

ADMINISTRATION OF MEDICINES IN SCHOOL POLICY

This policy is for use with pupils who have short term medical conditions that require medicine. The needs of those pupils who have medical conditions are dealt with under the Medical Conditions Policy.

1 REMIT

1.1 This policy relates to all sections and activities of the school e.g. the Senior School, the Junior School (including EYFS), Wrap Around Care, Offsite Activities and School run Holiday Activities or Clubs.

1.2 This policy should be read in conjunction with the following School policies:

- First Aid
- Intimate Care (Junior School)
- Medical Conditions
- Wellbeing and Positive Mental Health
- Health and Safety
- Health and Safety – School Trips
- Child Protection (Safeguarding)

1.3 Red House School promotes ongoing communication with parents in order to ensure that the specific medical needs of all pupils in our care are known and met. Parents must inform School if their child develops a medical condition, which will require either prescription or non-prescription medication to be taken at School and of any changes to the medication required.

1.4 Parents retain the prime responsibility for their child's health and should provide the school with information about their child's medical condition. Children should be kept at home if they are acutely unwell and in the case of contagious diseases only return when they are no longer infectious. Further information on 'Infectious Disease Control' can be found in Appendix 1.

2 AIMS

2.1 The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance.

3 RESPONSIBILITIES AND ROLES

3.1 Teaching staff are not required to administer medicines to children. Those members of staff who volunteer to administer medicines or administer medicines, as part of their role within school, will receive appropriate training.

3.2 Please refer to Appendix 2 for further details of staff members who have received training in the administering of medicines to pupils.

3.3 The Board of Governors fully indemnifies all staff against claims for any alleged negligence, providing they are acting within their conditions of service and following the Board of Governor's guidelines.

3.4 The Head of Finance and Compliance ensures that the School's insurance covers staff upholding this policy, providing support to pupils with medical conditions, administering medicines and that staff are aware of this insurance and what it covers.

3.5 The Head of Admissions will obtain, input and disseminate known medical information and appropriate contact details for all new pupils.

3.6 The School Secretaries (Senior School and Junior School) responsibilities include:

- Ensuring receipt, release and return, and storage of medication procedures are followed.
- Communicating with parents about matters related to day-to-day administration.
- In a fire evacuation, collecting the medicines of children whose lives are at risk without it.
- Organising for the First Aid boxes to be checked and replenished each term.

- Ensuring expired medicines throughout the school are collected by parents.

4 PRESCRIBED MEDICINES

4.1 Medicines should only be brought into school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

4.2 Parents must complete the 'Parental Agreement to Administer Medicine in School' Form (Appendix 3) or 'Request for Child to carry their own EpiPen and/or Asthma Reliever' Form (Appendix 4) prior to any medicine being brought into school. These forms must be handed in to the appropriate Junior School or Senior School office. Office staff will then liaise with relevant teaching staff if required.

4.3 The School will accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container, as dispensed by a pharmacist, and include the prescriber's instructions for administration and dosage. Medicines will be securely stored under the control of the appropriate School Office.

5 CONTROLLED MEDICATION

5.1 The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as a medicine for use by children, e.g. methylphenidate (Ritalin).

5.2 Any authorised and trained member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

5.3 A pupil who has been prescribed a controlled drug may legally have it in their possession if deemed Fraser Competent; however Red House School does not allow pupils/children to self-administer controlled drugs to ensure the safety of the whole school community.

5.4 It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

5.5 Controlled drugs are subject to safe custody and must be stored in a locked receptacle, such as, an appropriate controlled drug cabinet/safe. The key to this cabinet must be securely stored and only accessible to staff authorised to have access to it. Controlled drugs must be administered in a timely fashion in line with relevant legislation and local standard operating procedures.

