



Ayresome Primary School

Supporting Pupils with Medical Conditions Policy

Date policy last reviewed: September 2025

Signed by:

Headteacher

Date:

Chair of Local Academy Committee

Date:

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Statement of Intent

The governing board of Ayresome Primary 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 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.

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.

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 (2017) '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:

- Administering Medication Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Drug and Alcohol Policy
- Asthma Policy
- Allergen and Anaphylaxis Policy
- Complaints Procedures Policy
- Pupil Equality, Equity, Diversity and Inclusion Policy
- Attendance and Absence Policy
- Pupils with Additional Health Needs Attendance Policy
- Admissions Policy

Roles and responsibilities

The governing board 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 at school as any other child
- Working with the LA, health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- 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.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The role of Local Governing Bodies

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.
- 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.
- Having overall responsibility for the development of IHPs.
- 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.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- 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.
- 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.

The school nurse will be responsible for:

- Notifying the school at the earliest opportunity 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.

Clinical commissioning groups (CCGs) 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.

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.

Admissions

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

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.

Notification procedure

When the school is notified that a pupil has a medical condition that requires support in school, the school nurse will inform the headteacher. Following this, 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 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 two weeks.

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 a termly basis for all school staff, and when a new staff member arrives. The school nurse will confirm the proficiency of staff in performing medical procedures or providing medication.

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.

Whole-school awareness training will be carried out on a termly basis for all staff, and included in the induction of new staff members.

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.

Training will be commissioned by the SBM and provided by the following bodies:

- Commercial training provider
- The school nurse
- GP consultant
- Hospital
- The parents of pupils with medical conditions

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.

The governing board will provide details of further CPD opportunities for staff regarding supporting pupils with medical conditions.

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.

Whole-school awareness training is carried out on a regular basis for all staff and included in the induction of new staff members.

Supply teachers

Supply teachers are;

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

Individual healthcare plans (IHPs)

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. 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, 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.

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.

All IHPs will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

Managing medicines

In accordance with the school's Administering Medication Policy, 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

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 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 the medical room and their use will be recorded. Inhalers will be used in line with the school's Asthma Policy.

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.

Asthma

Ad Astra Academy Trust;

- Recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life including physical exercise, visits, field trips and other out-of-school activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma and their medicinal requirements.
- Ensures that the school environment is conducive to the education of pupils with asthma.
- Ensures that all members of school staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Understands that pupils with asthma may experience bullying and has procedures in place to prevent this occurring.

- Works in partnership with interested parties, such as the governing body, members of school staff, parents, pupils and outside agencies, to ensure the best educational outcomes possible for pupils with asthma.

This policy enables pupils with asthma to manage their condition effectively in school and provides clear procedures to help ensure their safety and wellbeing.

Key roles and responsibilities in relation to the management of asthma in schools

The **Headteacher** has a responsibility to;

- Arrange for all members of staff to receive training on: how to recognise the symptoms of an asthma attack; how to distinguish asthma attacks from other conditions with similar symptoms; how to deal with an asthma attack; how to check if a child is on the Asthma Register; how to access the emergency inhalers; who the designated members of staff are and how to achieve their help.
- Delegate the responsibility to check the expiry date of spare reliever inhalers and maintain the school's Asthma Register to a designated member of staff.

Members of school staff have a responsibility to;

- Know which pupils they come into contact with have asthma.
- Know what to do in the event of an asthma attack (as outlined in sections 6 and 7).
- Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parents/carers if their child has had an asthma attack.
- Inform parents/carers if their child is using their reliever inhaler more than usual.
- Ensure pupils with asthma have their medication with them on school trips and during activities outside of the classroom.
- Ensure pupils who are unwell due to asthma are allowed the time and resources to catch up on missed school work.
- Be aware that pupils with asthma may experience tiredness during the school day due to their night-time symptoms.
- Be aware that pupils with asthma may experience bullying.
- Make contact with parents/carers, the school nurse and special educational needs coordinators (SENCOs) if a child is falling behind with their school work because of their asthma.

