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Parklands Primary School Medical Conditions Policy September 2026 (Review September 2027)

Contents

1. Aims
2. Policy Statement
3. Legislation and Statutory Responsibilities
4. Roles and responsibilities
5. Equal opportunities
6. Being notified that a child has a medical condition
7. Individual Healthcare Plans and Individual Risk Assessments
8. Medical Conditions
9. Managing, storage and disposal of medicines
10. Administering medicines
11. Emergency procedures
12. Training
13. Record keeping
14. Liability and Indemnity
15. Complaints
16. Monitoring arrangements
17. Links to other policies
18. Appendices

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

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

The named person with responsibility for implementing this policy is Rose Woodcock

Parklands Primary School recognises that duties in the Children and Families Act 2014 and the Equality Act 2010 relate to children with disability or medical conditions.

Whilst the duties on governing bodies have not substantially changed as a result of the Children and Families Act 2014, the extent and scope of the responsibilities of schools to make arrangements to support pupils at school with medical conditions has been clarified.

This school is aware of the common triggers that can make common medical conditions worse or

Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

2. Policy Statement

We are an inclusive community that welcomes and supports children and young people with medical conditions. We provide all children and young people with medical conditions the same opportunities as others at school. This includes the physical environment, as well as social, sporting and educational activities. We understand that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. We also understand the importance of medication being given as directed by healthcare professionals and parents. No child or young

person will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.

We will help to ensure children with medical conditions:

- Are safe from harm
- Do well at all levels of learning and have the skills for life
- Choose healthy lifestyles
- Have fun growing up
- Are active citizens who feel they have voice & influence

Staff receive training on the impact medical conditions can have on pupils in order to be safe, welcoming and supportive of pupils with medical conditions. We will strive to provide children and young people with medical conditions the same opportunities and access to activities, both on and off site, as other pupils. We consider what reasonable adjustment we need to make to enable children with medical needs to participate fully and safely on visits. We carry out risk assessments so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included.

At Parklands Primary School we accept responsibility for members of staff who volunteer to give, or supervise CYP taking, prescribed medicine during the school day.

We understand that children with the same medical condition will not necessarily have the same needs. Our staff understand their duty of care to children and young people with medical conditions and know what to do in the event of an emergency.

Our medical conditions policy has been agreed in consultation with pupils, parents, staff, governors, and relevant local health services. It is supported by a clear communication plan for staff, parents and other key stakeholders to ensure full implementation.

We have clear guidance on record keeping, providing care and support and administering medication.

3. Legislation and statutory responsibilities

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

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

4. Roles and responsibilities

4.1 Leeds City Council:

Leeds City Council has a responsibility to ensure that each Community and VC school has a Health and Safety policy. The school should also have a medication policy which should include procedures for assisting and supporting CYPs with medical needs, including managing medication.

4.2 The governing body

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

4.3 The Head Teacher

The Head Teacher will:

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

4.4 Staff

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

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

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

4.5 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's HCPs and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the HCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

4.6 Pupils

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

4.7 Healthcare professionals

Healthcare professionals who support children with medical conditions will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's HCP.

5. Equal opportunities

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

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

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

6. Being notified that a child has a medical condition

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

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

See Appendix 1.

7. Individual healthcare plans (HCPs) and Individual Risk Assessments (IPRAs)

7.1 HCPs

The Head Teacher has overall responsibility for the development of HCPs for pupils with medical conditions. This has been delegated to Rose Woodcock

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

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require a HCP. It will be agreed with a healthcare professional and/ or the parents when an HCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head Teacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the medical specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate. HCPs will be shared with all staff who work with the child.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing body and the Head Teacher / SENDCO (Rose Woodcock) will consider the following when deciding what information to record on HCPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable

Who in the school needs to be aware of the pupil's condition and the support required

- Arrangements for written permission from parents and the Head Teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

7.2 IPRAs

If the IHCP does not account for all the foreseeable risks of harm to the child or those administering the care to the child, then there should be an IPRA in place. IPRAs will also be written for children where appropriate for school trips or Residential trips. It is a legal requirement to have an IPRA in place under the Management of Health and Safety at Work Regulations 1999.

7.3 School trips

Children with medical needs are encouraged to participate in school trips as long as the safety of the child, other children and staff is not placed at significant risk. It may be necessary for a school to take additional measures for outside visits. This may include:

- additional appropriately trained staff;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets.

When planning trips and visits which will include a child's medical needs, all persons supervising the trip will be made aware of the child's medical needs and emergency procedures that may be needed. The location to be visited should be made aware that persons with medical needs are included in the party. Where it is unlikely that any difficulties will occur there is no need to inform the place to be visited. If there is any doubt regarding a school trip the school should discuss the trip with the parents/ guardians and also, if necessary, seek medical advice.

7.4 Sporting activities

Most children with medical needs should be able to participate in sporting activities either as part of the curriculum or as an extra-curriculum activity. However, some children will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards. Any members of staff supervising children involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for any

child with a medical condition who is participating in the lesson or activity either actively or as an observer. For extra-curriculum activity or after hours P.E. lessons, where a child with a medical need is participating, the level of supervision should be assessed, and it may need to be increased.

