Grantham Villages' CE Primary Schools Federation

Marston Thorold's Charity Church of England Primary School

Supporting Children with Medical Conditions and Asthma Policy

Including Individual Healthcare Plan at Appendix 4

Approved by:	**Full Governing Board**	**Date: September 2026**
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Contents

Legal Framework 3
Roles and responsibilities 3
Individual Healthcare Plans 6
Staff Training and Support 7
The Child's Role in Managing their Own Medical Needs 7
Non Prescription Medicines 8
Allergens, anaphylaxis and adrenaline auto-injectors (AAIs) 8
Record Keeping 9
Emergency Procedures 10
Day trips, Residential Visits and Sporting Activities 10
Complaints 10
Related Policies 10
Appendix 1 Asthma Policy 11
Asthma 11
Asthma Register 12
Asthma Lead 12
Medication and Inhalers 12
Asthma Action Plans 12
Staff Training 12
School Environment 13
Exercise and Activity 13
When Asthma is Affecting A Pupil's Education 14
Common 'Day to Day' Symptoms of Asthma 14
Asthma Attacks 14
References 15
Appendix 2 GVSF Asthma Action Plan 16
Appendix 3 Symptoms of an Asthma Attack 17
Appendix 4: Individual Healthcare Plan for pupils with medical conditions at school 19

We are committed to ensuring that all children with medical conditions, in terms of both physical and mental health, are properly supported at our schools so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

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

We will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, therefore we will not accept a child in school at times where it would be detrimental to the health of that child or others to do so.

This policy will be reviewed regularly and it is readily accessible to parents/carers and school staff.

When our school is notified that a pupil has a medical condition we will:

- make arrangements for any staff training or support
- make every effort to ensure that arrangements are put in place within the shortest possible time frame.
- not wait for a formal diagnosis before providing support to pupils

Legal Framework

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

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

This policy operates in conjunction with the following school policies:

- Special Educational Needs and Disabilities (SEND) Policy
- Complaints Procedures Policy
- Attendance and Absence Policy
- Admissions Policy

Roles and responsibilities

The governing board will be responsible for:

- Reviewing this policy alongside the headteacher

- Ensuring that this policy is readily accessible to parents and school staff.
- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support pupils with medical conditions.
- Ensuring that pupils with medical conditions can access and enjoy the same opportunities as any other pupil at the school.
- Working with the local authority (LA), health professionals, commissioners and support services to ensure that pupils with medical conditions receive a full education.
- Ensuring that, following long-term or frequent absence, pupils with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each pupil and what support is required to support their individual needs.
- Instilling confidence in parents and pupils in the school's ability to provide effective support.
- Ensuring that all members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective pupils are denied admission to the school because arrangements for their medical conditions have not been made.
- Ensuring that pupils' health is not put at unnecessary risk. As a result, the board holds the right to not accept a pupil into school at times where it would be detrimental to the health of that pupil or others to do so, such as where the child has an infectious disease.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.
- Ensuring that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils and sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.
- Ensuring that the school's policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that plans are reviewed at least annually, or earlier if evidence is presented that the child's needs have changed.

The headteacher will be responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that all staff who need to know are aware of the child's condition.

- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all individual healthcare plans (IHPs), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring pupils with medical conditions are properly supported.
- Having overall responsibility for the development of IHPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Contacting the school nurse where a pupil with a medical condition requires support that has not yet been identified.

Parents will be responsible for:

- Notifying the school if their child has a medical condition.
- Providing the school with sufficient and up-to-date information about their child's medical needs.
- Being involved in the development and review of their child's IHP.
- Carrying out any agreed actions contained in the IHP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Pupils will be responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of pupils with medical conditions.

School staff will be responsible for:

- Providing support to pupils with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of pupils with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting pupils with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a pupil with a medical condition needs help.

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

Notification Procedure

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

For a pupil starting at the school in a September uptake, arrangements will be put in place prior to their introduction and informed by their previous institution. Where a pupil joins the school mid-term or a new diagnosis is received, arrangements will be put in place, the school will arrange a meeting with parents, healthcare professionals and the pupil, with a view to discussing the necessity of an IHP, outlined in detail in the IHPs section of this policy.