Members of staff leading PE lessons have a responsibility to;

- Understand asthma and its impact on pupils. Pupils with asthma should not be forced to take part in activities if they feel unwell.
- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well controlled.
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
- Allow pupils to stop during activities if they experience symptoms of asthma.
- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided.
- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.

- Ensure pupils with asthma always perform sufficient warm ups and warm downs.

Pupils with asthma have a responsibility to;

- Tell their teacher or parent/carer if they are feeling unwell.
- Treat asthma medicines with respect.
- Know how to gain access to their medication in an emergency.
- Know how to take their asthma medicine.

All other pupils have a responsibility to;

- Treat other pupils, with or without asthma, equally.
- Let any pupil having an asthma attack take their reliever inhaler (usually blue) and ensure a member of staff is called immediately.

Parents/carers have a responsibility to;

- Inform the school if their child has asthma.
- Ensure the school has complete and up-to-date asthma information for their child.
- Inform the school of the medication their child requires during school hours.
- Inform the school of any medication their child requires during school trips, team sports events and other out-of-school activities.
- Inform the school of any changes to their child's medicinal requirements.
- Inform the school of any changes to their child's asthmatic condition. For example, if their child is currently experiencing sleep problems due to their condition.
- Ensure their child's reliever inhaler (and spacer where relevant) is labelled with their child's name.
- Ensure that their child's reliever inhaler and spare inhaler are within their expiry dates.
- Ensure their child catches up on any school work they have missed due to problems with asthma.
- Ensure their child has regular asthma reviews with their doctors or asthma nurse (every six to twelve months).

Asthma medicines

Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent/carer and the school nurse agree they are mature enough.

Reliever inhalers kept in the school's charge are held in the pupil's classroom in a designated storage area.

Parents/carers must label their child's inhaler and ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, is lost or forgotten.

Staff members will let pupils take their own medicines when they need to.

This policy is predominantly for the use of reliever inhalers. Preventer inhalers are very rarely required at school. However, if they are needed, staff members may need to remind pupils to bring them in if they consistently forget.

Emergency inhaler

Ayresome Primary School keeps a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in 'emergency asthma kits' in the medical cupboard

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- Two plastic, compatible spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler
- A record of administration showing when the inhaler has been used

Ayresome Primary School buys our supply of salbutamol inhalers from A C Moule & Co Pharmacy, Middlesbrough.

The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.

Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan.

When not in use, emergency inhalers are stored in the medical cupboard in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away.

Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled.

Spacers must not be reused and may be given to the pupil for future home-use.

Emergency inhalers may be reused, provided that they have been properly cleaned after use.

Appropriate support and training will be provided for relevant staff on the use of the emergency inhaler and administering the emergency inhaler.

Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration. The incident must also be recorded on the school's records, indicating where the attack took place, how much medication was given, and by whom, and the pupil's parents will be informed in writing.

Tracy Stephenson and Alex Barker are responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining the Asthma Register. They are also responsible for;

Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.

Ensuring replacement inhalers are obtained when expiry dates are approaching.

Ensuring replacement spacers are available following use.

Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

Symptoms of an asthma attack

Members of school staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)
- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences
- Younger pupils may express feeling tight in the chest as a 'tummy ache'.

What to do when a child has an asthma attack

In the event of an asthma attack, staff will follow the procedure outlined below;

- Keep calm and encourage pupils to do the same.
- Encourage the child to sit up and slightly forwards – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the emergency inhaler – do not leave the affected pupil unattended.
- If necessary, summon the assistance of a suitable member of staff, to help administer an emergency inhaler.
- Ensure the child takes two puffs of their reliever inhaler (or the emergency inhaler) immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.

If there is no immediate improvement;

- Continue to ensure the child takes two puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a maximum of 10 puffs.
- If there is no improvement before you have reached 10 puffs:
- Call 999 for an ambulance.

If an ambulance does not arrive in 10 minutes, administer another 10 puffs of the reliever inhaler as outlined in 6.2.

Call 999 immediately if:

- The child is too breathless or exhausted to talk.
- The child is going blue.