8. Medical Conditions

8.1 Anaphylaxis

This is an extreme allergic reaction requiring urgent medical treatment. Children with anaphylaxis will have a HCP in place (see Appendix 1). When such severe allergies are diagnosed, the pupils concerned are made aware from a very early age of what they can and cannot eat and drink and, in the majority of cases, they go through the whole of their school lives without incident. The most common cause is food - in particular nuts, fish and dairy products. Wasp and bee stings can also cause allergic reaction. In its most severe form the condition can be life threatening, but it can be treated with medication. This may include antihistamine, adrenaline inhaler or adrenaline injection, depending on the severity of the reaction.

In school, we minimalise the risk of children and staff wherever possible. Photos of the children with their medical details are also displayed in the medical file in the staff room, in the kitchen and dining hall area, in the main school office, on CPOMS and in class medical files. We liaise closely with parents and carers so that meal choices can be highlighted and the catering staff are fully aware. Parents have a responsibility to provide an appropriate packed lunch, in cases where the child does not have school dinners.

Allergic reactions

Symptoms and signs will normally appear within seconds or minutes after exposure to the allergen. These may include:

- A metallic taste or itching in the mouth
- Swelling of the face, throat, tongue and lips
- Difficulty in swallowing
- Flushed complexion
- Abdominal cramps
- A rise in heart rate
- Collapse or unconsciousness
- Wheezing or difficulty in breathing

Medication and control

In the most severe cases of anaphylaxis, people are normally prescribed a device for injecting adrenaline called an adrenaline auto injector. The device looks like a fountain pen and is pre-loaded with the correct dose of adrenaline and is normally injected into the fleshy part of the thigh. The needle is not revealed and the injection is easy to administer. It is not possible to give too large a dose using this device. In cases of doubt it is better to give the injection than hold back. Responsibility for giving the injection is on a purely voluntary basis and should not, in any case, be undertaken without training from an appropriate health professional. The staff at Parklands Primary School have agreed to administer medicine to any allergic children or staff in an emergency. Key staff have been trained by the Local Health Service and practiced with a trainer injection device.

Should a severed allergic reaction occur:

- An adrenaline injection will be administered into the muscle of the upper outer thigh
- An ambulance will always be called
- Parents will be contacted

For any off site education e.g. school visits and residential visits, medication is carried by a member of staff and all adults attending the experience are made aware of all children's medical needs.

Epi-pens are stored in the class medical bags. They are stored with the child's name clearly identifiable. The dosage is outlined on the label.

Reminders are sent half termly to teachers and TAs to check medication is in date and will not expire within the next half term. Parents are informed in plenty of time so that they can order new medication.

8.2 Asthma

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every UK classroom. Pupils with asthma have airways that narrow as a reaction to various triggers. The triggers vary between individuals but common ones include viral infections, cold air, grass pollen, animal fur and house mites. Exercise and stress can also precipitate asthma attacks in susceptible people. The narrowing or obstruction of the airways causes difficulties in breathing and can be alleviated with treatment. Children who have asthma are on the medical register, there is a separate register for asthma. The list of children in each class can be found in the class medical file. If a child needs to take their inhaler, this will be recorded in the medical file. The child's parents/ carers will also be informed. Children who have asthma will have paperwork that will need to be completed. School staff will be given additional paperwork in supporting children in their class with asthma **(see Appendices 6-13).**

Symptoms of an asthma attack

Common 'day to day' symptoms of asthma are identified on the asthma plan and include:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

In cases of an asthma attack

Staff receive training about asthma and what to do when an asthma attack occurs.

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed. This guidance can be found in every class medical file.

Guidance on the use of emergency salbutamol inhalers

An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. Before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available. In 2013 in response to this, and following advice from the Commission of Human Medicines 2013 the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to legislation to enable schools to hold emergency salbutamol inhalers. A public consultation was held (the results can be found at https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/341902/Department_of_Health_response_to_asthma_consultation.pdf). From 1st October 2014 the Human Medicines

(Amendment) (No. 2) Regulations 2014 allowed schools to keep a salbutamol inhaler for use in emergencies.

The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. (Please refer to Appendix 9 of this document.) The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

This change applies to all primary and secondary schools in the UK. Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish.

Keeping an inhaler for emergency use has many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents also have greater peace of mind about sending their child to school.

At Parklands Primary School we currently have an emergency inhaler kit available for children diagnosed with asthma and prescribed with an inhaler to use. One emergency kit is located in the School Office.

The emergency kit

Each emergency asthma inhaler kit includes:

- A salbutamol metered dose inhaler;
- Two single-use plastic spacers compatible with the inhaler (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs);
- Instructions on using the inhaler and spacer/plastic chamber;
- Instructions on cleaning and storing the inhaler;
- Manufacturer's information.
- A list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans;
- A record of administration (i.e. when the inhaler has been used).

Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster. The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. At Parklands Primary School we will ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Storage and care of the inhaler

Two named volunteers amongst school staff have the responsibility for maintaining the emergency inhaler kit. (The SENDCo and a First Aid trained member of staff). They are responsible for ensuring that:

- The inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available;
- That replacement inhalers are obtained when expiry dates approach;
- Replacement spacers are available following use;
- The plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

The emergency inhaler is stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature. The Emergency Inhalers and Spacers are kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler is clearly labelled to avoid confusion with a child's inhaler. All inhalers should be primed when first used (e.g. spray two puffs). As it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs.

To avoid possible risk of cross-infection, the plastic spacer will not be reused. It will be given to the child to take home for future personal use.

The inhaler itself however will be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled.

Supply

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed.

Children who can use an inhaler

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;
- AND for whom written parental consent for use of the emergency inhaler has been given. (Please refer to Appendix 9 of this document.)

This information is recorded in a child's individual healthcare plan. (Please refer to Appendix Four of this document and the School's Asthma Policy.)

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

At Parklands Primary School procedures are in place to ensure that schools are notified of children that have additional health needs and this information enables us to compile an asthma register. As part of the school's asthma policy, when the emergency inhaler is to be used, a check should be made that parental consent has been given for its use, in the register.

At Parklands Primary School we seek written consent from parents of children on the register for them to use the salbutamol inhaler in an emergency. (Please see Appendix 9.) Keeping a record of parental consent on the asthma register also enables staff to quickly check whether a child is able to use the inhaler in an emergency. Consent is updated annually - to take account of changes to a child's condition.

Responding to asthma symptoms and an asthma attack

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason, the emergency inhaler should only be used by children who have been diagnosed with asthma, and prescribed a reliever inhaler, or who have been prescribed an reliever inhaler AND whose parents have given consent for an emergency inhaler to be used.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler are recorded. Please see Appendix 12. Parents/ Carers are informed in writing using Appendix 13.

Staff

Governors and the Head teacher of Parklands Primary School ensure staff have appropriate training and support, relevant to their level of responsibility. Supporting Pupils requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support.

ALL staff are:
- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms;
- aware of the asthma policy;
- aware of how to check if a child is on the register;
- aware of how to access the inhaler;
- aware of who the designated members of staff are, and the policy on how to access their help.

Designated members of staff have been trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff;
- Guidance on the use of emergency salbutamol inhalers in schools 18
- recognising when emergency action is necessary;
- administering salbutamol inhalers through a spacer;
- making appropriate records of asthma attacks.

Children with inhalers will also be able to demonstrate to their teacher how they use it; the school nurse may also be able to advise on appropriate use.

The SENDCo is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register and at least two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer.

Liability and indemnity

Supporting pupils requires that governing bodies ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

Local Authorities may provide schools which are administering inhalers with appropriate indemnity cover; however, schools will need to agree any such indemnity cover directly with the Local Authority.

Individual Inhalers for Asthma.

These are often used to prevent wheezing (following exercise) as well as treatment for wheezy episodes. Older children are often able to decide for themselves when to take the inhaler and can carry it with them and self-administer an appropriate dosage. Younger or immature children will find it more difficult to take their inhaler or know when they need to take their inhaler, for these children staff make sure that it is stored in a safe but readily accessible place and supervise its use. Children will have immediate access to their inhalers when they need them. The inhalers are clearly marked with the individual pupil's name. The use of inhalers by children is recorded and this is kept in the class medical file. The medical profession has confirmed that inhalers are very safe and unlikely to cause harm to a child using another child's inhaler by mistake.

Each child who has asthma has an Asthma Action Plan provided by their GP. If these are not supplied by parents, there is a recommended standard asthma plan provided by the NHS that can be used. There is a copy of this plan in each classroom, the main school office and the SEND team office. Inhalers are stored in the child's classroom. Children are encouraged to bring a spacer to support the taking of their inhaler if necessary.

An emergency inhaler is located in the main school office. Parents provide consent for children to use the emergency inhaler. At Parklands Primary School we ensure that only children who have asthma, and for who we have consent from parents for, are able to use the emergency inhaler and spacer. If there is risk of cross contamination after a child has used the emergency inhaler and/ or spacer, then they will be discarded.

Reminders are set on the school calendar to inform key staff of expiry dates of the medication. Parents are then informed.

8.3 Epilepsy.

People with epilepsy have recurrent seizures, the great majority of which can be controlled by medication. This Medical Policy aims to ensure that parents engage with us in supporting their

child with epilepsy, this ensures that pupils and school staff are given adequate support. The nature, frequency and severity of the seizure will vary greatly between individuals.

The symptoms of most children with epilepsy are well controlled by modern medication. Many pupils with epilepsy suffer fits for no known cause, although tiredness and/or stress can sometimes affect a pupil's susceptibility. Flashing lights or flickering lights, video games and computer graphics and certain geometric shapes or patterns can be a trigger for seizures in some pupils. Screens and/or different methods of lighting can be used to enable photosensitive pupils to work safely on computers and watch TVs.

