St Paul's
C of E Primary School

A place to belong

Supporting Children with Medical Conditions and Short Term Illness Policy

Headteacher:	**Christie Clarke**
Member of Staff Responsible:	**Emma Hartley**
Reviewing Committee:	**FGB**
Effective Date of Use:	**21st October 2026**
Term of Next Review:	**Autumn 2027**
Policy Type:	**Statutory**

1. Statement of Intent

Our school welcomes and supports children with medical and health conditions. We aim to include all children with medical conditions in all school activities, including off site visits, differentiated as appropriate. We recognise that some medical conditions may be defined as disabilities and consequently come under the Equalities Act 2010.

2. Legislation

This policy is underpinned by the statutory duty set out in Section 100 of the ***Children and Families Act 2014***, which requires schools to make arrangements to support pupils with medical conditions. It adheres to the Department for Education's statutory guidance ***Supporting Pupils at School with Medical Conditions*** **(DfE, 2015)**, which outlines the responsibilities of schools in ensuring that pupils with medical needs are able to access and enjoy the same opportunities as their peers. The policy also reflects the requirements of the *Equality Act 2010*, ensuring that no pupil is discriminated against due to their health needs, and the ***Health and Safety at Work etc. Act 1974***, which places a duty of care on schools to safeguard the wellbeing of all pupils and staff.
Where early years provision is in place, the policy aligns with the ***Statutory Framework for the Early Years Foundation Stage (EYFS)*** to ensure appropriate care and support for younger children. In addition, the policy is informed by non-statutory guidance from local authorities and healthcare professionals to ensure it reflects current best practice and local procedures.
This policy should be read alongside the NYES Allergens Policy.

Other Legislation includes:
-Keeping Children Safe in Education 2026
- Working Together to Safeguard Children 2026
-Benedict's Law (2026 Statutory Allergy Guidance)
- Data Protection in Schools 2023

3. Planning

We have a responsibility to care for pupils with medical conditions.
Our planning includes:

- having some staff (where applicable) who have the duties of administering medicines and undertaking health care procedures written into their job descriptions
- ensuring other staff are aware that they may volunteer to do these duties and that they also have responsibilities in emergency situations
- having record keeping procedures in place for administering medication
- having storage facilities in place for medication
- having identified a suitable area within school for undertaking health care procedures
- having suitable toileting facilities for children which are clean, safe and pleasant to use
- having flexible policies which take into account medical conditions e.g. we do not refuse access to the toilet at any time to any children with a medical condition that requires this
- following the guidance provided by the Local Authority in 'Supporting Children and Young People with Medical Conditions in School' Jan 2015.

4. Emergencies

- We are aware that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood. We have a procedure in place for dealing with emergencies and all staff know they have a duty to take swift action. The Headteacher and Inclusion Leader ensure that all staff feel confident in knowing what to do in an emergency. This procedure is revisited annually by the full governing body.
- If a child needs to be taken to hospital, an ambulance will be called and, if parents are not available, a member of staff will accompany the child and school will phone the parent/s to meet the ambulance at casualty. The member of staff will stay with the child until a parent arrives. Health professionals are responsible for any decisions on medical treatment in the absence of a parent. Staff will not take a child to hospital in their own car unless it is an absolute necessity and never unaccompanied.

5. First Aiders

We have trained first aiders on site at all times throughout the school day who are all aware of the most common serious medical conditions at this school.

First Aid Boxes:

- Class first aid boxes kept with class medical boxes in classrooms.
- First aid box kept in the school office and supplies for restocking classroom boxes.
- Class teachers and office staff to ensure boxes are replenished as required. Inform the school office of depleted stocks.
- First aid to be carried out where needed or at the school office.

6. Procedure to be followed when school is notified that a child has a medical condition

- Seek further information from parents and health professionals.
- Determine whether an Individual Healthcare Plan or a risk assessment is required.
- Arrange a meeting to develop the Individual health care plan together with parents, the child (if appropriate), staff and external bodies.
- Arrange staff training.
- Implement and monitor Individual healthcare plan.

7. Staff Training

Staff undergo annual dedicated allergy awareness and anaphylaxis training. Staff who support children with certain medical conditions must receive additional training from a registered health professional. Children with Individual Healthcare Plans have staff named in their plan who have been trained to undertake the procedures in the plan. They may need additional training from a health professional. The Inclusion Leader ensures there are enough staff named to cover for absences and to allow for staff turnover. The Inclusion Leader is responsible for ensuring staff are suitably trained by liaising with the relevant healthcare professional.