- The child's lips have a blue/white tinge.
- The child has collapsed.
- You are in any doubt.

Important points to remember

Never leave a pupil having an asthma attack unattended.

If the pupil does not have their inhaler, send another teacher or pupil to retrieve their spare inhaler.

In an emergency situation, members of school staff are required to act like a 'prudent parent' – known as having a 'duty of care'.

Reliever medicine is very safe. Do not be overly concerned a pupil may overdose.

Send another pupil to get a teacher/adult if an ambulance needs to be called.

Contact the pupil's parents/carers immediately after calling an ambulance.

A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.

Generally, staff will not take pupils to hospital in their own car. However, in some extreme situations Ayresome Primary School understands that it may be the best course of action.

If a situation warrants a staff member taking a pupil to hospital in their car, another adult must accompany them.

Record keeping

At the beginning of each school year, or when a child joins the school parents/carers are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.

The school keeps a record of all pupils with asthma, complete with medication requirements, in its Asthma Register.

Parents must inform the school of any changes to their child's condition or medication during the school year via an Asthma Policy Information Slip- see appendix 10.

Exercise and physical activity

Games, activities and sports are an essential part of school life for our pupils. All teachers know which children in their class have asthma and are aware of any safety requirements.

Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity via the school's Asthma Register.

Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity.

Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

Out-of-hours sport

Ayresome Primary School believes sport to be of great importance and utilises out-of-hours sports clubs to benefit pupils and increase the number of pupils involved in sport and exercise.

Pupils with asthma are encouraged to become involved in out-of-hours sport as much as possible and will never be excluded from participation.

Members of school staff or contracted suppliers will be aware of the needs of pupils with asthma during these activities and adhere to the guidelines outlined in this policy.

The school environment

Ayresome Primary School does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any furry or feathered animals and has a definitive no-smoking policy throughout school grounds.

As far as possible, the school does not use any chemicals in art or science lessons that are potential triggers for asthma.

If chemicals that are known to be asthmatic triggers are to be used, asthmatic pupils will be taken outside of the classroom and provided with support and resources to continue learning.

Pupils falling behind

If a pupil is falling behind in lessons because of their asthma, the class teacher will talk to the parents/carers to discuss how to prevent the child falling further behind and possible ways for the child to catch-up.

If appropriate, the teacher will then talk to the school nurse and SENCO about the pupil's needs and possible interventions.

The school recognises that it is possible for pupils with asthma to have special educational needs due to their asthma.

Allergy and Anaphylaxis

The school's Allergen and Anaphylaxis Policy 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. Further information relating to how the school operates in line with Natasha's Law can be found in the Whole-School Food Policy.

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 Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

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. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

Pupils who have prescribed AAI devices, and are aged seven or older, can keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these will be stored in a suitably safe and central location; in this case, the classroom medical box, in a locked bag.

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 via a phone. 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 monthly to ensure that it remains in date, and which will be replaced before the expiry date. The spare AAI will be stored in the medical cupboard, 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 under the age of 6, a dose of 150 micrograms of adrenaline will be used.

For children aged 6-12 years, a dose of 300 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.

Further information relating to the school's policies and procedures addressing allergens and anaphylaxis can be found in the Allergen and Anaphylaxis Policy.

Record keeping

Written records are kept of all medicines administered to pupils.

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

Appropriate forms for record keeping can be found in the appendices of this policy.

Emergency procedures

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

Where an IHP is in place, it should detail:

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

Pupils are informed in general terms of what to do in an emergency, such as telling a teacher.

If a pupil needs to be taken to hospital, a member of staff remains with the pupil until their parents/carers arrive.

When transporting pupils with medical conditions to medical facilities, staff members are informed of the correct postcode and address for use in navigation systems.

Day trips, residential visits and sporting activities

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

Prior to an activity taking place, the school conducts 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 is sought from pupils, parents/carers and relevant medical professionals.

The school will arrange for adjustments to be made for all pupils to participate, except where evidence from a clinician, such as a GP, indicates that this is not possible.