At Parklands Primary School we understand that nothing must be done to alter the course of a seizure once it has begun. A fully qualified First Aider or a member of staff who has been trained by the child's Epilepsy Nurse or an Epilepsy training team, will be called to deal with the child or staff member.

Pupils with epilepsy are included in all school activities. Extra care and supervision is taken, risk assessments will be done to ensure their safety. Concerns about any potential risks should be discussed with pupils and their parents/carers. If necessary, we seek additional advice from the GP, Paediatrician or the child's epilepsy nurse/ team.

Individual Health Care Plans for children with Epilepsy are in place (see Appendix 1), with discussion from the parents or carers and Medical practitioners such as a member from the child's Epilepsy Nursing Team. Health Care Plans can be found in the class medical file, in the staff room and in the main school office. Copies are also stored on CPOMS.

8.4 Sickle Cell Disease

Sickle cell disease is the name for a group of inherited health conditions that affect the red blood cells. The most serious type is called sickle cell anaemia. Sickle cell disease is particularly common in people with an African or Caribbean family background. People with sickle cell disease produce unusually shaped red blood cells that can cause problems because they do not live as long as healthy blood cells and can block blood vessels. Sickle cell disease is a serious and lifelong health condition, although treatment can help manage many of the symptoms. This policy helps to support children with Sickle Cell Disease. These children have a Health Care Plan in place at Parklands Primary School which will be reviewed each year. These will be shared with the class teacher, a copy can be found in the class medical file. Health Care Plans will also be found in the staff room, in the main school office and a copy will also be stored on CPOMS. It is important that their Health Care Plan is followed when children have a sickle cell crises.

Problems with Sickle Cell disease usually begin with people in childhood. At Parklands Primary School, staff will be aware of children who have Sickle Cell Disease and will be alert to the symptoms. If symptoms appear, staff at Parklands will follow the child's Health Care Plan.

Symptoms include: -

- painful episodes called sickle cell crises, which can be very severe and last for days or weeks
- an increased risk of serious infections
- anaemia (where red blood cells cannot carry enough oxygen around the body), which can cause tiredness and shortness of breath

When children are having a sickle cell crises we recognize that it is important that they:

- Drink plenty of fluids to keep them hydrates
- Stay warm
- Take painkillers or medicine (following permission given from parents/ carers)
- Inform staff of the severity of their pain on a scale of 0 – 10

0	2	4	6	8	10
I am not in any pain	I am in a little pain but don't need my medication	I feel if I have my medication I can be in class	I feel I need to have time out but may feel better later	I feel I need to go home	I feel I need to go to hospital

Sickle cell disease can have an impact on a child's learning and development. Children with sickle cell disease are at increased risk of having cognitive and learning problems and also may have limited social skills. Research suggests that simply having sickle cell disease causes some changes in the brain and a potential decline in IQ. Problems with attention and executive functions are quite common in children with sickle cell disease and it has been proposed that sickle cell disease be seen as a neuro-development disorder as many as 25% to 1/3 experience deficits. It is important to realise that social function and cognitive function can be affected even in the presence of normal neurology in radiology. Silent Strokes can happen to people with Sickle Cell Disease. In up to a fifth of young people with sickle cell disorders, small areas of brain damage are evident on a sensitive brain scan (MRI scan) resulting from impaired blood supply.

Pupils with sickle cell disease will be included in all aspects of school life at Parklands. If they go on school trips or residentials, Health Care Plans will be in place and Risk Assessments will be done where necessary.

8.5 Diabetes

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. Children with diabetes normally have daily insulin injections, to control their blood glucose level. Most children can do their own injection and may simply need supervision if very young and a suitable private place to carry it out.

At Parklands Primary school, we recognise that pupils with diabetes need to eat regularly. This may include eating snacks during class-time or prior to exercise. We recognise that if a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemia episode (a hypo) during which his or her blood sugar level falls to too low a level. If a child has a hypo, it is important that a fast-acting sugar, such as glucose tablets, a sugary drink or a chocolate bar, is given to eat. In cases like these, a Qualified First Aider is called immediately. Children with diabetes will have a Health Care Plan (HCP) in place **(see Appendix 1).**

8.6 Chronic illness or disability

Children with a chronic illness or disability may need to take prescribed medicines during school hours in order to lead a normal and happy life. These are administered by an identified and trained member of staff for certain conditions e.g. headaches. Written consent must be given by the child's parent or carer and should be clear, specific and include as much detail as necessary and proportionate to the health care needs of the child **(See Appendix 2).** A member of staff is responsible for ensuring that the child swallows the tablets and the taking of the medication is recorded. Primary school aged pupils will never be given aspirin unless prescribed by a doctor).

8.7 Short term illnesses

At Parklands Primary School, we recognise that children can sometimes feel unwell and should not be in school. The Head Teacher has the right to ask parents or carers to keep them at home. At Parklands we only administer prescribed medicines. In cases where medicines are brought into school, younger children should not be expected to take responsibility for them. Medicines should be brought to the main office and collected by parents or carers

9. Managing, storing and disposing of medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents' written consent

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

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

The school will only accept prescribed medicines that are:

- In-date
- Labelled with the child's name clearly identifiable
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

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

All medicines will be stored safely.

