



**WALES HIGH SCHOOL
ACADEMY TRUST**

**POLICY ON SUPPORTING PUPILS
WITH MEDICAL NEEDS (with additional
Asthma Policy)**

REVISION DATE	APPROVED BY	DATE OF APPROVAL
September 2023	Governing Body	3 October 2023
September 2024	Governing Body	8 October 2024
September 2025	Governing Body	30 September 2025

To be reviewed annually

All policies are available on the school website

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Statement of intent

The governing body at Wales High School has a duty to ensure arrangements are in place to support pupils with medical conditions. 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 to allow them to play a full and active role in school life, remain healthy, have full access to education (including school trips and PE), and achieve their academic potential.

The school believes it is important that parents/ carers of pupils with medical conditions feel confident that the school provides effective support for their children's medical conditions, and that pupils feel safe in the school environment.

Some pupils with medical conditions may be classed as disabled under the definition set out in the Equality Act 2010. The school has a duty to comply with the Act in all such cases.

This policy sets out how the school intends to manage the arrangements for supporting children with medical needs, personal care where additional staff training is required, and those who require medication to be given in school/setting. Most children with medical needs are able to attend school regularly and, with support from the school, take part in most routine activities, whilst others with more significant medical needs require an Individual Health Care Plan (IHCP).

In addition, some pupils with medical conditions may also have SEND and have an EHC plan collating their health, social and SEND provision. For these pupils, the school's compliance with the DfE's 'Special educational needs and disability code of practice: 0 to 25 years' and the school's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with legal duties.

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

1. Legal framework

This policy has due regard to all relevant legislation and guidance including, but not limited to, the following:

- Children and Families Act 2014
- Education Act 2002
- Education Act 1996 (as amended)
- Children Act 1989
- National Health Service Act 2006 (as amended)
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Misuse of Drugs Act 1971
- Medicines Act 1968
- The School Premises (England) Regulations 2012 (as amended)
- The Special Educational Needs and Disability Regulations 2014 (as amended)
- The Human Medicines (Amendment) Regulations 2017
- The Food Information (Amendment) (England) Regulations 2019 (Natasha's Law)
- DfE (2015) 'Special educational needs and disability code of practice: 0-25 years'
- DfE (2021) 'School Admissions Code'
- DfE (2015) 'Supporting pupils at school with medical conditions'
- DfE (2022) 'First aid in schools, early years and further education'
- Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND)
- Behaviour for Learning
- Asthma Policy
- Allergen and Anaphylaxis Policy - do we have these policies?
- Complaints Procedures
- Attendance
- Admission Arrangements

2. Roles and responsibilities

The governing body will be responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.

- Ensuring 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.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board 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.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Responsibility, in principle, for school staff administering or supervising the taking of prescribed medication or medical care during the school day. The acceptance of responsibility may depend, however, upon the nature of any individual needs.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all IHPs, including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying the school if their child has a medical condition. There is a form available online.
- Providing the school with sufficient and up-to-date information about their child's medical needs. Clinic letters / G.P. letters should be provided where appropriate.
- Parents/carers should try to ensure that their child's medication is taken out of school hours wherever possible.
- Where children are required to take medicines during school time, parents/carers should send a note with the medication to Student Reception Staff providing the details of the dose and frequency.
- If required to self-medicate, parents/ carers should ensure their child only has adequate medication for one day.
- Parents should regularly check the expiry date of medicines; the responsibility for collecting expired or unwanted medicine lies with the parent/carer. School will periodically check medicines held at the school - parents/carers will be contacted and they should make arrangements to collect and dispose of such medicines.
- Where a parent/carer considers their child to be capable and mature enough to self-medicate prescription or non-prescription medicine, e.g. commercially available pain

killers, the parent/carer should send a note to Student Reception Staff giving their permission.

