff will be designated to ensure there are suitable off-site arrangements for storage, and recording of the medicines when assessing any risks associated for the trip, particularly for those children and young people with long term or complex health conditions. All plans and risk assessments will be discussed with parents/carers in preparation for the activity in advance of the departure day and agreed with the Headteacher (and Governors).

All off-site activities will be evaluated in terms of proximity and accessibility to emergency services and any implications for those with short or long term medical conditions before receiving approval to go ahead from the Headteacher/Governors.

## **EMERGENCY PROCEDURES**

Care is taken to ensure that all pupils are safe. The school has 2 'First Aid at Work' qualified first aiders, 4 'Paediatric First Aid' qualified first aiders and all the staff are Emergency First-Aid trained.

Pupils with life threatening medical conditions or that require close monitoring/supervision may have Individual Healthcare Plans developed by school staff

and Health professionals that provide contact details for emergency situations, e.g., anaphylaxis, diabetes, or epilepsy.

All cases deemed 'complex' or 'serious' medical conditions have emergency contact details held in the school office.

Asthma can also be life threatening; Pimperne Primary School will follow the "Guidance on the use of emergency salbutamol inhalers in schools" issued by the Department of Health (*September 2014*) and the Schools Asthma Policy (See Appendix 1).

Pupils who are 'at risk' due to their medical condition hold a *Grab Pack* (collated information to pass to a doctor or ambulance crew in an emergency) that will accompany them at all times. The purpose of the pack is to provide emergency services with up to date information such as: diagnosis of principle conditions, key personnel and medical contacts, medication taken, up to date records of medicines that have been administered together with other relevant medical information and an agreement with parents/carers about what to do in an emergency.

## **BEST PRACTICE**

Pimperne Primary School will endeavour to eliminate unacceptable situations by promoting best practice in supporting pupils with medical conditions. In doing so we will:

- ensure that pupils have access to the medicine they need as arranged with parents;
- where necessary, manage each medical condition through an Individual Healthcare Plan;
- listen to the views of pupils and their parents and take advice from medical professionals in planning the support needed;
- ensure that pupils with medical conditions are supervised appropriately and not left alone when ill;
- support access to the full curriculum or as much as medical consultants recommend;
- work in partnership with health services to ensure swift recovery or access to treatment;
- facilitate opportunities to manage medical conditions with dignity;
- manage medical needs such that parents are not required to support their child in school;
- include all children in school on and off-site activities, meeting their medical needs in the best way possible.

## **UNACCEPTABLE PRACTICE**

In line with Supporting pupils at school with medical conditions, the schools

- prevent children and young people from easily accessing and administering their medication when and where necessary
- assume that every child or young person with the same condition requires the same treatment
- ignore the views of the child or young person, their parents or medical evidence/opinion
- send children and young people with medical conditions home frequently or prevent them from staying for normal activities, including lunch, unless this is specified in their IHP

- if the child or young person becomes ill, send them to the office or medical room unaccompanied or with someone unsuitable
- penalise children and young people for their attendance record if their absences are related to their medical condition
- prevent children and young people 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 the school or setting to administer medication or provide medical support to their child, including with toileting issues
- prevent children or young people from participating, or create unnecessary barriers to them participating in any aspect of school or setting life, including trips, e.g. by requiring parents to accompany them.

Children and young people who are unable to access full-time provision due to ill health must not be subject to Fair Access or Managed Move protocols.

## **ELIGIBILITY**

### **Eligibility criteria for additional, short-term funding (schools and colleges)**

Most medical conditions can be effectively managed by schools and FE colleges from within their existing funding mechanisms. However, the Local Authority recognises that in a small number of exceptional cases, schools and occasionally FE colleges may require financial support to enable them to meet the needs of children and young people with significant and complex medical conditions where support is not already provided through an EHC Plan.

Additional funding may be provided to schools and FE colleges by the Local Authority in such circumstances, using High Needs Block funding (part of the Designated Schools Grant) which it holds on behalf of schools and colleges.)

High Needs Block funding will only be provided where a child or young person (up to their 19<sup>th</sup> birthday) meets the 'high needs' criteria; that is where the cost of their provision exceeds the nationally prescribed threshold (currently set at £6,000 per annum). Schools and colleges are expected to fund up to £6,000 per annum themselves from within their existing funding mechanisms.

Significant and complex medical needs are typically those where a child or young person requires a high level of support, considerable adjustments or differentiated provision because of their medical condition and where these cost in excess of the nationally prescribed threshold. Such needs might occur due to the age of a child, a sudden onset illness, or where substantial medical needs are identified following an accident or injury.