5.6 Record Keeping for Controlled Drugs – It is a legal requirement that a paper Controlled Drug Register (will be kept in a bound book format. The register must comply with the following:

- There must be a separate page for each strength & form of an individual drug.
- Each page must specify the name, strength and form of the drug at the head of the page and all of the entries on that page must relate to that drug only.
- Each entry must be in chronological order.
- Each entry must be legible and written in indelible ink.
- If a mistake is made then it should be crossed through with a single line so that it can still be read.
- The Controlled Drug Register must be kept on the premises to which it relates.
- The Controlled Drug Register must be available for inspection by an authorised person.

5.7 Relevant staff will be given annual training on the administration and safe storage of Controlled Drugs.

5.8 All pupils requiring controlled drugs must have a consultant's letter stating diagnosis, medication prescribed and dosage before it can be administered. Any changes to medication must be accompanied by a letter from their consultant.

5.9 All controlled drugs must be in the original packaging, with a pharmacy label including name and correct dosage.

6 NON-PRESCRIBED MEDICINES

6.1 This would include if your child suffers from seasonal allergies e.g. hay fever, or if your child needs medication for occasional use e.g. migraines or period pain, which would not require further assistance from staff. This would also include if your child needs to bring medication in to school for a short period of time e.g. a week's course of penicillin.

6.2 Staff should never give non-prescribed medicine in school e.g. paracetamol to a child unless there is specific prior written permission from the parents. Parents must complete the form, 'Parental Agreement to Administer Medicine in School' Form (Appendix 3), prior to any medicine being administered by school staff. These forms must be handed in to the appropriate Junior School or Senior School office. Office staff will then liaise with relevant teaching staff if required.

6.3 Only in exceptional circumstances will more than one dose of a non-prescribed medicine be given to a child during the day.

6.4 A child under 16 should never be given aspirin unless prescribed by a doctor.

7 ADMINISTERING MEDICINES IN SCHOOL

7.1 In the case of pupils, the School requests that medication is only taken at School if it would be detrimental to the pupil's health not to administer the medication during the school day. Where possible, medicines should be taken at home before, and after attending School.

7.2 Medication prescribed for one pupil should not under any circumstances be given to another pupil.

7.3 In the Junior School and the Senior School, the school secretaries undergo annual Administration of Medicines training in order to administer medicines. In EYFS, the Lead Practitioner (EYFS Coordinator) undergoes annual Administration of Medicines training in order to administer medicines. Please refer to Appendix 2 for further details of all staff members who have received training in the administering of medicines to pupils.

7.4 All medicines supplied to the school by parents must be provided in the original container as dispensed and include the prescriber's instructions for administration in clear English a consent form should be signed by the parent, detailing drug/dose/frequency (see Appendix 3).

7.5 Pupils will come to the school office at the prescribed times to receive their medication. Office staff will endeavour to track the pupils down if they do not arrive, and will alert staff on duty if a child is required. In the event that key office staff are not available, an alternative member of staff from the list in Appendix 2 will be nominated to administer the medicine in their absence.

7.6 Staff administering the medicine should remind the pupil to let them and their parents know if they experience any of the side effects. Any reported side effects should be added to the administration record and communicated to the parents (please refer to Appendix 6 and 7).

7.7 Staff administering medication will check the pupil's name, the name of the medication, the prescribed dose, the expiry date, method of administration, the time/frequency of administration, any side effects and the written instructions on the container before providing the medicine to the pupils. If staff have any doubt over the procedure to be followed, the parent will be contacted before action is taken.

7.8 The School keep an emergency asthma inhaler in the School Office. The protocols for its use are detailed as follows: [Emergency asthma inhalers for use in schools - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

7.9 From 1 October 2014, the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, 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.
- Who have been prescribed an inhaler as reliever medication.

7.10 The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). The protocol should include the following – on which this guidance provides advice:

- Arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the School's policy on supporting pupils with medical conditions.
- Having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler.
- Having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan.
- Ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use.
- Appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions.
- Keeping a record of use of the emergency inhaler as required by supporting pupils and informing parents that their child has used the emergency inhaler.

7.11 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.