- Pupils who are permitted to carry medications should never dispense / make available the medication to other students in school. If any medication is given to other students disciplinary action may be taken.
- Parents/carers should inform the school as soon as possible of any changes in their child's condition or treatment and provide the medical evidence in support of the changes
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Pupils should take care in carrying medicines to and from school. They should never give their medicine to other children.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.
- In some circumstances, e.g. severe allergic reaction, which may require the immediate administration of medicines, those staff who have volunteered will receive training.

The school nurse will be responsible for:

- Providing daily first aid and emergency care and treatment to students in case of injury or acute illness.
- Notifying appropriate staff when a pupil has been identified as having a medical condition which requires support in school.
- Supporting staff to implement IHPs and providing advice and training.
- Liaising with lead clinicians locally on appropriate support for pupils with medical conditions.
- Updating students' medical history on Bromcom (the school's MIS) and ensure records are kept at a high standard, ensuring the accurate and rapid retrieval of information.
- Provide advice and information regarding individual pupils and medication to staff leading school trips.

- Educate students, parents and staff on healthy habits, such as proper nutrition and hygiene.
- Liaise closely with the School Counsellor and external counselling agencies, to ensure a collaborative approach to pupil wellbeing.

Integrated Care Boards (ICB'S) will be responsible for:

- Ensuring that commissioning is responsive to pupils' needs, and that health services are able to cooperate with schools supporting pupils with medical conditions.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Being responsive to LAs and schools looking to improve links between health services and schools.
- Providing clinical support for pupils who have long-term conditions and disabilities.
- Ensuring that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable pupils.

Other healthcare professionals, including GPs and paediatricians, are responsible for:

- Notifying the school nurse when a child has been identified as having a medical condition that will require support at school.
- Providing advice on developing IHPs.
- Providing support in the school for children with particular conditions, e.g. asthma, diabetes and epilepsy, where required. For children with long term conditions annual care plans should be provided by the child's lead clinician as guidance for staff.

Providers of health services are responsible for cooperating with the school, including ensuring communication takes place, liaising with the school nurse and other healthcare professionals, and participating in local outreach training.

The LA will be responsible for:

- Commissioning school nurses for local schools.
- Promoting cooperation between relevant partners.
- Making joint commissioning arrangements for EHC provision for pupils with SEND.
- Providing support, advice, guidance, and suitable training for school staff, ensuring that IHPs can be effectively delivered.
- Working with the school to ensure that pupils with medical conditions can attend school full-time.

Where a pupil is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the pupil is unlikely to receive a suitable education in a mainstream school.

3. Admissions

Admissions will be managed in line with the school's Admissions Arrangements.

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

The school will not ask, or use any supplementary forms that ask, for details about a child's medical condition during the admission process.

4. Notification procedure

Parents have a responsibility to notify school immediately upon a child's diagnosis. This can be done by completing the online form. Alternatively, please email afr@waleshigh.com

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will update internal systems (Bromcom, IHP) and staff who are familiar with the pupil. Following this, if deemed appropriate to do so, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

The school will not wait for a formal diagnosis before providing support to pupils. Where a pupil's medical condition is unclear, or where there is a difference of opinion concerning what support is required, a judgement will be made by the headteacher after consultation with staff members familiar with the pupil based on all available evidence, including medical evidence and consultation with parents.

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place within 15 working days. Parents/ carers are responsible for updating the school on any medical conditions at induction.

5. Staff training and support

Any staff member providing support to a pupil with medical conditions will receive suitable training. Staff will not undertake healthcare procedures or administer medication without appropriate training. Training needs will be assessed by the school nurse through the development and review of IHPs, on an annual basis for all school staff. The Deputy Head Mr Harrison will maintain records of appropriately trained staff.

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

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

The school nurse will identify suitable training opportunities that ensure all medical conditions affecting pupils in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

All lead staff taking educational visits out of school will carry a basic certificate of First Aid. In addition, all staff taking pupils with specific medical conditions will receive a briefing from the

school nurse prior to the visit taking place and/ or other medical professionals and carry a copy of the agreed IHP.