In terms of the additional funding that can be accessed in line with this policy, medical diagnoses such as Attention Deficit Hyperactivity Disorder (ADHD) or Autism Spectrum Disorder (ASD) are not considered to be significant and complex medical needs. The Special educational needs and disability code of practice: 0 – 25 years and the Equality Act 2010 state that schools and colleges are expected to arrange special educational provision or provide reasonable adjustments for such children and young people as necessary.

The additional, short-term funding accessed in line with this policy is intended to help schools and colleges support children and young people (up to their 19<sup>th</sup> birthday) with

significant and complex medical conditions who do **not** have an Education, Health and Care (EHC) Plan.

Where children and young people with significant and complex medical needs have an EHC Plan, it is expected that support for such needs will be incorporated into the identified special educational provision and funding will be provided in line with SEN mechanisms.

If a child or young person with an EHC Plan develops a significant and complex medical condition that requires additional support, the school should discuss this matter with their SEN Planning Coordinator with a view to bringing the Annual Review forward.

### **Links to EHC needs assessments**

Additional funding provided by the Local Authority for significant and complex medical needs is expected to be provided on a short-term basis only, usually two to three terms although each case will be considered on an individual basis.

Additional, short-term funding helps to ensure that the immediate needs of the child or young person are met, whilst providing the opportunity to 'skill up' the school or college workforce and embed meeting such needs into the culture and ethos of the setting. In the case of a sudden onset illness or injury, this also allows the school or college time to determine whether to apply for an Education, Health and Care (EHC) needs assessment when longer-term needs are better understood.

It is recognised that the long-term impact of medical conditions, particularly those which are sudden onset, can be unclear and schools and colleges may not have an opportunity to implement the graduated response as advocated by the Special educational needs and disability code of practice: 0 – 25 years. As such, additional, short-term funding for significant and complex medical conditions is designed to reflect the need for early intervention whilst allowing for a child or young person's needs to be assessed and for support to be planned, implemented and reviewed.

Additional, short-term funding accessed in line with this policy is not expected to replace the Education, Health and Care (EHC) needs assessment process in any circumstance. An application for additional, short-term funding must not be made alongside a request for an EHC needs assessment. Schools and colleges should continue to request an EHC needs assessment where they believe a child or young person's special educational needs to be severe, complex and long term and where they have implemented the graduated response.

### **Application process**

In order to apply for additional, short-term funding to support pupils with significant and complex medical needs who meet the high needs criteria, schools must evidence that they have met their legal duties in line with Supporting pupils at school with medical conditions.

Schools must complete the **Request for additional, short-term funding (medical conditions)** form (available from the Physical & Medical Needs Service). The information provided should evidence how schools are using existing funding to support the pupil, how they will use any additional funding and what outcomes they hope to achieve.

Schools **must** also supply a copy of the pupil's Individual Healthcare Plan (IHP), implemented by the school with input from the family and relevant health practitioners, with the application.

Applications for additional, short-term funding should be submitted to the Physical & Medical Needs Service. Cases will then be considered by relevant advisors within the Local Authority, before being scrutinised by the Senior Manager for SEND Services 0 – 25. Where required, further medical opinion will be sought by the Local Authority.

Any additional, short-term funding that is agreed will be in line with the Dorset SEN Banding Thresholds. Schools are encouraged to consider these before making a request for additional, short-term funding.

Decisions regarding additional, short-term funding will be made within 4 weeks of the receipt of the completed application. If additional short-term funding is agreed, this will start from the date a decision is made.

## **LIABILITY AND INDEMNITY**

Pimperne Primary School is covered by the local authority's medical malpractice insurance policy. This covers all staff in the arrangements made to support pupils with medical conditions for whom particular training has been given. Staff must follow the guidance, procedures and administering of medicines accurately.

## **COMPLAINTS**

Parents and carers should contact the school or setting in the first instance if they have concerns that their child's medical condition is not being appropriately supported.

If schools or settings, or parents are unhappy with the service that they have received from the Local Authority in relation to this policy, having an open discussion at an early stage can usually resolve difficulties quickly. Dorset County Council welcomes feedback.

However, it is recognised that in some cases, things might not go to plan or parents or young people might have concerns that a service is inadequate or doesn't meet expectations. If this is the case, parents and young people can seek advice and get support about how they might approach the Local Authority from the Dorset Parent Carer Council, SEN and Disability Information, Advice and Support Service (SENDIASS) or a professional working with the family. In most cases, this approach is successful and things improve.