Any member of staff who is trained but feels unable to carry out these duties competently (for example due to having an injury/condition themselves or due to further training being

required) must report this as soon as possible to the Inclusion Leader who will make appropriate arrangements.
The Headteacher and Inclusion Leader are involved in determining the competency of a member of staff in undertaking specific procedures. Staff who complete records are shown by the Inclusion Leader how these are to be completed and managed.

8. Staffing

The Inclusion Leader is responsible for ensuring that all relevant staff will be made aware of a child's condition as soon as possible. Any supply teachers / covering staff will be informed, as appropriate, via communication from admin staff and phase leaders. Medical conditions and allergies for specific children are also displayed in the school staffroom.

9. Administration of Medication at school

- We will only administer medication at school when it is essential to do so and where not to do so would be detrimental to a child's health.
- We will only accept medication that has been prescribed by a doctor, dentist, nurse/pharmacist prescriber, or advised by a pharmacist and provided in complete packaging with instructions.
- We will only accept non prescribed medicine that is in the original packaging with written parental consent e.g. eye drops, antihistamine. This will only be for specific children, on a short-term basis.
- We will not give Aspirin to any child under 16 unless it is prescribed.
- We only give medication when we have written parental permission to do so. All medications need to be deposited with the office.
- Where required medication needs to be administered this will be based on staff availability, capacity, and agreement.
- For some chronic conditions, some children may develop the independence of administering their own medication and this would be agreed within their personal medical plans. These should be reviewed in meetings with parents and if necessary medical professionals involved with the family.
- Medication not carried by children is stored in the school office/staff room fridge. Some medication is stored in class inhaler/EpiPen boxes so they are more readily available for staff.
- Controlled drugs are stored in the school office.
- Children who administer their own medication know where it is stored and how to readily access it.

Wherever appropriate we allow children to carry their own medicines and relevant devices and where children self-administer we will provide supervision as appropriate.

10. Administration of medication – General

All relevant staff are made aware that a child has medication in school and timings of person administering this.
All staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a child taking medication unless they have been specifically contracted to do so or it is in their job description.

For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to pupils but only with a parent's written consent. Some medicines require staff to receive specific training on how to administer it from a registered health professional.
A central record is kept of the administration of medication in school the school office. Alongside this is an audit log of all medication in school, this is checked by the office administrator throughout the year to check medication in date and notify parents where expiry date approaching.

Inhalers / Epi-pens:

- Inhalers should be kept in the class medical box. Epi-pens are kept in a labelled bag in the child's classroom.
- Class teachers are responsible for ensuring all medicines along with class first aid kits are taken with the child and class when off school site. (PE / allotment / church and all educational school visits).

Asthma

What is Asthma?

Asthma is a common inflammatory condition that causes swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, and they temporarily narrow. Symptoms occur in response to exposure to a trigger e.g. pollen, dust, smoke, exercise etc. These symptoms include cough, wheeze, chest tightness and breathlessness.
A child's asthma may be classified as controlled or uncontrolled. Uncontrolled asthma could mean that a child has is at-risk of a life-threatening flare-up or an asthma attack.
Signs of uncontrolled asthma are:

- Waking up at night because of asthma symptoms
- Getting asthma symptoms 3 or more times a week
- Using a reliever inhaler 3 or more times a week
- Having frequent asthma attacks or chest infections

The primary treatment for asthma is the use of an inhaled corticoid steroid inhaler that is taken on a daily basis. These preventer inhalers are used every day to prevent asthma symptoms happening. Reliever inhalers are used when needed to quickly relieve asthma symptoms for a short time. All staff must be aware that sufferers may experience an acute episode which will require rapid medical or hospital treatment.

Emergency Procedures

Each child should have a personalised asthma action plan (PAAP) that is shared with their school. These plans are an essential written guide in the event of worsening asthma or an asthma attack. Appendix 1 outlines the actions to be taken in an emergency when the child needs to use a salbutamol (blue) reliever inhaler. If symptoms have been relieved, but then return, the treatment should be given again; there is no minimum time before it can be repeated but if it less than four hours then the parent/carer should be contacted.

Some children may have a type of inhaler that can be used as both a preventer and a reliever. This is known as the MART approach. Appendix 1 outlines MART actions when using Symbicort.