The parents of pupils with medical conditions will be consulted for specific advice and their views are sought where necessary, but they will not be used as a sole trainer.

Where deemed competent to do so it will be expected that students will take responsibility for their medical condition and only seek support when necessary.

Supply teachers will be:

- Provided with 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.

6. Self-management

Following discussion with parents, pupils who are competent to manage their own health needs and medicines will be encouraged to take responsibility for self-managing their medicines and procedures. This will be reflected in their IHP.

Where possible, pupils will be allowed to carry their own medicines and relevant devices. Where it is not possible for pupils to carry their own medicines or devices, they will be held in suitable locations that can be accessed quickly and easily. If a pupil 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 will be followed. Following such an event, parents will be informed so that alternative options can be considered.

Pupils that are competent to self-medicate in school will be encouraged to do so but, should limit the quantity of medication they carry to a single dose.

All controlled drugs should be locked in the controlled drug box located on pupil reception.

7. IHPs

Following the completion of the online form the school, healthcare professionals and parents agree, based on evidence, whether an IHP will be required for a pupil, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the headteacher will make the final decision.

The school, parents and a relevant healthcare professional will work in partnership to create and review IHPs in consultation with the school nurse. Where appropriate, the pupil will also be involved in the process.

IHPs will include the following information:

- 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, including details of the expectations of the role and the training needs required, as well as 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 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 parents 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

Where a pupil has an emergency healthcare plan prepared by their lead clinician, this will be used to inform the IHP.

IHPs will be easily accessible to those who need to refer to them via Bromcom, but confidentiality will be preserved. IHPs will be reviewed on at least an annual basis, or when a child's medical circumstances change, whichever is sooner. It is the parent / guardian's responsibility to sign and return the IHP as soon as possible.

Where a pupil has an EHC plan, the IHP will be linked to it or become part of it. Where a child has SEND but does not have a statement or EHC plan, their SEND will be mentioned in their IHP.

Where a child is returning from a period of hospital education, alternative provision or home tuition, the school will work with the LA and education provider to ensure that their IHP identifies the support the child will need to reintegrate.

8. Managing medicines

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

Pupils under 16 years old will not be given prescription or non-prescription medicines without their parents' written consent, except where the medicine has been prescribed to the pupil without the parents' knowledge. In such cases, the school will encourage the pupil to involve their parents, while respecting their right to confidentiality.

Non-prescription medicines may be administered in the following situations:

- When it would be detrimental to the pupil's health not to do so
- When instructed by a medical professional
- Medications will only be administered with prior consent of the parent / guardian. This may be written or verbal i.e., over the phone.

No pupil under the age of 16 will be given medicine containing aspirin unless prescribed by a doctor. Pain relief medicines will not be administered without first checking when the previous dose was taken, and the maximum dosage allowed.

Parents will be informed any time medication is administered that is not agreed in an IHP.

The school will only accept medicines that are in-date, labelled, in their original container, and 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.

All medicines will be stored safely. Pupils will be informed where their medicines are at all times and will be able to access them immediately, whether in school or attending a school trip or residential visit. Where relevant, pupils will be informed of who holds the key to the relevant storage facility. When medicines are no longer required, they will be returned to parents for safe disposal.

Sharps boxes will be used for the disposal of needles and other sharps.

Controlled drugs will be stored in a locked safe box/ non-portable container and only named staff members will have access; however, these drugs can be easily accessed in an emergency. A record will be kept of the amount of controlled drugs held and any doses administered. Staff may administer a controlled drug to a pupil for whom it has been prescribed, in accordance with the prescriber's instructions.

The school will hold asthma inhalers for emergency use. The inhalers will be stored in main reception and their use will be recorded. Inhalers will be used in line with the school's procedures for dealing with asthma. Spare inhalers will only be used on pupils with a confirmed asthma diagnosis and with parental consent.