Unacceptable practice

The school will never:

- 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 and/or their parents/carers.
- 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 a location in school alone or with an unsuitable escort.
- Penalise pupils with medical conditions for their attendance record, where the absences relate to their condition.
- Make parents/carers feel obliged or forced to attend school to administer medication or provide medical support, including for toilet issues. The school will ensure that no parent/carer is made to feel that they have to give up working because the school is failing to support their child's needs.
- 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.

Liability and indemnity

The Trust ensures that appropriate insurance is in place to cover staff providing support to pupils with medical conditions.

The school holds an insurance policy with Department of Education Risk Protection Arrangements covering liability relating to the administration of medication. The policy requires that schools comply with the latest version of the Department for Education guidance on 'Supporting Pupils at School with medical Conditions.'

All staff providing such support are provided access to the insurance arrangements.

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.

Complaints

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

If they are not satisfied with the school's response, they may make a formal complaint via the school's complaints procedure, as outlined in the Complaints Policy.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the Department for Education.

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

Home-to-school transport

Arranging home-to-school transport for pupils with medical conditions is the responsibility of the Local Authority.

Where appropriate, the school will share relevant information to allow the Local Authority to develop appropriate transport plans for pupils with life-threatening conditions.

Defibrillators

The school has a Progetti automated external defibrillator (AED) and a Mediana automated external defibrillator (AED).

The AEDs are stored in The Front Office and in the office in Park House

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

A risk assessment regarding the storage and use of AEDs at the schools has been carried out.

No training is 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 are 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.

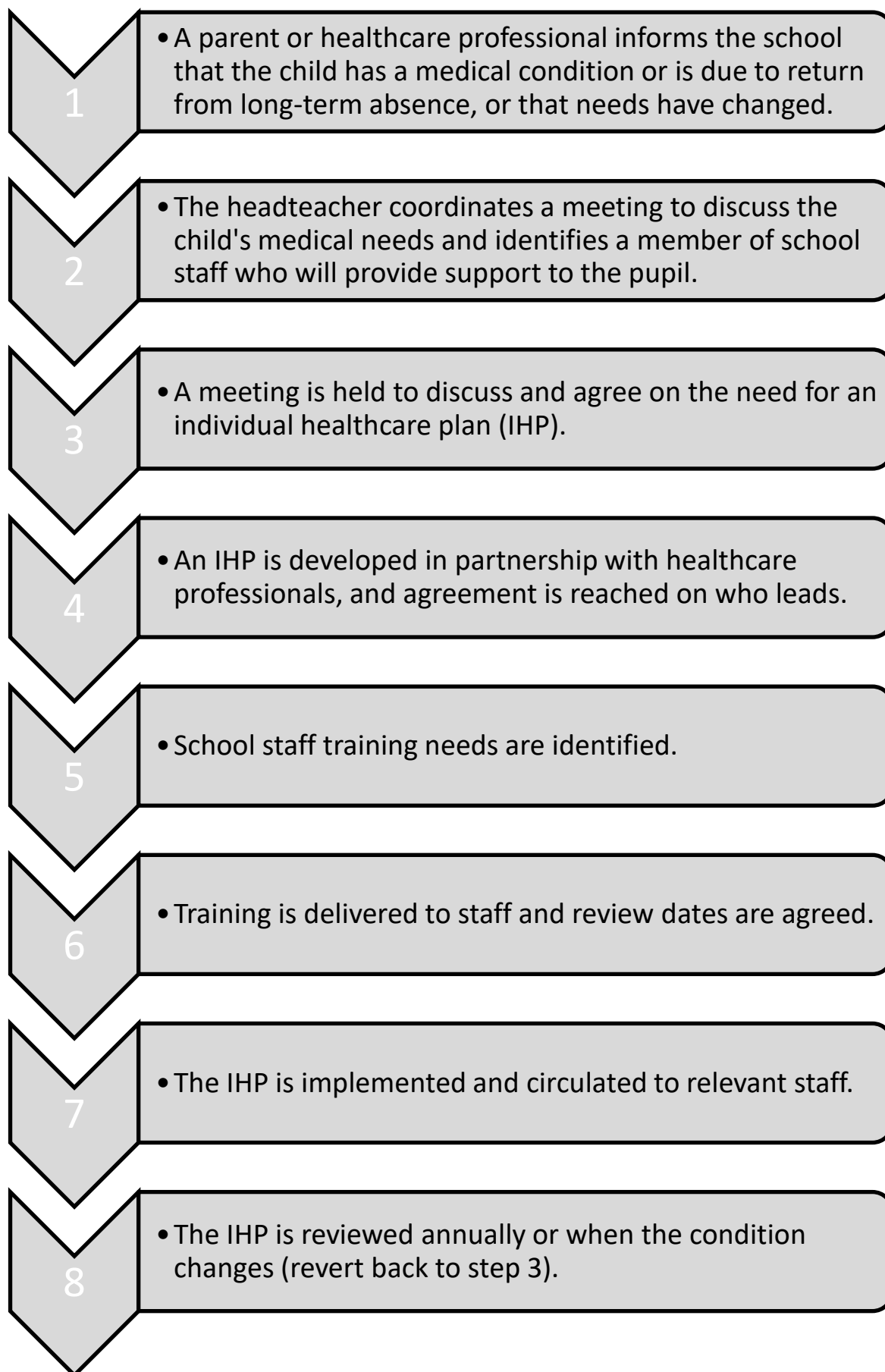
Where possible, AEDs will be used in paediatric mode or with paediatric pads for pupils under the age of eight.