Asthma responsibilities

Parents and Carers have a responsibility to:

- Tell the school that their child has asthma/has a reliever inhaler.
- Ensure the school has complete and up to date information regarding their child's condition. Including a Personalised Asthma Action Plan (PAAP), if the child/young person has one.
- Inform the school about the medicines their child requires during school hours.
- Inform the school of any changes to their child's medication.
- Advise the school of anything that might have an impact on symptoms.
- Provide the school with an inhaler (and spacer where appropriate) that has been prescribed for and labelled with that child's name as well as a personalised asthma action plan.

All school staff (teaching and non-teaching) have a responsibility to:

- Understand this policy.
- Know which pupils they come into contact with have asthma.
- Know what to do in an asthma attack. Allow pupils with asthma immediate access to their reliever inhaler.
- Inform parent/carer if a child has had an asthma attack.
- Inform parent/carer if they become aware of a child using more reliever inhaler than usual.
- Ensure inhalers are taken on external trips/outings.
- Be aware that a child may be more tired due to night time symptoms.
- Liaise with parent/carer, school nurse, SENCO, etc. if a child is falling behind with their work because of asthma.

Asthma Medication Procedure

- Record each time a child uses their inhaler on the medication record sheet kept in classrooms.
- Complete a letter to be sent home with the child explaining they have had difficulty breathing and used their inhaler.
- Issue a purple wristband to the child so that any adult involved with the child after school has a quick reference to the fact that the child has needed their inhaler that day.
- Yearly updates are carried out as to the status of diagnosis and also the medication pupils have been prescribed.

Asthma Friendly Schools Initiative

The Humber and North Yorkshire Asthma Friendly Schools Initiative is open to all schools in the Hull, The East Riding of Yorkshire, North Lincolnshire, North East Lincolnshire, York and North Yorkshire. The initiative enables a clear framework between schools, Public Health, and Primary/Secondary healthcare to ensure children and young people living with asthma have safe and effective management across settings. There are 7 standards required for a school to achieve to be awarded as Asthma Friendly status:

- Identify an Asthma Champion for the school
- Implement an Asthma policy

- Maintain an Asthma Register
- Purchase and maintain an Asthma emergency medication kit
- Request a copy of a Personalised Asthma Action Plan for all pupils with a diagnosis or Asthma
- Ensure good communication practices between home and school regarding asthma
- 85% of school staff should receive Asthma education – either face to face or online, depending on local offer.

Please see Appendix 1 for more information on the Asthma Friendly Schools Initiative.

Allergies (please see separate NYES Allergens Policy)

11. Ad-hoc administration of medication for Short Term Illness

Children may have medication at school if it has been prescribed by a doctor and:

- They are fit enough to be here.
- The child has been prescribed more than three doses a day which cannot be administered outside of the school day.
- The medicine and spoon are put in a plastic bag / box clearly labelled with the Childs' name, dosage instructions and on completion of a parental consent for school to administer medicine form. These are available from the school office.
- The medicine is handed in and collected by an adult to the class teacher or school office staff.
- The school is not in any way held responsible for the medication

Procedure

- All medicine should be kept in the staff room in the fridge or first aid cupboard in the school office.
- Consent forms should be kept in the school office, then filed in the pupil folder on completion of the course.
- All medication administered must be recorded on the consent form. The staff member must date/time and sign consent form each time medicine is administered.
- A record of all medicines administered must be recorded on the electronic medical log by the School Office Administrator.

12. Children who manage their own needs

We encourage all children to manage as much of their own needs as is appropriate. The Inclusion Leader will determine after discussion with parents whether a child is competent to manage their own medicine and procedures. Where a child has been recently diagnosed, or has an additional disability/condition e.g. visual impairment, we support them to gradually take on more of their own care, over time, as appropriate with the aim of them becoming as independent as possible. We aim for our children to feel confident in the support they receive from us to help them do this.

13. School Trips

Staff organising our school trips ensure:

- They plan well in advance.
- They seek information about any medical / health care needs which may require management during a school trip. This is specifically relevant for residential visits when children may require medication / procedures that they would not normally require during the daytime.
- That any medication, equipment, health care plans are taken with them and kept appropriately during the trip. This includes travel sickness medication which should be passed to the class teacher by the Parent or Carer in a named sealed bag with full instructions.
- They do a risk assessment which includes how medical conditions will be managed in the trip. Staff are aware that some children may require an individual risk assessment due to the nature of their medical condition.
- They think about a plan and staffing for suitable cover.