Records will be kept of all medicines administered to individual pupils, stating what, how and how much medicine was administered, when, and by whom. A record of side effects presented will also be held.

9. Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's procedures for dealing with AAIs is implemented consistently to ensure the safety of those with allergies.

Parents are required to provide the school with up-to-date information relating to their children's allergies, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.

The headteacher and catering team will ensure that all pre-packed foods for direct sale (PPDS) made on the school site meet the requirements of Natasha's Law, i.e. the product displays the name of the food and a full, up-to-date ingredients list with allergens emphasised, e.g. in bold, italics or a different colour.

The catering team will also work with any external catering providers to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

Staff members receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's internal procedures. Where a pupil has been prescribed an AAI, this will be written into their IHP. Medical professionals and parents/ carers are responsible for updating the school when a dosage changes.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis.

Pupils who have prescribed AAI devices can keep their device in their possession. Spare devices will be kept on reception to be used in case of emergency and with parental consent.

Designated staff members will be trained on how to administer an AAI, and the sequence of events to follow when doing so. AAIs will only be administered by these staff members.

In the event of anaphylaxis, a designated staff member will be contacted as soon as possible via telephone or two-way radio. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI. If necessary, other staff members may assist the designated staff members with administering AAIs, e.g. if the pupil needs restraining.

The school will keep a spare AAI for use in the event of an emergency, which will be checked on a **monthly** basis to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in main reception area, ensuring that it is protected from direct sunlight and extreme temperatures. The spare AAI will only be administered to pupils at risk of anaphylaxis and where written parental consent has been gained. Where a pupil's prescribed AAI cannot be administered correctly and without delay, the spare will be used. Where a pupil who does not have a prescribed AAI appears to be having a severe allergic reaction, the emergency services will be contacted and advice sought as to whether administration of the spare AAI is appropriate.

Where a pupil is, or appears to be, having a severe allergic reaction, the emergency services will be contacted even if an AAI device has already been administered.

In the event that an AAI is used, the pupil's parents will be notified that an AAI has been administered and informed whether this was the pupil's or the school's device. Where any AAIs are used, the following information will be recorded on the Adrenaline Auto-Injector (AAI) Record:

- Where and when the reaction took place
- How much medication was given and by whom

For children aged 6-12 years, a dose of 300 micrograms of adrenaline will be used.

For children aged over 12, a dose of 300 or 500 micrograms of adrenaline will be used.

AAIs will not be reused and will be disposed of according to manufacturer's guidelines following use.

In the event of a school trip, pupils at risk of anaphylaxis will have their own AAI with them and the school will give consideration to taking the spare AAI in case of an emergency.

10. Record keeping

Written records will be kept of all medicines administered to pupils. Proper record keeping will protect both staff and pupils, and provide evidence that agreed procedures have been followed. Appropriate forms for record keeping can be found in [Appendix D](#) and [Appendix E](#).

11. Emergency procedures

Medical emergencies will be dealt with under the school's emergency procedures.

Parents should be contacted immediately.

Where an IHP is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.

Pupils will be informed in general terms of what to do in an emergency, e.g. telling a teacher.

If a pupil needs to be taken to hospital, a member of staff will remain with the pupil until their parents arrive. When transporting pupils with medical conditions to medical facilities, staff members will be informed of the correct postcode and address for use in navigation systems.

12. Day trips, residential visits and sporting activities

Pupils with medical conditions will be supported to participate in school trips, sporting activities and residential visits.

Prior to an activity taking place, the visit lead and EVC will conduct a risk assessment to identify what reasonable adjustments should be taken to enable pupils with medical conditions to participate. In addition to a risk assessment, advice will be sought from pupils, parents and relevant medical professionals. The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, e.g. a GP, indicates that this is not possible.