Maintenance checks will be undertaken on AEDs on a weekly basis by name of designated person, with a record of all checks and maintenance work being kept up-to-date by the designated person – Francesca Pountney

Policy review

This policy is reviewed on an annual basis by the Head of Operations and the Headteacher of each school.

Appendix 1 Individual Healthcare Plan Implementation Procedure



Appendix 2 Individual Healthcare Plan

Child's name:

Group/class/form:

Date of birth:

Child's address:

Medical diagnosis or condition:

Date:

Review date:

Family contact information

Name:

Phone number (work):

(home):

(mobile):

Name:

Relationship to child:

Phone number (work):

(home):

(mobile):

Clinic/hospital contact

Name:

Phone number:

Child's GP

Name:

Phone number:

Who is responsible for providing support in school?

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

Name of medication, dose, method of administration, when it should be taken, side effects, contraindications, administered by/self-administered with/without supervision:

Daily care requirements:

Specific support for the pupil's educational, social and emotional needs:

Arrangements for school visits/trips:

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/undertaken – who, what, when:

Form copied to:

Appendix 3 Parental Agreement for the School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Administration of medication form

Date for review to be initiated by:

--

Name of child:

--

Date of birth:

--

Group/class/form:

--

Medical condition or illness:

--

Medicine

Name/type of medicine

(as described on the container):

--

Expiry date:

--

Dosage and method:

--

Timing:

--

Special precautions/other instructions:

--

Any side effects that the school needs to know about:

--

Self-administration – Y/N:

--

Procedures to take in an emergency:

--

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact details

Name:

--

Daytime telephone number:

--

Relationship to child:

--

Address:

Name of staff member

I understand that I must deliver the medicine personally to:

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medicine is stopped.

Signature(s) _____

Date _____

Appendix 4 Record of Medicine Administered to an Individual Child

Name of child:	
Date medicine provided by parent:	
Group/class/form:	
Quantity received:	
Name and strength of medicine:	
Expiry date:	
Quantity returned:	
Dose and frequency of medicine:	

Staff signature: _____

Signature of parent: _____

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
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Dose given:			
Name of member of staff:			
Staff initials:			

Date:			
Time given:			
Dose given:			
Name of member of staff:			
Staff initials:			

Appendix 6 Contacting Emergency Services

To be stored by the phone in the school office

Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- The telephone number: **01642 244961**
- Your name.
- Your location as follows: **Ayresome Primary School, Worcester Street, Middlesbrough**
- The satnav postcode: **TS1 4NT**.
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

Appendix 7 Letter Inviting Parents to Contribute to Individual Healthcare Plan Development

Dear Parent/Carer,

RE: Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for **date**. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend or whether rescheduling is required. The meeting will include me (the headteacher), a relevant healthcare professional and the school nurse. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist, and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it to the school office, together with any relevant evidence, for consideration at the meeting. I would be happy for you contact me by email on **email address** or to speak by phone on **phone number** if this would be helpful.