14. Safe Storage – General

- The Office Team ensures the correct storage of medication at school.
- The Office Team ensure the expiry dates for all medications stored at school are checked and informs parents by letter in advance of the medication expiring.
- Some medications need to be refrigerated. These are stored in a clearly labelled container in the fridge located in the staff room.

15. Refusal

If a child refuses to take their medication school staff will note this on the administration of medication record. Parent/s will be informed as soon as is reasonably possible so that they can make alternative arrangements.

16. Accepting Medicines

The Office Team along with the parent/s, ensures that all medication brought into school is clearly labelled with the child's name, the name and dose of medication and the frequency of dose. It must be in the original, full packaging containing the accompanying information leaflet. Wherever possible medicines should be passed from the parent to the school office alongside the accompanying paperwork.

17. Safe Disposal

Parents are asked to collect out of date medication. If parents do not collect out of date medication, it is taken to a local pharmacy for safe disposal. Disposal of medication is recorded on the administration of medication record.

18. Admissions Forms

We ask on our enrolment form if a child has any medical /health conditions and again annually.

19. Individual Health Care Plans

For children with more complex medical needs we use Individual Healthcare Plans to record important details. Individual Healthcare Plans are held within the medical file in accordance with data protection. They are updated when and if there are significant changes and also annually reviewed with parents and health care professionals. Individual Healthcare Plans are shared on a need to know basis with staff who are directly involved with implementing them. Individual Healthcare Plans are also shared, with parent/s permission, with CYC risk management and insurance. The Inclusion Leader is responsible for checking Individual Healthcare Plans on a termly basis to ensure they are up to date and being implemented correctly.

20. Children Ill at School

Procedure

- Ascertain the nature of the illness / complaint and assess its severity.
- Make the classroom / location safe and call the office if necessary.
- Take appropriate First Aid action.
- Parents or carers informed if appropriate and child sent home if necessary.
- No child should be in school less than 48 hours after a last episode of vomiting or diarrhoea.

Children with contagious ailments.

Children with contagious ailments (e.g. chickenpox, conjunctivitis and impetigo) must not be in school during the contagious stages and until confirmed by a doctor that they have been treated or/and that they are no longer infectious. Parents or carers will be telephoned to collect their child if symptoms start whilst in school.

Refer to the following link for up to date guidance and information regarding infection control.

www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities

21. Accident at School

Procedure

- Ascertain the nature of the accident / injury and ensure appropriate First Aid Action including calling an ambulance if necessary.
- Make the area / location safe and send 2 children where possible for a second colleague to be present.
- Inform the office staff and Headteacher.
- The Headteacher will, if appropriate, inform the parents or carers immediately.
- Call the parents or carers to inform / advise and come to a mutual decision as to whether the child needs to go to hospital or home.
- Fill in and send home a minor injury notification slip. Details of how the accident happened need recording on this slip. Yellow copy kept in accident/incident book. If

required First aider and Head teacher/School Administrator to make an entry using B-Safe.

- If an ambulance is required refer to the school office for procedure.

22. Children with Health Needs who Cannot Attend School

In the event that a child has a condition that prevents them from attending school, we will use our best endeavours to ensure that the child continues to receive a good education and maximises their learning potential. The Inclusion Leader will make a referral to the City of York Council's Physical Health Needs Specialist Teaching Team and liaise with all other agencies concerned with the child for the duration of their absence. The school will act in accordance with The City of York Local Authority Policy on Ensuring a Good Education for Children and Young People with Long Term Medical Needs 2020
https://www.yorksend.org/professionals/local-guidance

Where a pupil has frequent medical absences or fails to attend following medical notifications without clear clinical justification, the Inclusion Leader / DSL will review this under the school's Safeguarding Policy.

23. School Medical Register

Children's medical conditions are recorded within Integris / Arbor from Nov 2025. The admin officers have responsibility for keeping the register up to date.
Aligning with *Working Together to Safeguard Children 2026*, pupil medical needs are shared on a strict 'need-to-know' basis, however if there are safeguarding concerns arising from medical neglect/non-compliance this will take precedence over data privacy limitations

24. Defibrillator

A defibrillator is located in the school office on the wall; when required the defibrillator will only be operated by staff who have been trained or in conjunction with emergency service advice. Staff were trained to use the defibrillator when it was first installed and continue to receive general training about its use as part of their ongoing first aid updates.