13. Unacceptable practice

The school will not:

- Permit unwell students to leave school site without appropriate supervision.
- Assume that pupils with the same condition require the same treatment.
- Prevent pupils from easily accessing their inhalers and medication.
- Ignore the views of the pupil or their parents.
- Ignore medical evidence or opinion.
- Send pupils home frequently for reasons associated with their medical condition, or prevent them from taking part in activities at school, including lunch times, unless this is specified in their IHP.
- Send an unwell pupil to the medical room or school office alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.

- Make parents feel obliged or forced to visit the school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent is made to feel that they have to give up working because the school is unable to support their child's needs.
- Create barriers to pupils participating in school life, including school trips.
- Refuse to allow pupils to eat, drink or use the toilet when they need to in order to manage their condition.

14. Liability and indemnity

The governing board will ensure that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school is adequately covered by DfE for liability relating to the administration of medication.

In the event of a claim alleging negligence by a member of staff, civil actions are most likely to be brought against the school, not the individual.

15. Complaints

Parents 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. If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedures, as outlined in the Complaints Procedures. If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE.

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

16. Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the LA. Where appropriate, the school will share relevant information to allow the LA to develop appropriate transport plans for pupils with life-threatening conditions.

17. Defibrillators

The school has Cell-AED and Mediana HeartOn A15 automated defibrillators (AED). The schools AED units will be available across the school site and clearly visible.

All staff members and pupils will be made aware of the AED's location and what to do in an emergency.

No training will be needed to use the AED, as voice and/or visual prompts guide the rescuer through the entire process from when the device is first switched on or opened; however, staff members will be trained in cardiopulmonary resuscitation (CPR), as this is an essential part of first-aid and AED use.

The emergency services will always be called where an AED is used or requires using.

Maintenance checks will be undertaken on AEDs on a monthly basis by the school nurse, who will also keep an up-to-date record of all checks and maintenance work.

18. Monitoring and review

This policy is reviewed on an annual basis by the governing board, school nurse and headteacher. Any changes to this policy will be communicated to all staff, parents and relevant stakeholders.

The next scheduled review date for this policy is September 2026

Notification of Medical Condition.

Pupil's details

Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis of condition	
Date	
Review date	

Family contact information

Name	
Relationship to pupil	
Phone number	
Name	
Relationship to pupil	
Phone number	
Relationship to pupil	

Hospital contact

Name	
Phone number	

Pupil's GP

Name	
Phone number	

Who is responsible for providing support in school?

--

Pupil's medical needs and details of symptoms, signs, triggers, treatments, facilities, equipment or devices and environmental issues

--

Name of medication, dose and method of administration

--

Daily care requirements

--

Arrangements for school visits and trips

--

--

Other information

--

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

--

Responsible person in an emergency, state if different for off-site activities

--

Plan developed with

--

Staff training needed or undertaken – who, what, when:

--

PHOTO

STUDENT ACTION PLAN – MEDICAL

Name: _____ Tutor Group: _____

DoB: _____

Emergency Contact Details

Parents/Carers: _____

Specifics of medical condition (None Epileptic Seizures):

Advice/Guidance on how staff should manage the condition at school:

Actions already undertaken by school: Yes/No

Action plan in place: Yes/No

Staff informed of medical condition: Yes/No

Regular contact with parents to update on action plan: Yes/No

Has the student been referred to family doctor Yes/No

Has the student been referred to specialist/consultant Yes/No

If Yes, please name consultant/hospital: _____

Other outside agencies: _____

Signed by Parent: _____ Date: _____

Signed by Student: _____ Date: _____

Signed by WHS: _____ Date: _____

This action plan should be filled in by parents and staff to ensure the medical needs of students and the health and safety of the school are taken into account.