7.12 Details of the medicine administered must be recorded, signed on the medical sheets at the Senior School (Appendix 6) or using the 'Record of Medicines Administered to Children in School' form in the Junior School (Appendix 7). For children in EYFS, when medicine is administered, parents are informed the same

day or as soon as reasonably practicable. When a child refuses medicine, the parent should be informed, if practical, the same day.

8 ADMINISTRATION OF MEDICINES ON SCHOOL TRIPS

- 8.1** Red House School will make all reasonable adjustments to ensure that children may take a full part in all aspects of the curriculum. Where a child requires medication to be administered on a trip or visit, it is the responsibility of the trip or visit organiser to assess the practicalities of administering such medicine as is required.
- 8.2** The School Office will provide First Aid travel bags to staff escorting pupils on school trips. The member of staff organising the trip will request that the School Office provides them with medical information on a need to know basis for each pupil. For day, residential and overseas trips, the Trip Leader must ask the school secretaries to print off an ISAMS report detailing this information.
- 8.3** Pupils who are on prescribed medications that they will need access to during the course of the school trip will hand these over to the member of staff in charge of the trip for safekeeping, and written instructions from his/her parent will also be gained explaining the need for the medication and administration instructions. Parents must complete a 'Medical Consent for a School Visit' form (Appendix 8) and a 'Medication for a School Trip' form (Appendix 9). Staff are not obliged to administer pupils' prescribed medications, and if instructions are unclear, they may decline to do so.
- 8.4** If a pupil requests paracetamol from the trip leader during the trip, and it is within four hours of leaving school, then the trip leader will phone the child's parents, to discuss whether it is safe to do so, i.e. that he/she has not received any in the previous four hours, in order to avoid double dosing.
- 8.5** The School will hold a limited supply of over the counter medication e.g. paracetamol, antihistamine, in the first aid kit, to administer if deemed necessary.
- 8.6** If prescription or over the counter medication is administered to a pupil, e.g. paracetamol or antihistamine, staff must fill in the 'Record of Medicine Administered on a School Trip' Form (Appendix 10).

9 EMERGENCY MEDICINE ON SCHOOL TRIPS

- 9.1** All pupils with a diagnosis of asthma or anaphylaxis must have their asthma reliever or adrenaline pen with them prior to setting off. The trip leader is responsible for ensuring this and must physically see inhalers and adrenaline pens.
- 9.2** If the School Office has not been provided with a spare inhaler or adrenaline pen for a pupil, then the pupil will not be allowed to join the trip. If time allows, then the trip leader may wish to contact the pupil's parents and request them to bring an asthma reliever or adrenaline pen to school.
- 9.3** Please refer to Section 7 on this policy, 'Administering Medicines in School' for further guidance.

10 SELF-MANAGEMENT OF EPIPENS AND ASTHMA RELIEVERS

- 10.1** Children are supported and encouraged to take responsibility for managing their own epipens and asthma relievers from an early age. Children may carry and administer their own epipens and asthma relievers, where appropriate, etc. Parents must in these circumstances complete the 'Request for child to carry their own Epipen and/or Asthma Reliever' form (Appendix 4).

11 CHILDREN WITH LONG-TERM OR COMPLEX MEDICAL NEEDS

- 11.1** Where a child has a long-term or complex medical need, the School will draw up a health care plan in consultation with parents and relevant health professionals, if necessary. Further information can be found in the School's Medical Conditions policy.

12 STORAGE OF MEDICINES

- 12.1** Most medicines will be kept in a locked cupboard or fridge (if indicated) in the School Office and should be collected at the end of the required administration period by the parent.
- 12.2** Controlled drugs will be kept locked in school. Please refer to Section 5 'Controlled Medication' for further details.
- 12.3** Staff should ensure children know where their medicine is kept in school and on trips/matches.
- 12.4** Expiry dates are reviewed in each term holiday and reminders are sent by the School Secretary to parents to collect and where necessary replace medicines.

Reviewed by: Dr R Ashcroft, Mrs C Thompson and Mr S Haywood
March 2025

Ratified by: The Health & Safety Committee of the Board of Governors
March 2025

APPENDIX 1 - INFECTIOUS DISEASE CONTROL

To prevent the spread of infectious diseases please would parents observe the following periods of absence from school when their child has an illness. Not all illnesses are listed. Full details are available from Public Health England www.phe.gov.uk or from the school.