25. Working Together

A number of people and services may be involved with a child who has a medical condition e.g. parent/s, Healthy Child Nurse, specialist nurse, community nurse etc. We seek and fully consider advice from everyone involved and from the Local Authority to assist us in our decisions around a child's medical needs. The child is consulted and involved as fully as possible. We aim to maintain regular contact with our Healthy Child nurse who may inform us of any children who have health conditions that we are not already aware of e.g. where a child has developed a new condition. We work together to identify needs, identify training, draw up Individual Healthcare Plans, identify staff competency in procedures etc. However the Headteacher, SENCO and Governing body take overall responsibility for ensuring a child's needs are met in school. We work together to ensure our policy is planned, implemented and maintained successfully.

26. Headteacher's Responsibilities:

- Ensure the school is inclusive and welcoming and that this policy is in line with local and national guidance and policy frameworks.
- Ensure child confidentiality.
- Ensure all supply staff and new teachers know and implement this policy.
- Ensure absences due to medical needs are monitored and alternative arrangements for continuing education are in place.

27. Inclusion Leaders Responsibilities:

- Know which children have a medical condition and which have special educational needs because of their condition.
- Ensure teachers make the necessary arrangements if a child needs special consideration or access arrangements in tests.
- Ensure the policy is put into action, with good communication of this policy to all. Ensure every aspect of the policy is maintained.
- make a referral to the City of York Council's Physical Health Needs Specialist Teaching Team when a child is absent for 15 or more days and liaise with all other agencies concerned with the child for the duration of their absence.
- Update this policy at least once a year to review recommendations, recent local and national guidance and legislation.
- Liaise between interested parties including children, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, Healthy Child Nurse, parents and governors.
- Ensure information held by the school is accurate and up to date and that there are good information sharing systems in place using Individual Healthcare Plans.
- Ensure child confidentiality.
- Assess the training and development needs of staff and arrange for them to be met.
- Provide/arrange provision of regular training for school staff in managing the most common medical conditions in school.
- Ensure Individual Healthcare Plans are completed and reviewed annually.
- Work together to quality assure staff competency in specific procedures.
- Regularly remind staff of this policy and procedures.

28. Office Responsibilities:

- Ensure all supply staff and new teachers know and implement this policy.
- Check medication held in school for expiry dates and dispose of accordingly.
- Inform parents when supply of medicine needs replenishing / disposing.
- Quality assure record keeping.
- Support the Headteacher when absences due to medical needs are monitored and alternative arrangements for continuing education are in place.

29. School staff responsibilities:

- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Understand and implement this policy.

- Know which children in their care have a medical condition.
- Allow all children to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell at school.
- Ensure children who carry their medication with them have it when they go on a school trip or out of the classroom e.g. to the field for PE.
- Be aware of children with medical conditions who may be experiencing bullying or need extra social support.
- Ensure all children with medical conditions are not excluded unnecessarily from activities they wish to take part in.
- Ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

30. Teaching staff responsibilities:

- Ensure children who have been unwell have the opportunity to catch up on missed work
- Be aware that medical conditions can affect a child's learning and provide extra help when needed.
- Liaise with the Inclusion Leader, parents, healthcare professionals and special educational needs co-ordinator if a child is falling behind with their work because of their condition.

31. First Aiders responsibilities

- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school.
- When necessary, ensure that an ambulance or other professional medical help is called.
- Check the contents of first aid kits and replenish as necessary.

32. Child Responsibilities

- Treat other children with and without a medical condition equally.
- Tell their parents, teacher or nearest staff member when they or another child is not feeling well. (removed a bit here)
- Treat all medication with respect.
- Know how to gain access to their medication (includes emergency medication) if appropriate
- Ensure a member of staff is called in an emergency situation.

33. Parent Responsibilities

- Telling school if their child has / develops a medical condition.
- Immediately informing the school in writing if there are any changes to their child's condition or medication.
- Ensuring that they/their emergency representative is contactable at all times.
- Administering medication out of school hours wherever possible.

- Undertaking health care procedures out of school hours wherever possible.
- Ensuring they supply school with correctly labelled in-date medication.
- Contributing to the writing of individual health care plans / intimate personal care plans as appropriate.
- Completing the necessary paperwork e.g. request for administration of medication.
- Collecting any out of date or unused medicine from school for disposal.
- Keeping their child at home if they are not well enough to attend school / infectious to other people.
- Liaising with staff to help their child catch up on any school work they have missed.
- Ensuring their child has regular reviews about their condition with their doctor or specialist healthcare professional.

Parents who do not provide this support should be aware that we may not be able to fully support their child's medical condition in school.