Yours sincerely,

Headteacher

Appendix 8 – Asthma Policy Information Slip

Ayresome Primary School keeps a record of pupils with asthma in order to ensure the best possible care for your child. In order for us to maintain effective records on our asthmatic children, please enter information as requested below:

Child's name:

Date of birth:

Class:

Doctor:

Type of inhaler:

Dosage required:
(how many puffs)

I would also ask that you give us your permission to administer emergency treatment as indicated below by signing the section at the bottom of the letter.

At Ayresome Primary School we keep a Ventolin Inhaler (Salbutamol) and a spacer device which is available in emergency situations. We are able to provide these to children who have forgotten their inhaler or are undergoing a severe attack, where the spacer may be more effective in administration.

I hereby allow Ayresome Primary School to administer emergency treatment as indicated above:

Signature of parent/guardian:

Date:

Appendix 9 – Allergy/Intolerance Declaration Form

Name of pupil:			
Date of birth:		Year group:	
Name of GP:			
Address of GP:			
Nature of allergy/intolerance:			
Severity of allergy/intolerance:			
Symptoms of an adverse reaction:			
Details of required medical attention:			
Instructions for administering medication:			
Control measures to avoid an adverse reaction:			

Spare AAIs

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent. In light of the above, I provide consent for the school to administer a spare AAI to my child.

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Name of parent:			
Relationship to child:			
Contact details of parent:			
Parental signature:			

Appendix 10 – Middlesbrough Council Allergy/Intolerance Declaration Form

MIDDLESBROUGH COUNCIL – CATERING SERVICES

ALLERGY FORM

In order for the named student to receive a school meal, Middlesbrough Council's Catering team require you to complete the information below;	
Student Name	
School	
Year group	
Allergy Information	
<input type="checkbox"/> Celery <input type="checkbox"/> Peanuts <input type="checkbox"/> Egg <input type="checkbox"/> Crustaceans <input type="checkbox"/> Soya <input type="checkbox"/> Sulphur Dioxide <input type="checkbox"/> Fish <input type="checkbox"/> Cereals containing gluten <input type="checkbox"/> Milk <input type="checkbox"/> Molluscs <input type="checkbox"/> Lupin <input type="checkbox"/> Mustard <input type="checkbox"/> Sesame Seeds <input type="checkbox"/> Nuts	
<p>- Please tick all allergy's listed above and any other information we need.</p>	
Statement	
<p>I understand that every reasonable effort will be made by school staff to avoid giving any foods containing the allergen/s listed to the named student, but that this cannot be guaranteed.</p> <p>The service continually reviews the products purchased and regularly request food specifications from our suppliers in order to provide your child with a suitable school meal.</p> <p>The School and Catering Service have a shared responsibility with regards to your child's individual requirements. Lunchtime Supervision is a factor in supporting the EHCP ensuring a whole school approach.</p> <p>I agree to the above statement and confirm all information that has been added to this form is correct. If anything should change or there are any concerns it is my responsibility to contact the school/Catering service to communicate this information.</p>	
Date	

**MIDDLESBROUGH COUNCIL – CATERING SERVICES
ALLERGY FORM**

Health care/Dietitian information	Yes	NO
-----------------------------------	-----	----

If yes, please attach information with this form.
If No, please explain why below.

Parent guardian's full name (Printed) and signature		
School Representative full name (Printed) and signature		
MBC manager full name (Printed) and signature		
Unit Supervisor's full name (Printed) and signature		
Date		

Date	Any changes	Position of staff member filling out the form	Name/Signature

*if any changes are noted then a full new allergy form is to be provided with all details on the form.