Illness	Recommended period of absence	Comments
Respiratory infections including COVID-19 (latest guidance: October 2023)	Children should not attend if they have a high temperature and are unwell. Children who have positive Covid19 test result should not attend the setting for 3 days after the day of test.	Children with mild symptoms such as a runny nose, and headache who are otherwise well can continue to attend their setting.
Diarrhea and/or vomiting	48 hours from last episode.	
Whooping cough	48 hours from commencing antibiotic treatment or 21 days from onset of illness if no antibiotic treatment.	Preventable by vaccine. After treatment non-infectious coughing may continue for many weeks.
Athletes foot	None.	Treatment recommended.
Chicken Pox	At least 5 days from onset of rash and until vesicles have crusted over.	<i>See below.</i>
Cold Sores	None.	Avoid contact with sores.
German Measles (Rubella)	5 days from onset of rash.	Preventable by vaccine. <i>See below.</i>
Impetigo	Until lesions healed or 48 hours after commencing antibiotic treatment.	Antibiotics.
Measles	4 days from onset of rash.	Preventable by vaccine. <i>See below.</i>
Shingles	Only if rash is weeping and cannot be covered.	Can cause chicken pox, spread by close contact and touch. <i>See below.</i>
Warts and Verrucae	None.	Verrucae should be covered.
Glandular fever	None.	About 50% of children get this before they are five, many adults acquire disease without being aware of it.
Head lice	None.	Treatment with solution. Regular checking.
Mumps	5 days from onset of swollen glands.	Prevention by vaccination.

Vulnerable children: Some medical conditions make children vulnerable to infections that would rarely be serious in most children, these include: those being treated for Leukemia or other cancers, on high doses of steroids by mouth and with conditions which reduce immunity. They are particularly vulnerable to chicken-pox or measles and if exposed to either of these the parent should be informed promptly and further medical advice sought. N.B. Shingles is caused by the same virus as chickenpox therefore anyone who has not had chickenpox is potentially vulnerable to the infection.

Pregnant women: Chicken Pox, German Measles and Measles can affect the pregnancy. Medical attention should be sought.

Immunisations: Immunisation status should be checked at school entry. For up to date advice check on: www.nhs.uk/conditions/vaccinations

APPENDIX 2 - LIST OF STAFF TRAINED IN THE ADMINISTRATION OF MEDICATION (2024-2025)

The following Red House School staff have completed Administration of Medicine in an Education Setting training.

Junior School:

Key administrators:

Jodie Mason
Lisa Simpson

Alternative administrators in absence of above staff members:

Cheryl Ford
Ian Barnbrook-McKay

Senior School:

Key administrator:

Linda Ward

Alternative administrators in absence of above staff member:

Angela Gordon
Claire Bellerby
Ann Morton
Rebecca Ashcroft

APPENDIX 3 – PARENTAL AGREEMENT TO ADMINISTER MEDICINE IN SCHOOL FORM



**RED HOUSE
SCHOOL**

**APPENDIX 3: Parental Agreement to Administer Medicine in School
(Prescribed or Over the Counter Pharmacy bought only)**

THIS FORM MUST BE COMPLETED BY PARENT/GUARDIAN

If staff have any concerns the request should be discussed with healthcare Professionals.

Date

Child's Name

Class

Name, strength & format of medicine

.....

Expiry date

Quantity of medication handed in.....

How much to give (dose to be given)

When to be given

Any other instructions

.....

.....

.....