Individual Healthcare Plans

Any parent/carer reporting that their child has an ongoing medical condition such as asthma, epilepsy, diabetes or more complex medical condition will be asked to complete an Individual Healthcare Plan (IHP), see Appendix 4. It is a legal requirement that this is updated annually.

We will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. We will assess and manage risks to the child's education, health and social wellbeing, and minimises disruption.

Our IHP requires information about:

- 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 (NB If a child is self-managing their medication, this should 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 child'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 child's condition and the support required;
- arrangements for **written permission from parents/carers** and the executive headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours; arrangements or procedures required for **school trips** or other school activities outside of the normal school timetable that will ensure the child can participate, e.g. risk assessments;
- **what to do in an emergency**, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

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

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

Staff Training and Support

Staff are supported in carrying out their role to support pupils with medical conditions through appropriate training and any member of school staff providing support to a pupil with medical needs will have received suitable training.

No member of staff will give prescription medicines or undertake healthcare procedures without appropriate training or instruction (updated to reflect requirements within individual healthcare plans).

The Child's Role in Managing their Own Medical Needs

Where children are deemed competent to manage their own health needs and medicines by their parents/carers and medical professional they will be supported to do this. We see this as an important step towards preparing pupils for the next stage of their education.

Managing Medicines on School Premises (see also the Medicines in School Policy)

In our Federation:

- Medicines will only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child will be given prescription or non-prescription medicines without their parent's/carer's written consent.
- We will never give medicine containing aspirin unless prescribed by a doctor.
- Medication, e.g. for pain relief will never be administered without first checking maximum dosages and when the previous dose was taken.
- Parents/carers will be informed.
- Where clinically possible, we will expect that medicines will be prescribed in dose frequencies which enable them to be taken outside school hours.
- We will only accept prescribed medicines if they are:
    - **are in-date**
    - **are labelled**
    - **are provided in the original container as dispensed by a pharmacist**
    - **include instructions for administration, dosage and storage**. *(NB 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 will be stored safely.
- Children will know where their medicines are at all times and will be able to access them immediately. Where relevant, they will know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will be always readily available to children and not locked away, including when pupils are outside the school premises, e.g. on school trips.
- When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.
- School staff will administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions.
- We will 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 will be noted in school.

- Epi-pens are stored in a brown envelope in the class asthma bag.

Non Prescription Medicines

The school is aware that pupils may, at some point, suffer from minor illnesses and ailments of a short-term nature, and that in these circumstances, health professionals are likely to advise parents to purchase over the counter medicines, for example, paracetamol and antihistamines.

The school works on the premise that parents have the prime responsibility for their child's health and should provide schools and settings with detailed information about their child's medical condition as and when any illness or ailment arises.

To support full attendance the school will consider making arrangements to facilitate the administration of non-prescription medicines following parental request and consent.

Pupils and parents will not be expected to obtain a prescription for over-the-counter medicines as this could impact on their attendance and adversely affect the availability of appointments with local health services due to the imposition of non-urgent appointments being made.

If a pupil is deemed too unwell to be in school, they will be advised to stay at home or parents will be contacted and asked to take them home.

When making arrangements for the administration of non-prescription medicines the school will exercise the same level of care and caution, following the same processes, protocols and procedures as those in place for the administration of prescription medicines.

The school will also ensure that the following requirements are met when agreeing to administer non-prescription medicines.

- Non-prescription medicines will not be administered for longer than is recommended. For example, most pain relief medicines, such as ibuprofen and paracetamol, will be recommended for three days use before medical advice should be sought. Aspirin will not be administered unless prescribed.
- Parents will be asked to bring the medicine in, on at least the first occasion, to enable the appropriate paperwork to be signed by the parent and for a check to be made of the medication details.
- Non-prescription medicines must be supplied in their original container, have instructions for administration, dosage and storage, and be in date. The name of the child can be written on the container by an adult if this helps with identification.

Allergens, anaphylaxis and adrenaline auto-injectors (AAIs)

The school's Allergen and Anaphylaxis Policy is implemented consistently to ensure the safety of those with allergies.