A medical cupboard can be found in each classroom. In each cupboard there will be the following

- Green medical file with information and registers for all children in the class with medical conditions
- Health Care Plans (HCPs) and Intimate Care Plans (ICPs)
- Inhalers (clearly labelled) – for children who have asthma
- Epipens (clearly labelled) – for children who require an Epipen

Prescribed medicines will be kept in the main school office unless it is needed to be kept in the fridge. If prescribed medicines need to be kept in the fridge, then they will be kept in the fridge in the staff room away from children. In some cases, the medicine will be stored in the locked medical cabinet in the child's classroom.

General medical resources can be found in identified First Aid areas which can be found:

- at the main entrance to Key Stage 1
- the main entrance for Key Stage 2
- in the store cupboard in EYFS

- the medical cupboard in Resource Provision (RP).
- The overflow of medical resources can be found in the cupboard next to the Conference Room.

Emergency Inhalers can be found in the main school office.

Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents to arrange for safe disposal when no longer required. Parents or carers should also collect medicines held at the end of each term. If parents/ carers do not collect all medicines after repeated reminders, they should be taken to a local pharmacy for safe disposal. On the very rare occasion that the school has to dispose of any of the below items, advice should be sought from the Leeds City Council's Environmental Health Waste Disposal Service before disposal of any items. Pharmaceuticals that are cytostatic or cytotoxic (are defined as any medicinal product that has one or more of the following hazardous properties: Toxic (H6), Carcinogenic (H7), Mutagenic (H11) or Toxic for Reproduction (H10)) are classed as "hazardous Wastes" under Hazardous Waste Regulations 2005 as such disposal must be in accordance with the requisite Regulations.

Some medicines can have serious ill health effects on those giving the medicine, produce harmful vapours, some can be corrosive or produce dermatitis; some can sensitise those giving the medicine, some people may already be sensitive to the medication – particularly those who suffer from eczema or asthma. Staff who administer medicine which has been assessed as being a sensitiser should be asked if they have respiratory or skin problems. If they have, the Head Teacher should seek an alternative administrator. Administrators should be provided with suitable personal protection such as disposable gloves, face mask, etc. Should an administrator become sensitised to a particular medication they should cease to administer it and again the Head Teacher should seek an alternative administrator. Such reactions, however, are rare.

9.1 Controlled drugs

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

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

9.2 Pupils managing their own needs

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

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the HCP and inform parents so that an alternative option can be considered, if necessary.

9.3 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

10. Administering medicines

Please see Appendix 14 which details guidance from the DfE for administering medicines in school.

10.1 Requirements when the medicine is brought in to school

Members of staff are not obliged to give medication to children. Medicines can be given to children by a member of staff only if the parents have given written consent for both prescribed and non-prescribed medication. Any instructions to the school should be in writing and should be clear, specific and include as much detail as necessary and proportionate to the health care needs of the child (**see Appendix 2**).

Information about the amount of medicine that has already been administered on that same day before the child has attended school, will be given to the school by the parents. Medication will be recorded for each child (**see Appendix 3**). A named member of staff will give the child the medicine. They will receive appropriate training to do this. Medication will not be given to the child without written information from parents/ carers. These medicines will be kept in the main school office. Medicines must be clearly labelled for the child if it is a prescribed medication. Controlled drugs must be administered by 2 people who will complete the medical record.

10.2 Non- prescription medicines

Non – prescription medicines will not be administered to a child in school unless a form has been completed by the child's parent or guardian. The medicine should be handed in to school in its original packaging and parents/ carers should fill in the appropriate consent form with the required information.

The UK Medicines Control Agency has recommended that a child under 16 should not be given aspirin, because of its links with Reye's syndrome, the rare but potentially fatal disorder found almost exclusively in children and adolescents.

The use of aspirin by children under 12 has been banned in the United Kingdom since 1986, and the Committee on Safety of Medicines warned that it should also be avoided in children up to 15 if they were feverish.

School staff at Parklands do not make clinical decisions about a child's medical care. Any instructions given to schools in relation to a child's medical requirements should be specific and clear enough to avoid the need of requiring school staff to make any judgements about what medication to administer. If necessary, the school should arrange a multi-agency meeting with appropriate health care professionals where clear instructions can be obtained and a child's risk assessment can be determined.

If a child's medical needs are such that the dosage, or method of administration of any medication might vary depending on other factors, schools should be provided with explanative charts, diagrams or other printed guidance which removes any requirement for a clinical judgement.

If any medical problems arise which are not covered by a child's HCP, or any instances where the details on the HCP are found to be unclear, the school will contact parents/ carers, or seek medical advice before taking any further action unless doing so would put the child at risk in which case emergency/first aid procedures should apply.

SCHOOLS DO NOT MAKE CLINICAL DECISIONS. School follow the instructions detailed in the HCPs, consent forms or IPRAs.