Wales High School

Asthma Policy

Name of School Asthma Lead: Amy Fretwell

NHS South Yorkshire Contact:

Dr Sonal Kansra, Clinical Lead for Children & Young People's Asthma across the NHS South Yorkshire Integrated Care Systems

and/or Specialist CYP Asthma Nurses at Place

scn-tr.cypalliance@nhs.net

Author: NHS South Yorkshire ICB CYP Asthma Transformation Core Group

(v2 – June 2023)

Acknowledgements: Healthy London Partnership

Aims

Asthma is the most common chronic childhood condition, affecting one in eleven children. On average, there are two pupils with asthma in every classroom in the UK and this results in over 25,000 emergency hospital admissions a year.

At Wales High School, we recognise that asthma is a common, serious, but controllable condition, and we welcome all children with asthma to join us. We want our school community to be healthy and happy. By educating our staff around asthma and its treatment, we aim to enable pupils to medicate effectively in school and for asthma to have as little an impact as possible on their learning.

Objectives

We will ensure that all pupils who suffer from asthma:

- be linked with specified staff members who know them, their condition, their parents/guardians, and their medical care plan well;
- always have appropriate medicines stored in school (and held by a designated adult when on trips) at all times. Consent will be obtained from parents/guardians and added to the medical register.
- have full access to the curriculum including exercise and PE, educational visits, and residential trips, as far in advance as possible.

General Information

All pupils with asthma will be placed on an Asthma Register and encouraged to take control of their own medical needs when, and as far as appropriate (according to their age and the severity of their condition). Appendix 1 Asthma Register

The care and administration of medication to pupils with asthma will be incorporated in the planning and risk assessments around all school trips and visits.

Asthma Lead Amy Fretwell is the named staff member in our schools who oversees the implementation of this policy.

Medical Support and Liaison

We follow a regionally endorsed Asthma Management Plan which sets out the response in the event of a pupil suffering from an asthma attack.

Exceptionally, for pupils where this plan is not appropriate, an individualised Medical Care Plan which incorporates guidance about what to do in the case of a medical emergency may be used. This will need to be completed by the child's G.P. Practice nurse or Asthma nurse. Our staff are trained to respond to asthma emergencies and will contact the emergency services and parents/guardians.

Appendix 2 School Asthma plan

The school always keeps an emergency salbutamol inhaler and spacer.

(For more information on ordering, see Appendix 4)

The emergency kit will have two Salbutamol inhalers available at a minimum and spacers compatible with Salbutamol. The inhalers should be stored in their original packing.

If a pupil needs to be taken to hospital, a member of staff will always accompany them until a parent/guardian arrives.

If pupil is frequently missing school lessons or activities, we (with consent from the parents/guardians) will link in with designated partners in health. This can be the School Nurse or the child's GP, Practice Nurse, or Hospital Specialist.

All Staff Responsibilities

All school staff should:

- Complete the appropriate level of training to effectively deal with children and young people's asthma.
- Read the schools' Asthma policy and be aware of which pupils have asthma, be familiar with the school's asthma management plan, and the content of the individualised asthma management plan of some pupils.
- Ensure that pupils have immediate access to their own medicines, which should be stored in a safe, labelled, and accessible space in each classroom.
- Support older pupils who may carry their own inhalers for the self-management of their asthma and to report to Amy Fretwell asthma lead if they need to use their rescue inhalers.
- Maintain effective communication with parents/guardians, including informing them if their child has been unwell at school. Appendix 3 example letter
- Inform parents if pupils require their inhaler more than three times in a week and advise the family to arrange an asthma review. Appendix 3 example letter
- Ensure pupils have their medicines with them when they go on a school trip or external visit.
- Be aware of pupils with asthma who may require extra support.

- Ensure all children with asthma are included in activities they wish to participate in.

Physical Activity for Pupils with Asthma

- Pupils should be encouraged to warm-up and cool down appropriately before and after exercise, to use their inhalers as necessary, and to participate in all physical activities on offer.
- It is not recommended for children with asthma to routinely use salbutamol before exercise.