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

School staff will also work with external catering providers (Farm Kitchen) to ensure all requirements are met and that PPDS is labelled in line with Natasha's Law.

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

The administration of adrenaline auto-injectors (AAIs) and the treatment of anaphylaxis will be carried out in accordance with the school's Allergen and Anaphylaxis Policy. Where a pupil has been prescribed an AAI, this will be written into their IHP.

A Register of Adrenaline Auto-Injectors (AAIs) will be kept of all the pupils who have been prescribed an AAI to use in the event of anaphylaxis. A copy of this will be held in each classroom for easy access in the event of an allergic reaction and will be checked as part of initiating the emergency response.

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

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

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

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

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

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

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

For children under the age of 6, a dose of 150 micrograms of adrenaline will be used.

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

Record Keeping

We will ensure that written records are kept of all medicines administered to children.
We recognise that records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents/carers will be informed if their child has been unwell at school.

Emergency Procedures

In an emergency situation the emergency services will be contacted immediately and parents/carers will also be contacted using the context details held on the school's information management system. In cases where there are serious concerns over a child's wellbeing.

Day trips, Residential Visits and Sporting Activities

We always actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

Allergies

If your child is entitled to a Free School Meal, the school meal provider will do their best to ensure that food is safe for children with allergies, however, where a guarantee cannot be provided, school meal vouchers to the same value of a school meal will be given instead. This only applies where there is medical evidence of the allergy and an Individual Health Care Plan is in place. School staff will check the medical conditions list before sharing any food or other items where allergies may be an issue. Parents are responsible for keeping school updated with relevant information regarding allergies.

Complaints (see complaints policy)

If you have a complaint about how your child's medical condition is being supported in school, please contact the Executive Headteacher or Head of School overseeing Inclusion provision in the first instance.

Related Policies

- Medicines in School Policy
- Intimate Care Policy
- Child Protection and Safeguarding Policy
- SEND Policy
- Complaints Policy

Appendix 1 Asthma Policy

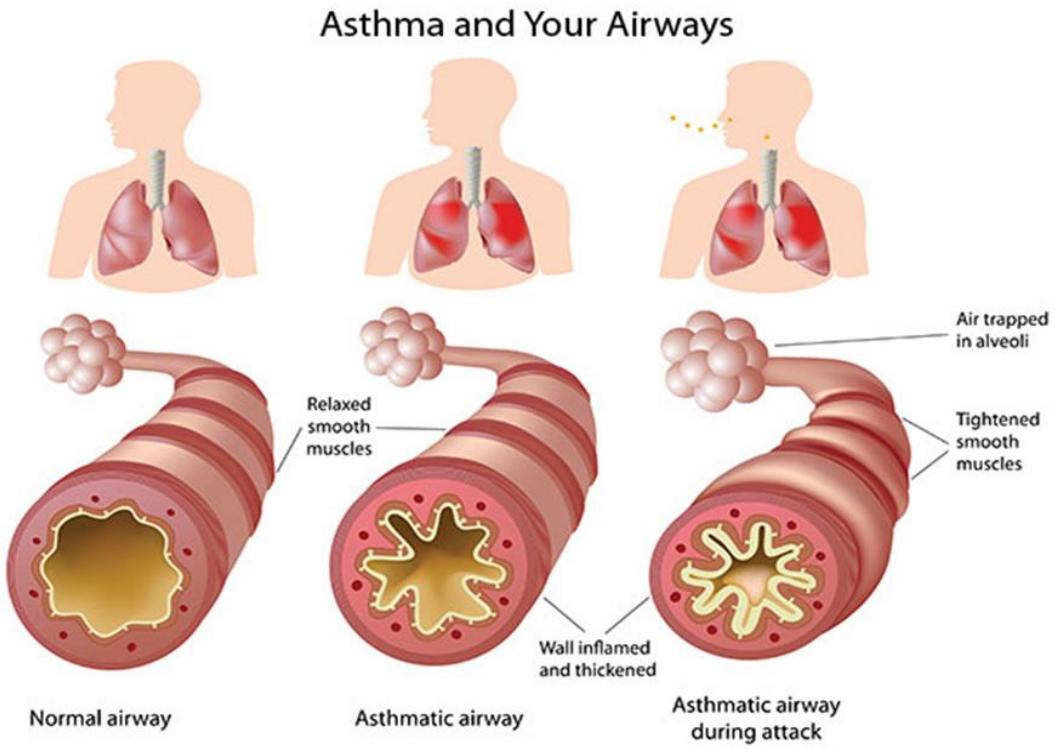
Executive Headteacher – Mrs E Bedford

Asthma Leads:

- **Marston Thorold's – Mrs A Richardson & Mrs V Nicolas-Barry**
- **St Sebastian's – Mrs A Parnham & Mrs N Walton**

Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).