If however, parents or young people feel that their concerns still need to be resolved and want to take matters further, they can make a complaint and should contact the Local Authority to do so.

Pimperne Primary School holds a Complaints Policy details of which can be found on the school website. Should any complaint be received in respect of the support provided for individual medical conditions, it will be dealt with in accordance with the Complaints Policy.

## **EQUALITY STATEMENT**

Pimperne Primary School is mindful of its Equality Duties; respecting religious belief and ensuring that support is provided for those with disability needs that might be affected by this policy. Where there are language or communication issues, and to avoid any misunderstanding, the parents/carers and Headteacher will agree an appropriate course of action. The Headteacher will engage interpreters or signers when required to ensure that full understanding of a pupil's medical needs are determined accurately.

With regard to off-site visits and residential opportunities, school will ensure that reasonable adjustments enabling pupils to be included are appropriate and made in consultation with parents/carers.

### **Local authority contacts**

Schools and settings should always seek appropriate advice and training from relevant healthcare practitioners to ensure that they are meeting the individual needs of their children and young people with medical conditions.

For queries about how schools and settings should meet their statutory duties in supporting pupils with medical conditions or whether to apply for additional, short-term funding in line with this policy, please contact:

Kelly Lambert  
Senior Advisor - Physical & Medical Needs  
South Annexe, County Hall  
Colliton Park  
Dorchester, Dorset  
DT1 1XJ

01305 224063  
[k.lambert@dorsetcc.gov.uk](mailto:k.lambert@dorsetcc.gov.uk)

Schools who have queries about supporting pupils who are unable to attend school due to health needs should contact:

Sylvie Lord  
Advisor for Alternative Provision, Exclusions and Elective Home Education  
Monkton Park  
Winterborne Monkton  
Dorchester  
DT2 9PS

01305 224530  
[s.lord@dorsetcc.gov.uk](mailto:s.lord@dorsetcc.gov.uk)

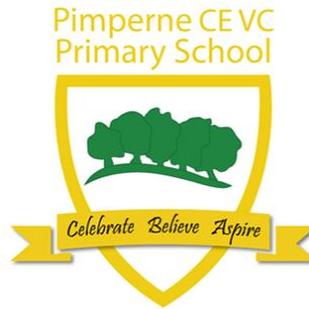
Any queries regarding support in the early years should be directed to the:

Early Years and Childcare Service  
County Hall  
Dorchester  
DT1 1XJ

01305 228425  
[earlyyearsadvice@dorsetcc.gov.uk](mailto:earlyyearsadvice@dorsetcc.gov.uk)

This policy was reviewed in September 2018  
Next Review date is September 2019 and every 3 years thereafter

## Appendix 1.



# PIMPERNE PRIMARY SCHOOL ASTHMA POLICY

The school:

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art, Physical Education, science, educational visits and (out of hours activities) extra curricular activities otherwise it excludes walks etc in the school day
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times
- Keeps a record of all pupils with asthma and the medicines they take
- Endeavours that the whole school environment, including the physical, social, sporting and educational environment, is favourable to pupils with asthma
- Ensures that all staff (including supply teachers and support staff) who have pupils with asthma in their care, know who those pupils are and know the school's procedure to follow in the event of an asthma attack (list on staff allergy board)

### **Asthma medicines**

Immediate access to reliever medicines is essential. All inhalers are kept in the medical area and can be accessed by all staff.

It is advised that the, parent/carer provides the school with a labelled, in date spare reliever inhaler. These are held in case the pupil's own inhaler runs out, or is lost or forgotten and are kept in the school office. All inhalers must be labelled with the child's name.

If a parent/carer has stated that their child requires an inhaler in school but does not supply an **in-date inhaler**, the school will take the following action:

- Phone the parent/carer and request that the inhaler is brought into school without delay. The phone call will be logged on the pupil's Asthma Information Form (reverse side 'For Office Use' box). Further conversations may be appropriate, at the discretion of the school.
- Treat the child, with the verbal permission, via telephone, of the parent-with a spare in date inhaler.

School staff who agree to administer medicines are insured by the local authority when acting in agreement with this policy. All school staff will facilitate pupils to take their medicines when they need to.

### **Record keeping**

When a child joins the school, parents/carers are asked to declare any medical conditions (including asthma) that require care within school, for the school's records.