Environmental Impacts on Pupils with Asthma

- School and its grounds are a designated smokefree area.
- At our school, we will actively engage with local authorities' programmes to reduce air pollution around schools.
- Cleaning and maintenance will be carried out at the end of the school day.
- The indoor school environment will be kept free of common asthma triggers like dust mites, damp, mould and restrict the use of aerosols in confined spaces.
- We will remain aware of levels of air pollution in the area and be aware of mitigations that need to be put in for pupils with Asthma on high pollution days.

Monitoring and Review

On the first Tuesday of every month, staff will check the dates and contents of each inhaler to ensure they are still safe to be used and inform parents/guardians if replacements are required.

Our staff will liaise with parents/guardians about the health of their children who suffer with asthma and any requirements while they are in school (medical appointments, spacers etc).

A pupil should not require a second salbutamol inhaler in an academic year; if the canister requires replacing, it should be replaced, yet this would indicate the pupil's asthma is poorly controlled and they need to see their GP Practice Nurses or Asthma Specialist.

Medical registers and health care plans will be amended and updated by Amy Fretwell annually and/or when the school is made aware of any changes to the child's treatment plan.

Training around the management of asthma for all school staff will be facilitated each year by the Senior Leadership Team. At least 85% of staff will be trained to this level.

<https://www.e-lfh.org.uk/programmes/children-and-young-peoples-asthma/>

Our compliance with this policy will be audited every __ years.

Appendix

Appendix 1 School Asthma Register

Appendix 2 School Asthma Plan

Appendix 3 Letter informing parents of the need for inhalers/asthma symptoms at school

Appendix 4 Ordering Emergency Inhalers for Schools:

Appendix 5 Specimen Parent Asthma Letter for Secondary Schools

Name _____ DOB _____

Version 1.0: Sept. 22 Review: Sept. 23



Secondary Schools Asthma Action Plan

Do I have signs of

- Wheezing
- Shortness of breath
- Coughing • Or complaining that my chest hurts

Stay with me and call for help if necessary. Give me 2-4 puffs of my rescue (blue) inhaler with my spacer following the guidance in the green box

- Keep calm and reassure me
- Sit me up and slightly forward
- Shake my rescue (blue) inhaler before use, remove the cap and then place in my spacer
- I need to place the mouth piece of the spacer between my teeth and lips to make a seal. I need to spray one puff and then take 10 breaths.
- I will repeat the above steps for each puff of the rescue (blue) inhaler
- I may need help with these steps

If my rescue (blue) inhaler has had little or no effect

- I have difficulty walking
- I am coughing and wheezing a lot more
- I am unable to talk or complete sentences,
- I am breathing hard and fast
- I may go very quiet
- My nostrils may be flaring

Give me up to 10 puffs of the rescue (blue) inhaler with my spacer using the guidance in the green box. You do not have to give the full 10 puffs before you call 999 if you are worried.

THINK ANAPHLAXIS, DO I HAVE AN ADRENALINE PEN? IF YES, REFER TO THE GUIDANCE IN YELLOW ALLERGIES BOX BELOW

Call 999 for an ambulance School Postcode

- **If there is little or NO IMPROVEMENT** Continue to give me 10 puffs of my rescue (blue) inhaler every 15 minutes until medical help arrives or my symptoms improve.
- **If I am EXHAUSTED**
- **If I am going BLUE**
- **You are WORRIED OR UNSURE**
- **If I have COLLAPSED**

Call my Parent/carers

ALLERGIES

- Do I have an adrenaline pen?
- If I'm not getting any better I could be having an anaphylactic reaction causing inflammation in my lungs
- **IF IN DOUBT FOLLOW MY ALLERGY MANAGEMENT PLAN AND *INJECT**
- Call an ambulance and state you suspect I am having an ANAPHYLACTIC REACTION

If my own inhaler/spacer or adrenaline pen is not available or expired, use the Schools emergency inhaler/spacer and adrenaline pen