As a Federation, we recognise that asthma is a widespread, serious, but controllable condition. The Federation welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- ✓ an asthma register
- ✓ up-to-date asthma policy,
- ✓ an asthma lead,
- ✓ all pupils with immediate access to their reliever inhaler at all times,
- ✓ all pupils have an up-to-date asthma action plan,
- ✓ ensure all staff have regular asthma training,
- ✓ promote asthma awareness pupils, parents and staff.

Asthma Register

We have an asthma register of children within the Federation, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan
- their reliever (salbutamol/terbutaline) inhaler in school

Asthma Lead

This Federation has asthma leads who are named above. It is the responsibility of the asthma leads to manage the asthma register, update the asthma policy and ensure measures are in place so that children have immediate access to their inhalers.

Medication and Inhalers

All children with asthma should have immediate access to their reliever (usually blue) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK).

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

In class, inhalers are kept in a purple drawstring bag and are always accessible to the child. Teachers are responsible for ensuring that inhalers are with the children when they leave the classroom for example: PE, break times, lunchtimes and school visits. We recognise that all children need supervision in taking their inhaler.

Reliever inhalers are kept in the classrooms. School staff are not required to administer asthma medicines to pupils but should support them as many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the medicines policy for further details about administering medicines. (Source: Asthma UK)

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan they are four times less likely to be admitted to hospital due to their asthma. As a Federation, we recognise that having to attend hospital can cause stress for a family. Therefore we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within Federation to prevent hospital admissions. (Source: Asthma UK)

Staff Training

Staff will need regular asthma updates. This training can be provided by the school nursing team.

School Environment

The Federation does all that it can to ensure the school environment is favourable to pupils with asthma. The Federation has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- *Colds and infection*
- *Dust and house dust mite*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke (Source: Asthma UK)*

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff, this should be noted within the body of the main risk assessment. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and Activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the Federation's asthma register. (Source: Asthma UK)

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK)

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE. (Source: Asthma UK)

When Asthma is Affecting A Pupil's Education

The Federation is aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the Federation recognises that Pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Common 'Day to Day' Symptoms of Asthma

As a Federation we require that children with asthma have a personal asthma action plan which can be provided by their doctor/nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year *(see appendix 2)*. This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per DOH document; they would not usually require the child to be sent home from Federation or to need urgent medical attention, however the parent would always be informed.

Asthma Attacks

The Federation recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack. In addition, guidance will be displayed in the staff room *(see appendix 3)*.

The department of health Guidance on the use of emergency salbutamol inhalers in Federations (March 2015) states 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)

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

*Appears exhausted *is going blue
*Has a blue/white tinge around lips *has collapsed

It goes on to explain that 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
- Remain with the child while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good deal, or place the mask securely over the nose and mouth
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time. (1 puff to 5 breaths)
- If there is no improvement, repeat these steps* 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 Federation activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives.

References

- Asthma UK website (2015)
- Asthma UK (2006) Federation Policy Guidelines.
- BTS/SIGN asthma Guideline
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

Appendix 2 GVSF Asthma Action Plan

Date:

Name: …… Date of Birth: …… Allergies: …… Emergency contact: …… Emergency contact number: …… Doctor's phone number: …… Class: ……	Affix photo here

What are the signs that you/your child may be having an asthma attack?

Are there any key words that you/your child may use to express their asthma symptoms?

What is the name of your/your child's reliever medicine and the device?

Does your child have a spacer device? (please circle) Yes No
Does your child need help using their inhaler? (please circle) Yes No

What are your/your child's known asthma triggers?