34. School procedure on being notified of a child's Medical Condition

Notification of a child's medical condition may come via a number of routes e.g. by parents, Healthy Child nurse, admission forms etc. Whatever the route the Headteacher must be informed as soon as possible. The Headteacher must then:

- Seek further information about the condition.
- Determine with the support of parents and relevant health professional whether an Individual Healthcare Plan is required.
- Identify any medication / health care procedures needed.
- Identify any aspects of care which the child can manage themselves.
- Identify which staff will be involved in supporting the child.
- Identify what, if any, training is needed, who will provide this and when.
- Identify which staff need to know the details of the child's medical condition and inform them as appropriate.
- Ensure parent/s written permission is received for any administration of medication.

35. Unacceptable Practice

It is not acceptable to:

- Prevent children from accessing their inhalers or other medication.
- Assume every child with the same condition requires the same treatment.
- Ignore the views of the child and their parents.
- Ignore medical evidence or opinion although this may be challenged.
- Send children with medical conditions home frequently or prevent them from staying for normal school activities e.g. lunch unless it is specified in the child's Individual Healthcare Plan.
- Send an ill child to the school office or medical room without a suitable person to accompany them.
- Penalise children for their attendance record if their absences relate to their medical condition e.g. hospital appointments.
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need in order to manage their medical condition.

- Require parents or otherwise make them feel obliged to come into school to provide medical support to their child, including toileting issues and manual handling issues.
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips e.g. by requiring the parent to accompany the child.

36. Data Protection

We will only share information about a child's medical condition with those staff who have a role to play in supporting that child's needs. In some cases e.g. allergic reactions it may be appropriate for the whole school to be aware of the needs. In other cases e.g. toileting issues, only certain staff involved need to be aware. We will ensure we have written parental permission to share any medical information.

37. School Environment

We will ensure that we make reasonable adjustments to be favourable to children with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

38. Education and Learning

We ensure that children with medical conditions can participate as fully as possible in all aspects of the curriculum and ensure appropriate adjustments and extra support are provided. Teachers and support staff are made aware of children in their care who have been advised to avoid or take special precautions with particular activities. We ensure teachers and PE staff are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers. Staff are aware of the potential for children with medical conditions to have special educational needs (SEN). The school's SEN coordinator consults the child, parents and pupil's healthcare professionals to ensure the effect of the child's condition on their schoolwork is properly considered.

39. Insurance

The Headteacher and School Business Manager are responsible for ensuring staff are insured to carry out healthcare procedures and administer medication. A copy of the CYC insurance policy is available for all staff upon request. Additional insurance may need to be taken out for specific procedures and the Headteacher will ensure relevant staff are able to access a copy of the insurance policy.

40. Complaints

For details on how to make a complaint around medical issues in school, please follow our school complaints procedure available from the school website.

41. Home to School Transport

Parents are responsible for informing SEN transport, Integrated Passenger and school transport if their child has a medical need that they may require assistance with during the journey to and from school.

42. Dignity and Privacy

At all times we aim to respect the dignity and privacy of all children with medical conditions. We do this by only sharing information with those who have a role in directly supporting the child's needs. We are considerate when giving / supervising medication / managing health care needs.

43. Distribution of this Policy

This policy is available on our school website for all parents and carers. School staff are informed and reminded about this policy during school training days and whole school staff meetings by the Inclusion Leader. This is updated annually and reviewed by the full governing body.

The Governing Body reviews this policy annually.

Table of Changes

Review Date	Reason for Change
28/04/2026	**Separate Allergens Policy adopted as of April 2026. Removal of allergens information. Reference made to change at points 2 and 10.**

Appendix 1 - Asthma

How to administer a dose of inhaled medication through a spacer.

One puff of blue reliever inhaler is administered via a spacer as follows:

1) Check the inhaler is in date and not empty
2) Shake the inhaler and remove the cap
3) Insert the inhaler into the spacer
4) Place the spacer mouthpiece between the teeth and lips **or** fit spacer mask over the mouth and nose, ensuring a good seal (A mouthpiece is generally recommended for a child over the age of five).
5) Press the inhaler canister down into the casing of the inhaler **once**, to release one

puff of medication

6) The child or young person should breathe in and out 5 times or for 10 seconds before removing the spacer.

If another puff is required, start again at step 3.