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 (if needed):

The above information is, to the best of my knowledge, accurate at the time of writing. I confirm that my child has been administered this medicine without adverse effect in the past and give my consent to Red House School staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature:

Print Name:

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

_____ is authorised by the Head to accept and administer the medication in the manner described above.

Signature of staff accepting medicine

Name

APPENDIX 4 –REQUEST FOR CHILD TO CARRY THEIR OWN EPIPEN AND/OR ASTHMA RELIEVER MEDICINE FORM (SENIOR SCHOOL ONLY)



APPENDIX 4: Request For a Child to carry their own EpiPen and/or Asthma Reliever in School

THIS FORM MUST BE COMPLETED BY PARENTS/GUARDIAN

If staff have any concerns the request should be discussed with school healthcare Professionals.

Child's Name:

Class:

Name, strength and format of Medicine:
.....

Procedures to be taken in an emergency:
.....
.....
.....

Contact Information

Name:

Daytime Phone No:

Relationship to child:

I would like my son/daughter to keep his/her EpiPen and/or Asthma Reliever medicine on him/her for use as necessary.

Signed:

Date:

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

APPENDIX 5: RISK ASSESSMENT AND AGREEMENT WITH PUPILS WHO ADMINISTER THEIR OWN EPIPEN AND/OR ASTHMA RELIEVER



**RED HOUSE
SCHOOL**

APPENDIX 5:

**Risk Assessment and Agreement with pupils who administer their own prescribed medicine
(Epipen and/or Asthma Reliever)**

Name of pupil: Age:

Name of medication:

Dose required:

When needed:

How to be taken:

Date started: Until:

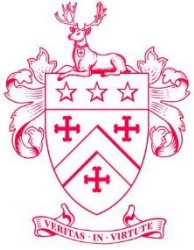
Question	Yes/No
Is it the pupil's choice to administer their own medicine?	Yes / No
Has the pupil proven themselves to be reliable?	Yes / No
Does the pupil understand why they need the medicine?	Yes / No
Are they aware of the side effects?	Yes / No
Does the pupil know when and how to take their medication?	Yes / No

Pupil signature: Date:

Staff signature: Date:

Important: If a pupil is not keeping and using their Epipen/Asthma Reliever, as agreed, the right to self-medicate will be removed.

APPENDIX 8 - PARENT MEDICAL CONSENT FOR A SCHOOL TRIP



**RED HOUSE
SCHOOL**

PARENTAL MEDICAL CONSENT FOR A SCHOOL VISIT

Child's Full Name:Form:

I agree to taking part in this visit and have read the accompanying letter.

I agree to my child participating in the activities described.

I acknowledge the need for my child to behave responsibly.

Parent/Guardian signature:

Print Name Parent/Guardian:

Date:

1 Contact Details

Date of Birth:

Home Address:

.....

..... Postcode:

Home Telephone No. (inc. area code):

Mobile Phone No. 1:

Mobile Phone No. 2:

Work No. (inc. area code):

Doctor's Name:

Surgery address:

.....

Surgery Telephone No. (inc. Area Code):

2 Medical information about your child

Please use this page to tell us about any current medical treatments, allergies, special needs (e.g. dietary information, etc.) or any other helpful information about your child.

(a) Any conditions requiring medical treatment, including medication? YES/NO

If YES, please give BRIEF details and complete medication table at the end of this document, outlining any medication that is **necessary** during this trip:

.....
.....

(b) Please outline any special dietary requirements/food intolerance of your child.

.....
.....

(c) Does your child suffer from any other allergies? YES / NO

If YES, please outline details below:

.....
.....

(d) Is your child allergic to any medication, e.g. penicillin? YES / NO

If YES, please outline details below:

.....
.....

(e) When did your child last have a tetanus injection?

.....

(f) Does your child have any other special needs/health/behavioural issues we should know about, e.g. sleep walking / bedwetting? YES / NO

If YES, please outline details below:

.....
.....
.....

I will inform the Group Leader/Head as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

CONTINUED OVERLEAF

3 Declaration

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

I agree to my child receiving an over-the-counter medication e.g. paracetamol, anti-histamine, by a member of the School staff, as per the guidance in the School Administration of Medicines and First Aid Policy, in loco parentis.

Where a child carries a prescribed Asthma Reliever and/or an EpiPen, which they can self-administer, I agree that they must show this to Group Leader prior to departure or they may not be able to travel on the trip.