10.3 Refusals to take medication

No person can be forced to take medicine should they refuse. If a child refuses to take medicine and the information provided suggests that the child is at great risk if they do not take their

medication, the parents/ carers will be contacted immediately. If a parent/ carer cannot be contacted medical advice and/or emergency services will be called.

Where the information provided indicates that the child will not be at great risk if they do not take their medication, but the parents/ carers has informed the school that their child should receive their medication, the parent/ carer will be contacted as soon as possible.

Parents/ carers will be communicated with directly and not via a note sent home with the child. Records of the conversations will be kept and the school may wish to follow this up with a letter

11. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' HCPs will clearly set out what constitutes an emergency and will explain what to do.

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

12. Training

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

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

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

Training will:

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

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

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

The administering of medicine in school is a voluntary role for individual members of staff except where this is stated in the job description. Those who undertake this role and/or provide support

to the child with medical needs require sufficient training, information and instruction from their Head Teacher and the child's parents/ carers.

Where an alternative or ancillary member of staff is with a child with medical needs the Head Teacher must ensure that they have received the proportionate level of training, information and instruction to the complexity of the administration of medication.

Staff who volunteer to assist with the administering of medication (or who have it in their job description) and have been authorised by the Head Teacher to undertake this task will be covered under the school's employer's liability insurance.

A teacher who has a child with medical needs in their class should understand their role in supporting that child and be conversant with the HCP even if they will not be the key person administering medication. All staff should be able to access emergency plans.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for the child with medical conditions should be provided with support and advice proportionate to the complexity of the medical need.

Information and advice should also be provided to the school's first aiders if the child's medical condition has implications for any first aid treatment which may be given.

14. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

HCPs are kept in a readily accessible place which all staff are aware of (class green medical file, staff room, main school office, on CPOMS shared with staff who work with the child)

15. Liability and indemnity

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

The details of the school's insurance policy are:

Parklands Primary school has insurance with Zurich Municipal. The cover includes staff providing support to pupils with medical conditions. Insurance policies should provide liability cover relating to the administration of medication.

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

16. Complaints

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

17. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

18. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- Health and safety
- Safeguarding
- Special educational needs information report and policy