7) Replace the cap

A video can be seen at:
BeatAsthma: How to use an aero chamber with a mouth piece

MART approach

Maintenance and reliever therapy (MART) involves the use of a single inhaler that can act as both a preventer (maintenance) and as a reliever. The inhaler will be used regularly every day at home and will be brought to school and used to relieve symptoms, if they occur.
A supplemental flow chart for those using Symbicort for the MART approach is included at the end of this document. The maximum total daily dose of Symbicort (including daily preventer puffs) is normally no more than 8 puffs. Therefore, it is important to know how many puffs are being used as a reliever throughout the day (parent/carer must be informed).
If the MART inhaler has not worked or is unavailable, then the school emergency Salbutamol (blue) inhaler should be used.
There are currently two different brands of MART inhalers that are licenced for children and young people, Fobumix and Symbicort.

Helping a child to administer a dose of inhaled medication via a dry powder inhaler

One dose of Symbicort or Fobumix inhaler is administered as follows:

	Symbicort:	Fobumix:
1.	Check the inhaler is in date and not empty	Check the inhaler is in date and not empty
2.	Unscrew and lift off the protective cover	Remove the cap
3.	Hold the inhaler upright, twist the red grip,	Shake the inhaler and click down the red

	at the bottom, as far it will go in one direction and then turn it back in the other direction. You should hear a click.	top and let it click back into its original position.

4. Breath out (not into the inhaler)
5. Tilt the chin slightly and put lips around the mouthpiece
6. Breathe in – Quick and Deep
7. Remove the inhaler from the mouth and hold breath for 5-10 seconds, then breath out
8. Repeat all steps if more inhalations required

A video can be seen at:
Beat Asthma - how to use a Turbohaler
(40) Beat Asthma - how to use an Easyhaler - YouTube

Emergency Inhalers

In an emergency, if a pupil who is on the school asthma register, is experiencing asthma symptoms:

- has not got their own reliever inhaler/spacer with them or
- theirs is found to be empty, broken or out of date, or
- if they are not responding to their MART inhaler then the school emergency salbutamol (blue) reliever inhaler/spacer should be used.

Emergency salbutamol (blue) inhalers and spacers will be kept in appropriate locations on the school site, so all staff can access one with ease, and will be used as per flow chart 1. A mouthpiece spacer is generally recommended for a child over the age of five as it more efficient at delivery the desired dose. It is the responsibility of All staff will know how and where to access the emergency inhalers and spacers.

If we do have an emergency salbutamol (blue) inhaler and spacer, or there is no way of accessing it, then, in a situation where a child who is on the school asthma register and is having severe symptoms, it is acceptable to borrow a salbutamol inhaler and spacer from another child while waiting for emergency services. This should then be recorded in the child's records and both children's parents/carers informed.

Cleaning the emergency inhaler and spacer

If a re-useable spacer is used then following use with an individual child, the spacer should be cleaned, by washing it thoroughly in hot soapy water and then leaving it to air dry thoroughly before putting it away. Disposable spacers that once used can be thrown away in a normal rubbish bag/bin.
The casing of the salbutamol (blue) inhaler can be cleaned by wiping it over with antibacterial solution/wipe.

Further Information can be obtained from:

Asthma + Lung UK
www.asthma.org.uk
Home - Beat Asthma

Humber and North Yorkshire Healthier Together
https://www.hnyhealthiertogether.nhs.uk/

Flow Chart 1: If a Child has Signs of Asthma Attack and uses a salbutamol (blue) inhaler

Signs of an Asthma Attack:

- Wheezing
- Shortness of breath/difficulty breathing
- Coughing
- Chest tightness (young children may express this as tummy ache)

Stay with me and call for help.

Think Anaphylaxis!

- Do I have an allergy action plan?

and/or

- Do I have an adrenaline autoinjector pen?
- If yes, follow Allergy Action Plan
- Be prepared to give adrenaline
- Call an Ambulance

- Keep Calm and offer reassurance
- Sit me up and slightly forward
- **Give Two puffs of the blue inhaler (One puff at a time) via a spacer**
- If no inhaler available call 999 immediately

Wait a few minutes, did this help?

1. Shake my blue reliever inhaler, remove the cap and the place inhaler in my spacer
2. Help me to place the spacer mouthpiece between my teeth and lips to make a seal.
3. Give **One** puff at a time, I need to take 5 breaths in and out of the spacer for each puff.
4. Repeat all these steps for each puff

Yes

- ✓ I can return to normal activities
- ✓ Relief from my blue inhaler should last 4 hours
- ✓ Please check on me again
- ✓ Let my parents or carers know that I needed to use my reliever inhaler today.