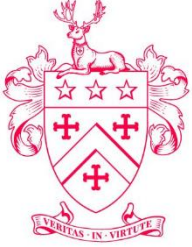
Signed: Date:

Full Name:
(CAPITAL LETTERS)

Please return this form to:

By:

APPENDIX 9 – MEDICATION FOR A SCHOOL TRIP FORM



**RED HOUSE
SCHOOL**

MEDICATION FORM FOR A SCHOOL TRIP

Child's Full Name:.....Form:.....

The School will not give your child medicine unless you complete and sign this section of this form and the Head has agreed that the school staff may administer the medication. The Head reserves the right to withdraw this service.

NAME OF MEDICATION (inc. Asthma Inhalers & EpiPens)	DOSAGE	TIMING

- I understand that I must deliver all prescription medicines personally to a member of staff on the trip and accept that this is a service that the school is not obliged to undertake.
- The medication will be clearly labelled with my child's name. Please ensure the medication is within its use-by-date and that dosage information is clearly identified.
- Please note that self-administration is only appropriate for Asthma Inhalers and EpiPens, but must be recorded here. All other prescribed medication must be handed to a member of staff and listed on this form prior to departure. This also includes travel sickness tablets.
- The above information is, to the best of my knowledge, accurate at the time of writing. I confirm that my child has been administered this medicine without adverse effect in the past and give my consent to Red House School staff administering medicine in accordance with the School policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signed: Date:

Full Name:
(CAPITAL LETTERS)

Relationship to Child:.....

APPENDIX 11 –INTIMATE CARE PLAN (JUNIOR SCHOOL)



Intimate Care Plan

Personal and Family Details

Child's full name:

Date of birth: Year / Class:

Contact details Priority 1	Contact details Priority 2
Name: Relationship to child: Phone number 1: Phone number 2:	Name: Relationship to child: Phone number 1: Phone number 2:

Medical diagnosis / condition:
Nature of personal care:

Procedure A (include, what will be carried out, how and by whom)

Procedure B (include, what will be carried out, how and by whom)

Signed by:		Relationship to child:	Parent / guardian / carer	Date:	
Signed by:		Relationship to child:	Class / tutor teacher	Date:	
Signed by:		Relationship to child:	SENDCo	Date:	
Signed by:		Relationship to child:		Date:	

ASTHMA

1 INTRODUCTION

1.1 This policy relates to all sections and activities of the school e.g. the Senior School, the Junior School (including EYFS), Wrap around Care, Offsite Activities and School run Holiday Activities or Clubs.

Red House recognises that many pupils suffer from asthma and that it is a widespread, serious but controllable condition. All pupils with asthma are welcome at School and encouraged to achieve their potential in all aspects of school life.

2 RECORD KEEPING

2.1 When a child joins the School, parents are asked if their child has any medical concerns, including asthma. This information is recorded on iSAMS.

2.2 All children with asthma are recorded on an asthma register which is in the staffroom and is available to all staff.

2.3 Parents are asked to complete the Health Care Plan within the Medical conditions Policy and Guidelines which details dose/timings for medication, parental permission to administer inhalers as necessary and parental responsibilities.

2.4 At the Junior School a log is kept of all medication taken.

3 EXERCISE AND PE

3.1 Taking part in sports, games and activities is an essential part of school life for all pupils. Pupils with asthma are encouraged to participate fully in all sporting activities. Teachers must be aware of children from their class who have asthma.

3.2 Children must be reminded to take their reliever inhalers (blue) with them to PE lessons, sports practices and competitions / matches. First aid kits used by PE staff contain emergency inhalers.

3.3 Some children need to take their blue reliever inhaler about 15 minutes before any activity or exercise.

4 CO-CURRICULAR ACTIVITIES

4.1 All teachers/coaches must be aware of children who have asthma in their groups. Teachers/coaches must be aware of what to do in the event of an asthma attack.