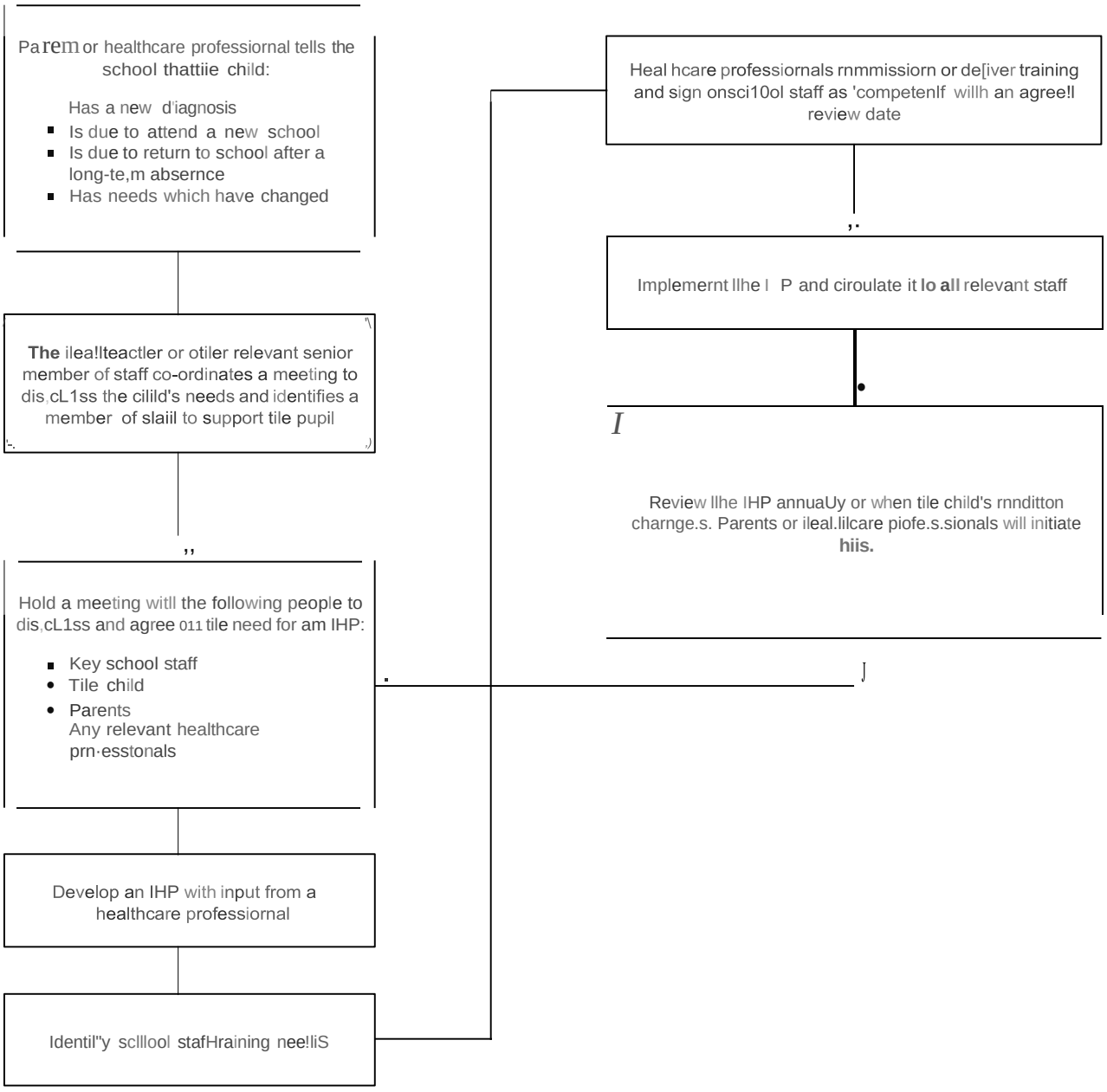
Policy approved by: Rose Woodcock

Date: September 2025

Last reviewed on: September 2025

Next review due by: September 2026

Appendix 1: Being notified a child has a medical condition



Appendix 2 – Parental consent for medication to be given

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that staff can administer medicine.

Name of School/Setting _____

Date _____

Child's Name _____

Group/Class/Form _____

Name and strength of medicine _____

Expiry date _____

How much to give (i.e. dose to be given) _____

When to be given _____

Any other instructions _____

Number of tablets/quantity to be given to school/setting _____

Note: Medicines must be the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact _____

Name and phone no. of GP _____

Agreed review date to be initiated by *[name of member of staff]*: _____

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

Print Name:

Parent's signature: _____ _____

If more than one medicine is to be given a separate form should be completed for each one.

Appendix 3

Administration of Medication in School Record Form

Parklands Primary School Medication Record

Pupil Name:

Name of Medication and dose:

Storage of Medication:

Date and time given	Dose given	Location	Any reactions	Staff print name	Staff signature

Appendix 4

STAFF TRAINING RECORD - ADMINISTRATION OF MEDICINES

Form for recording medical training of staff.

Name: ....

Type of training received: .....

Date training completed: .....

Training provided by: .....

I confirm that ..... has received the training detailed above and is competent to carry out any necessary treatment.

Trainer's signature: ..... Date: .....

I confirm that I have received the training detailed above.

Staff signature: ..... Date: .....

Suggested Review Date: .....

Appendix 5 – Health Care Plan (HCP)

CONTACT INFORMATION

Family Contact 1

Name :

Phone No:

Relationship:

Family Contact 2

Name:

Medical Details:

G.P

Name:

Centre,

Location:

Phone:

Hospital contact

Name:

Location:

Phone:

Updated photograph

Medication:

Details of how to administer:

Known triggers:

Step by step in case of emergency:

1.

2.

3.

Signed _____**(parent/carer)**

Signed _____ **(SENDCO)**

Signed _____ **(teacher)**

Date _____

Appendix 6

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

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

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

Appendix 7

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

• Keep calm and reassure the child.

• Encourage the child to sit up and slightly forward.

• Use the child's own inhaler – if not available, use the emergency inhaler.

• Remain with the child while the inhaler and spacer are brought to them.

• Immediately help the child to take two puffs of salbutamol via the spacer.

• If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs.

• Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.

• If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE.

• If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way. **If a child is in severe distress, or experiences any loss of consciousness, call an ambulance immediately.**

Nurture | Grow | Succeed

Appendix 8 – letter to parents re. Asthma

Dufton Approach
Seacroft
LEEDS
LS14 6ED
Telephone: 0113 2930282
Head Teacher: L. Darley

Dear Parents/Carers

ASTHMA

New legislation in schools has meant that the way in which Asthma inhalers are given:

From 1 October 2014 UK schools will be allowed to purchase a salbutamol inhaler without a prescription for use in emergencies when a child with asthma cannot access their own inhaler.
This guidance will give schools that choose to keep an emergency inhaler the basis to create a policy or protocol for using it.

Care Plan:
With this in mind we have a new Asthma policy in school which states that all children who are treated for Asthma will have a Care Plan. **Please complete and return** the attached "My Asthma Plan" for your child.

Emergency Inhaler:
School will have an emergency inhaler and your consent is required for us to be able to use it, if needed. **Please complete and return** the attached "Consent Form: Use of emergency Salbutamol inhaler". You will be notified whenever it is used; an example letter is attached for your information.

Spacer:
All children with asthma, regardless of age, are required to have a spacer in school. **Please can you bring one in** as soon as possible and hand it to the class teacher so it can be kept with your child's inhaler.

The new Asthma policy can be found on the school website and further information on www.asthmauk.org.uk

Yours sincerely

Rose Woodcock
SENDCO

Appendix 9 Parent consent for emergency inhaler

CONSENT FORM: USE OF EMERGENCY SALBUTAMOL INHALER

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler [delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, and spacer which is available within school every day.