No

- x I am too breathless to talk or walk
- x I am coughing and wheezing a lot more
- x I am breathing hard and fast
- x I go very quiet

Give me up to **Ten puffs** of my blue inhaler (1 at a time) via a spacer

If at any point you are worried, or I am getting worse call **999**

Continue to give me **One** puff of my blue inhaler every 30-60 seconds until the ambulance arrives.

- If I have needed 10 puffs and this has helped, I will need an urgent review with a healthcare professional.
- Contact my parent/carer to ask them to come and collect me from school
- Continue to observe me whilst waiting
- If symptoms return within 4 hours give **Ten** Puffs and call for an ambulance

Flow Chart 2: MART Reliever approach

OR

Signs of an Asthma Attack:

- Wheezing
- Shortness of breath/difficulty breathing
- Coughing
- Chest tightness (young children may express this as tummy ache)

Stay with me and call for help.

Think Anaphylaxis!

- Do I have an allergy action plan?

and/or

- Do I have an adrenaline autoinjector pen?
- If yes, follow Allergy Action Plan
- Be prepared to give adrenaline
- Call an Ambulance

- Keep Calm and offer reassurance
- Sit me up and slightly forward
- **Help me to take <u>One</u> inhalation of my MART inhaler every 1-3 minutes up to <u>Six</u> puffs**
- <u>If no inhaler available call 999 immediately</u>

Wait a few minutes, did this help?

- If MART inhaler not available OR I am unable to use it
- Use <u>The spare emergency blue inhaler</u> and spacer
- <u>If no inhaler available call 999 immediately</u>

Yes

- ✓ I can return to normal activities
- ✓ Relief from my blue inhaler should last 4 hours
- ✓ Please check on me again
- ✓ Let my parents or carers know that I needed to use my reliever inhaler today.

No

- x I am too breathless to talk or walk
- x I am coughing and wheezing a lot more
- x I am breathing hard and fast
- x I go very quiet

Give me up to **<u>Ten</u> puffs** of the school emergency blue inhaler (1 at a time) via a spacer

If at any point you are worried, or I am getting worse call **999**

Continue to give me **<u>One</u>** puff of my blue inhaler every 30-60 seconds until the ambulance arrives.

- If I have needed 10 puffs of the school emergency blue inhaler or 6 inhalations of my MART inhaler to relieve my symptoms and this has helped, <u>I will need an urgent review with a healthcare professional.</u>
- Contact my parent/carer to ask them to come and collect me from school
- Continue to observe me whilst waiting
- If symptoms return within 4 hours give **<u>Ten</u>** Puffs and call for an ambulance

Asthma Friendly Schools Standards	
Asthma Champion	Asthma Champion Identified and school staff made aware of role.
Asthma Policy	Asthma Policy in place, staff aware and have reviewed. Asthma Policy available for parents to review. Asthma inhalers are kept with the child or in an accessible place in school (with spacers). When kept in school the Asthma Champion checks expiry dates at least every 6 months and reminds parents to provide another inhaler prior to expiry.
Asthma Register	An Asthma register is in place and accessible to staff. Parents/Carers are routinely contacted before starting school to ask about Asthma. Parents/carers are reminded to inform school of any diagnosis of Asthma. Posters or other forms of communication help inform staff of which children have Asthma.
Emergency Asthma Kit	School has an Emergency Medication Kit(s) consisting of an inhaler and a spacer. The Kit is kept in an accessible space within school. Provision should be made for emergencies when on school trips/residential/attending sports events.
Personalised Asthma Action Plan	A copy of a child's Personalised Asthma Action Plan (PAAP) is requested from each child with Asthma. Each school should have a School Wide Asthma Emergency Plan that can be used in the absence of a PAAP.
Record and sharing of information	Staff should keep a register in school of all students who have Asthma. Staff should inform the Asthma Champion when a child has used their inhaler within school (wherever possible). Staff/Asthma Champion should ensure that contact is made with parents/carers when an inhaler is used in school (whenever possible). Staff should encourage those self-managing asthma in school to inform them when they have used their inhaler. PE staff/Asthma Champion should take note of any children who wheeze or regularly require their inhaler pre or post exercise and should ensure parents are informed to seek clinical review.
School Asthma Training	Each staff member in school will complete two yearly Asthma training. NHS England have created free online e-learning suitable for all school staff. Some areas will be able to access training from the local asthma team/ school nurse. At least 85% of school staff should have received asthma training. All members of PE staff should complete training.