5 SCHOOL ENVIRONMENT

5.1 A no smoking policy is in operation throughout the school buildings and its grounds. As far as possible the school uses no chemicals in science/art/DT which could be potential triggers. Pupils would be encouraged to leave a room if particular fumes trigger their asthma, e.g. aerosol.

6 PUPILS FALLING BEHIND IN LESSONS

6.1 If a pupil is missing a lot of time at school, or is particularly tired because of disturbed sleep, the class teacher / form tutor should:

- Contact the child's parent discuss strategies to avoid the child falling behind.
- Discuss the position with the child's asthma nurse.
- Raise the child's medical condition in pupil progress meetings.

7 TRAINING

7.1 Staff are given regular training on asthma from the asthma specialist nurse.

8 ASTHMA MEDICINES/RELIEVER INHALER (USUALLY BLUE)

8.1 Ensure the pupil takes his/her reliever inhaler (blue) immediately when needed for symptoms of cough, wheeze or breathlessness.

8.2 Emergency inhalers and a spacer are available in the Senior School and the Junior School Offices. These are only to be used on pupils that have been prescribed an inhaler but do not have their inhaler with them or a spare in the Office.

8.3 Encourage the pupil to sit up and tell them to take slow steady breaths and ensure any tight clothing is loosened – discourage them from lying down. If there is no immediate improvement and the child's symptoms are getting worse, encourage the pupil to continue to take one puff of his/her inhaler with every five breaths or until symptoms improve (up to 10 puffs in total).

8.4 If the symptoms do not improve in 10-15 minutes – or you are in doubt – call 999 or a doctor urgently. The pupil should continue to use the blue inhaler until the ambulance arrives.

9 WHAT TO DO IF A CHILD HAS AN ASTHMA ATTACK – RECOMMENDED STEPS

9.1 The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

- Staff need to stay calm and talk to the child calmly.
- Call for assistance.
- Ensure the child takes the reliever inhaler (usually blue) immediately.
- Encourage slow breathing.
- Encourage the child to sit upright and ensure that any tight clothing is loosened.
- Encourage the child to take one puff of the reliever inhaler in a spacer with 5 slow breaths or one puff and 30 seconds with mask on and continue the process until symptoms improve. Children can take up to 10 puffs.
- If the symptoms do not improve in 10-15 minutes – or you are in doubt – call 999.
- Encourage the child to repeat the above treatment, one puff of the reliever inhaler with 5 slow breaths, until help arrives.

10 RESPONSIBILITIES OF SCHOOL STAFF

10.1 All school staff have a responsibility to:

- Understand the school asthma 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.
- Tell parents if their child has had an asthma attack.
- Tell parents if their child is using more reliever inhaler than they usually would.
- Ensure pupils have their asthma medicines with them when they go on a school trip or off the school premises.
- Ensure pupils who have been unwell catch up on missed school work.
- Be aware that a pupil may be tired because of night-time symptoms.
- Liaise with parents if a child is falling behind with their work because of their asthma.

10.2 During PE/Games/swimming lessons, teachers have a responsibility to:

- Understand asthma and the impact it can have on pupils. Pupils with asthma should not be forced to take part in activity if they feel unwell. They should also not be excluded from activities that they wish to take part in if their asthma is well controlled.
- Remind pupils to have their reliever inhaler with them during every activity/exercise/ sports practice/ match/ competition and are allowed to take it when needed.
- If a pupil has asthma symptoms while exercising, allow them to stop, take their reliever inhaler and as soon as they feel better allow them to return to activity. (Most pupils with asthma should wait/rest at least five minutes.)
- Remind pupils with asthma, whose symptoms are triggered by exercise, to use their reliever inhaler approximately 15 minutes before warming up.
- Ensure all pupils, including those with asthma, always warm up and down thoroughly.

11 ASTHMA SPECIALIST NURSE

11.1 They may be able to:

- Help and offer support to staff about children with asthma in school.
- Provide training & updates on the management of asthma within school

12 PARENTS

12.1 Parents have a responsibility to inform school of their child's medical condition and complete a healthcare plan and any changes to conditions/medication.