Do you/your child need to take their reliever medicine before exercise? (please circle) Yes No

If YES, Warm up properly and take 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:

Name (print): ……

Relationship to child: ……

Telephone: ……

Child's Name: ……

Class: ……

Appendix 3 Symptoms of an Asthma Attack

- Not all symptoms listed have to be present for this to be an asthma attack
- Symptoms can get worse very quickly
- If in doubt, give emergency treatment.
- Side effects from salbutamol tend to be mild and temporary. These side effects include feeling shaky, or stating that the heart is beating faster.

Cough

A dry persistent cough may be a sign of an asthma attack.

Chest tightness or pain

This may be described by a child in many ways including a 'tight chest', 'chest pain', tummy ache

Shortness of breath

A child may say that it feels like it's difficult to breathe, or that their breath has 'gone away'

Wheeze

A wheeze sounds like a whistling noise, usually heard when a child is breathing out. A child having an asthma attack may, or may not be wheezing.

Increased effort of breathing

This can be seen when there is sucking in between ribs or under ribs or at the base of the throat. The chest may be rising and falling fast and in younger children, the stomach may be obviously moving in and out. Nasal flaring.

Difficulty in speaking

The child may not be able to speak in full sentences

Struggling to breathe

The child may be gasping for air or exhausted from the effort of breathing

CALL AN AMBULANCE IMMEDIATELY, WHILST GIVING EMERGENCY TREATMENT IF THE CHILD

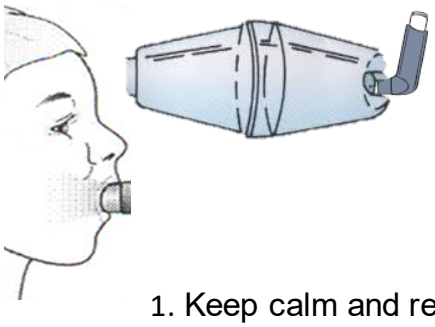
- Appears exhausted
- Has blue/white tinge around the lips
- Is going blue
- Has collapsed

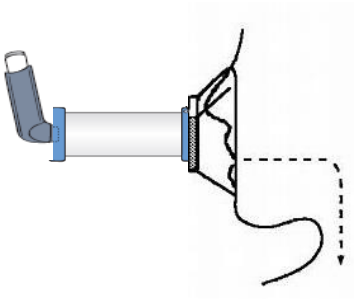
Administering reliever inhaled therapy through a spacer

A metered dose inhaler can be used through a spacer device. **If the inhaler has not been used for 2 weeks, then press the inhaler twice into the air to clear it.**

A Spacer might be
- Orange
- Yellow
- Blue
- Clear

A spacer may have
- A mask
- A mouthpiece





1. Keep calm and reassure the child
2. Encourage the child to sit up
3. Remove cap from inhaler
4. Shake inhaler and place it in the back of the spacer
5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
6. Encourage the child to breathe in and out slowly and gently
7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
8. Remove the spacer
9. Wait 30 seconds and repeat steps 2-6
10. Assess for improvement in symptoms

Dependent on response steps 2-7 can be repeated according to response up to 10 puffs.

If there is no improvement **CALL 999.** If help does not arrive in 10 minutes give another 10 puffs in the same way.

If the child does not feel better or you are worried **ANYTIME** before you have reached 10 puffs, **call 999 for an ambulance and continue to treat as above.**

GRANTHAM VILLAGES' CE PRIMARY SCHOOLS FEDERATION

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Email: amy.parnahm@gvsf.school

Appendix 4: Individual Healthcare Plan for pupils with medical conditions at school

1. Pupil's Information

Child's name:

Group/Class/Form:

Date of Birth: Female ☐ Male ☐

Member of Staff responsible for home-school communication:

2. Contact Information

Pupil's address: _____

_____

Post Code: _____

Family contact 1		**Family contact 2**	
Name:		Name:	
Relationship with child		Relationship with child	
Phone No. (work):		Phone No. (work):	
(home):		(home):	
(mobile):		(mobile):	

GP

Name: _____

Address: _____

_____

Clinic/Hospital contact

Name: _____

Address: _____

_____

Phone No.: _____ Phone No.: _____

3. Details of Pupil's Medical Conditions

Medical diagnosis or condition:

Signs and symptoms of the condition:

Triggers or things that make the pupil's condition worse:

4. What to Do in An Emergency

5. Routine Healthcare Requirements

(e.g. Dietary, therapy, nursing needs or before physical activity)

During school hours:

6. Specialist Education Arrangements Required

(e.g. Activities to be avoided, special educational needs, including those required for off site visits)

7. Regular Medication to Be Taken During School Hours

Medication 1	**Medication 2**
Name/type of medication (as described on the container):	Name/type of medication (as described on the container):
Expiry Date:	Expiry Date:
Dose and administration (the amount of medication to be taken and how to be taken e.g., tablets, medicine, inhaler, injection- as stated on prescription)	Dose and administration (the amount of medication to be taken and how to be taken e.g., tablets, medicine, inhaler, injection – as stated on prescription)
When is it taken (time of day)?	When is it taken (time of day)?
Are there any contradictions (signs when this medication should not be given?)	Are there any contradictions (signs when this medication should not be given?)
Are there any side effects the school should know about?	Are there any side effects the school should know about?

Can the pupil administer the medication themselves? ☐ Yes ☐ No ☐ Yes, supervised by: Staff member's name/s	Can the pupil administer the medication themselves? ☐ Yes ☐ No ☐ Yes, supervised by: Staff member's name/s

7a. Regular Medication Taken During School Hours

Medication 3	**Medication 4**
Name/type of medication (as described on the container):	Name/type of medication (as described on the container):
Expiry Date:	Expiry Date:
Dose and administration (the amount of medication to be taken and how to be taken e.g., tablets, medicine, inhaler, injection - as stated on prescription)	Dose and administration (the amount of medication to be taken and how to be taken e.g., tablets, medicine, inhaler, injection - as stated on prescription)
When is it taken (time of day)?	When is it taken (time of day)?
Are there any contradictions (signs when this medication should not be given?)	Are there any contradictions (signs when this medication should not be given?)
Are there any side effects the school should know about?	Are there any side effects the school should know about?

Can the pupil administer the medication themselves? ☐ Yes ☐ No ☐ Yes, supervised by: Staff member's name/s	Can the pupil administer the medication themselves? ☐ Yes ☐ No ☐ Yes, supervised by: Staff member's name/s

8. Emergency Medication

(Please complete even if it is the same as regular medication)

Name/type of medication as described on the container):

Describe the signs and symptoms that indicate an emergency for this pupil

Are there any contradictions (signs when medication should not be given)?

Are there any side effects that the school need to know about?

Can the pupil administer the medicine themselves?

☐ Yes ☐ No ☐ Yes, supervised by:

Staff member's name/s:

Is there any other follow up care necessary?

Who should be notified?

☐ Parents/Carer ☐ GP ☐ Specialist

9. Members of Staff Trained to Administer Medications to This Pupil

Regular Medication:
Emergency Medication:

10. Parent/Carer Approval for School Staff to Administer Medication to This Pupil

The information included within this Health Care Plan is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff to administer medicine in accordance with the school policy. I will inform the school immediately in writing if there is any prescribed change to the medicine, dosage or frequency of the medication or if the medicine is stopped.

Child's Name:

Parents/Carers Name:

Signed: Date:

11. School Agreement (to be completed by School Staff)

Have all areas of the form been completed or marked N/A	Yes ☐ No ☐
Has Parent/Carer signed Section 10.	Yes ☐ No ☐
Is all medication stored in its original container with the child's name and prescription details attached?	Yes ☐ No ☐
Has a record of medicine administered to a child been created for each medicine recorded in this plan?	Yes ☐ No ☐
Member of Staff Reviewing HCP:	
Signed:	
Date:	
Next review Date: (Minimum frequency, 1 per term)	
Review completed: Date and sign (If HCP remains valid set new review date)	
Next review Date: (Minimum frequency, 1 per term)	
Review completed: Date and sign (If HCP remains valid set new review date)	
Next review Date: (Minimum frequency, 1 per term)	
Review completed: Date and sign	

IHCP's should be reissued for parental completion once per academic year