At the beginning of each school year, parents are requested to update details about medical conditions (including asthma) and emergency contact numbers.

All parents/carers of children with asthma are given an asthma information form to complete and return to school. From this information the school keeps its asthma records. All teachers know which children in their class have asthma. Parents are required to update the school about any change in their child's medication or treatment. Should a child have to use their inhaler, more than twice in a school day, parents will be notified by text message.

### **Exercise and activity – Physical Education and games**

All children are encouraged to participate fully in all aspects of school life including P.E. Children are encouraged/reminded to use their inhalers before exercise (if instructed by the parent/carer on the asthma form) and during exercise if needed. Staff are aware of the importance of thorough warm up and down. Each pupil's inhaler can be obtained from the medical area by the office.

Children are trusted to independently or peer supported travel to the office and request their inhaler (unaccompanied).

### **School Environment**

The school endeavours to ensure that the school environment is favourable to pupils with asthma. The school will take into consideration, any particular triggers to an asthma attack that an individual may have and will seek to minimise the possibility of exposure to these triggers.

### **Asthma Attacks – School's Procedure**

In the event of an asthma attack, staff will follow the school procedure:

- Encourage the pupil to use their inhaler
- Summon a first aider, (initially Mrs McCarthy, Mrs Brealey) who will bring the pupil's Asthma Information Form and will ensure that the inhaler is used according to the dosage on the form
- If the pupil's condition does not improve, the First Aider will follow the 'Emergency asthma treatment' procedures – see 'red' sheet

- The First Aider will call for an ambulance if there is no improvement in the pupil's condition
- If there is any doubt about a pupil's condition an ambulance will be called and a parent will be informed.
- If the child were to lose consciousness whilst waiting for an ambulance, the staff will follow the Dr ABC technique.

### **Access and Review of Policy**

The Asthma Policy will be accessible to all staff and the community through the school's website. Paper copies can be obtained from the school office. This policy will be reviewed on a two yearly cycle.

Dear Parent/Carer

**Asthma Information Form**

Please complete the questions below so that the school has the necessary information about your child's asthma. **Please return this form without delay.**

CHILD'S NAME ..... Age  
.....Class.....

1. Does your child need an inhaler in school? Yes/No

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs? Do they have a spacer?)

.....  
.....

.....  
.....

3. What triggers your child's asthma?

.....  
.....

It is advised to have a spare inhaler in school. Spare inhalers may be required in the event that the first inhaler runs out, is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date.

I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.

Signed:.....

Date.....

I am the person with parental responsibility

Circle the appropriate statements

- My child requires a spacer and I have provided this to the school office
- My child does not require a spacer
- I need to obtain an inhaler/spacer for school use and will supply this/these as soon as possible

4. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....  
.....  
5. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency?

- Call parent/carer or message to say Emergency treatment is taking place now
- Give **6 puffs of the blue inhaler via a spacer**
- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further **4 puffs of the blue inhaler**
- Reassess after 5 minutes
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
- **CALL AN AMBULANCE and CALL PARENT**
- **While waiting for an ambulance continue to give 10 puffs of the blue reliever inhaler every few minutes**

Yes/No

Signed:.....

Date.....

I am the person with parental responsibility

Please remember to inform the school if there are any changes in your child's treatment or condition.

Thank you

**Parental Update** (only to be completed if your child no longer has asthma)

My child ..... no longer has asthma and therefore no longer requires an inhaler in school or on school visits.

Date

For office use:

Signed

I am the person with parental responsibility

	Provided by parent (Yes/No)	Location (delete as appropriate)	Expiry date	Date of phone call requesting inhaler/spacer	Date of letter (attach copy)
1st inhaler					
2nd inhaler Advised					
Spacer (if required)					
Record any further follow up with the parent/carer:					

# Emergency asthma treatment

## Asthma attacks & wheeziness

Signs of worsening asthma:

- Not responding to reliever medication
- Breathing faster than usual
- Difficulty speaking in sentences
- Difficulty walking/lethargy
- Pale or blue tinge to lips/around the mouth
- Appears distressed or exhausted
  
- Call parent/carer and inform them of treatment proceeding
- Give 6 puffs of the blue inhaler via a spacer
  
- Reassess after 5 minutes
  
- If the child still feels wheezy or appears to be breathless they should have a **further 4 puffs of the blue inhaler**
  
- Reassess after 5 minutes
  
- **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**
  
- **CALL AN AMBULANCE and CALL PARENT**
  
- **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**