School Asthma Action Plan

If a child stays in the Green zone and needs his rescue (Salbutamol) inhaler 3 or more times a week, contact parents/carers to arrange an asthma review in that week

For a child in the amber zone who improves with additional inhalers at school, parents/carers should be contacted and the child should have a medical review the same day

Repeat inhalers and adrenaline injectors should be ordered if the emergency school supply has been used

Acknowledgements

Adapted from East London NHs trust and London Healthy Lung partnership plan

Version 1:0: September 2022 Review: September 2023

School Name:

Specimen Parent Asthma Letter for Schools

Dear Parents,

This letter is to formally notify you that _____ has had problems with their breathing today.

This happened when _____

- They used _____ puffs of their own inhaler
- They did not have their own asthma inhaler with them, so a member of staff helped them to use the school emergency asthma inhaler containing salbutamol. They were given _____ puffs.
- They have requested to use their rescue inhaler >3 times this week

(Tick whichever box is applicable)

Although they soon felt better, we would strongly advise that you discuss this with their own doctor or asthma nurse as soon as possible.

Yours sincerely,

Signed: _____

Date: _____

Print name: _____

Child's name: _____

Class: _____

- Please can you ensure your child brings in a working in-date inhaler and spacer for their use in school: both should be clearly labelled with your child's name and date of birth.

Appendix 4

Ordering Emergency Inhalers for Schools:

- **Order on line - [Salbutamol Inhaler | Eureka Direct](https://www.eurekadirect.co.uk/Medical-Consumables/Inhalers-For-Schools/Salbutamol-Inhaler)**
(<https://www.eurekadirect.co.uk/Medical-Consumables/Inhalers-For-Schools/Salbutamol-Inhaler>)

This company can supply and deliver inhalers to schools for emergency use.

Schools complete the online [order form](https://www.eurekadirect.co.uk/Medical-Consumables/Inhalers-For-Schools/Salbutamol-Inhaler) (<https://www.eurekadirect.co.uk/Medical-Consumables/Inhalers-For-Schools/Salbutamol-Inhaler>) which acts as the signed order for the inhalers – schools can set up a purchase order number so the company can invoice the schools for payment. There is no minimum order, but they do have a delivery charge of £5.95.

- **Order from community pharmacy**
Most community pharmacies will be happy to provide supplies based on these [Guidelines](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

The school will need to provide a signed order with the following details:

Sample signed order for the purchase of emergency salbutamol inhalers for use in schools:

Name of school	
Address of school	
Purpose for which the inhalers are intended	Please supply salbutamol inhalers, as indicated in this signed order, to be held by the school for the emergency treatment of acute asthma
Number of Salbutamol inhalers (Salamol 100mcg pMDI CFC free)	2
Name of Head Teacher	
Signature of Head Teacher	

Specimen Parent Asthma Letter for Secondary Schools

Dear Parent/Guardian,

We are currently reviewing our asthma policy. Please would you update the information regarding your child so we can ensure our school records are accurate.

Our updated asthma policy means we will have an emergency salbutamol reliever inhaler on site. This is a precautionary measure. You still need to provide your child with their own inhaler (and spacer if needed with this inhaler) as prescribed. If you do not wish for us to use the schools' inhaler in an emergency, please fill in the details below and return to school as soon as possible.

If your child has not had an asthma review in the past 12 months, please book an appointment with your GP as soon as possible.

Please complete the information below and return to school:

1. I confirm that my child has been diagnosed with asthma.
2. I confirm my child has been prescribed an inhaler.
3. My child has a working, in-date inhaler(and spacer) clearly labelled with their name, which they will have with them at school every day.
4. Please tick if you **DO NOT** wish the school to use the schools' inhaler in an emergency.

Signed: _____ Date: _____

Print name: _____

Child's name: _____ Class: _____

Yours sincerely,

Named School Asthma Lead