3. In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed: ……

Date: ……

Name (print)……

Child's name: ……

Class: ……

Parent's or Carer's address and contact details:

……

……

……

Telephone: ……

Appendix 10 – Asthma Plan

My asthma triggers:

Ust the things that make your asthma worse and what -you can do to help

I will see my doctor or asthma nurse **at least** once a year (but **more** if I need to)

Date I got my asthma plan:

Date of my next asthma review:

Doctor/asthma nurse contact details:

Parents - get the most from your child's action plan

- Take a photo and keep it on your mobile (and your child's mobile if they have one)
- Stick a copy on your fridge door
- Share your child's action plan with school

Learn more about what to do during an asthma attack
www.asthma.org.uk/advice/asthma-attacks

Questions? Ask Asthma UK"s nurses:

Call on
0300 222 5800 (9am-5pm,Hoo-Fri)

Or mes.sage on WhatsApp
07378 606 728 (9•m-5pm. -"'·"")

My Asthma Plan

Your asthma plan tells you what medicines to take to stay well

And what to do when your asthma gets worse

Name:

Always keep your reliever inhaler (usually blue) and your spacer with you.

Take it if your asthma gets worse.

My Asthma Plan

1 My usual asthma medicines

- My preventer inhaler is called ____ and its colour is____
- I take _____puff/s of my preventer inhaler in the morning and _____ puff/sat night. I do this every day even if I feel well.
- Other asthma medicines I take every day·
- My reliever inhaler is called _____ and its colour is_____
- Itake ___ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is___

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.

2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe, or
- I need my reliever inhaler (usually blue) three or more times a week. or
- My peak flow is less than ____ or
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take ____ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better

URGENT! "If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take emergency action now (see sectio113t

Otherdiingstodoifmy asthmai isgetting worse

Remember to use rYiv my inhaler one.

(If I don·t have or.e, rll check with my doctor or nurse If it would help ml")

3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, or
- I can't talk.walk or eat easily. or
- I'm finding it hard to breathe, or
- I'm coughing or wheezinga lot or my chest is tight/hurts. or
- My peak flow is less than _____ __

If I have an asthma attack, I wil

\t' li callfor help

Sit up·don't lie down.Tiy to be calm.

.I Take one puff of my reliever inhaler (with my spacer ifI have it) <Nel'f 30to 60 seconds up toa total of10 puffs.

If I don't haVe my blue inhaler,or it's not helping, I need to call 999 straightaway.

.J While I wait for an ambulance I can use my blue reliever again, every30 to 60 seconds(up to 10 puffs) if I need to_

E'tl'en if 1 start.to feel better. I don't want this to happen again. so I need to see my doctor or asthma nurse today.

Appendix 11 – Letter to pharmacy for emergency inhalers

Dufton Approach
Seacroft
LEEDS
LS14 6ED
Telephone: 0113 2930282
Head Teacher: L Darley

Dear Pharmacist,

RE: Emergency salbutamol inhalers in schools

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to keep a salbutamol inhaler for use in emergencies. **The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.** The inhaler will be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

The **Governors of Parklands Primary School** wish for there to be access to an emergency inhaler for the children stated above within school. A policy of protocol has been established for the use of the emergency inhaler based on guidance produced by the Department of Health and advice sought from the School Nursing Team.

Keeping an inhaler for emergency use will have many benefits, as I am sure you are aware. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school. Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.

I require the following:

- **3 salbutamol metered dose inhalers with two single-use plastic spacers compatible with each of the inhalers.**

One of these inhalers with two single-use plastic spacers will be stored in the School Office, one will be stored in a Key Stage One classroom (4 – 7 Years old) and another stored in a Key Stage Two classroom (7 – 11 years old). This means that the spacers will need to be appropriate for these stated age-groups in the school. I am aware that pharmacies cannot provide inhalers and spacers free of charge and I am more than willing to pay for them.

I appreciate your support with enabling us to make sure that we are prepared for emergency situations.

Yours sincerely,
L Darley
Head Teacher

Appendix 12: Asthma Record

Parklands Primary School Medication Record

Pupil Name:

Date and Time	Symptoms	Impact on ability to do activities	Number of puffs taken – asthma plan followed	Impact of inhaler after taking	Initials of adult

Appendix 13: Letter to inform parents that the emergency inhaler was used

Parklands Primary School

Child's name: …….
Class: …….
Date: ……

Dear ..... ,

This letter is to formally notify you that .....has had problems with his / her breathing today.

This happened when…….

They were given ..... puffs.

[*Delete as appropriate*]

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours Sincerely,
Rose Woodcock

Appendix 14 DfE Guidance for the administering of medicines:

Although schools may already have such procedures in place, they should reflect the following details:

• medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so

• no child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered

• a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed

• where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours

• schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container

• all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips

• when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

• a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Schools should otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record should be kept of any doses used and the amount of the controlled drug held

• school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school Record keeping. Governing bodies should ensure that written records are kept