RAMRIDGE PRIMARY

Supporting Pupils at School with Medical Conditions
(inc. Asthma and Administration of Medicine Policies)

Date:	October 2025	**Review Date:**	October 2027
Ratified:			

Purpose of the policy

The Children and Families Act 2014 places a duty on the Governing Body and Senior Leadership Team to make arrangements for supporting pupils at the school with medical conditions. Pupils with medical conditions cannot be denied admission or excluded from school on medical grounds alone unless accepting a child in school would be detrimental to the health of that child or others. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

As a school, we will endeavour to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education. The aim is to ensure that all children will medical conditions, in terms of both their physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

It is our policy to ensure that all medical information will be treated confidentially by the Headteacher and staff. All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document. All staff have a duty of care to follow and co-operate with the requirements of this policy. We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Where children have a disability, the requirement of the Equality Act 2010 will apply.

Where children have an identified special need, the SEN Code of Practice will also apply.

Roles and Responsibilities

Statutory Requirement: The governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support children at school with medical conditions.

The Governing Body is responsible for:

Making arrangements to support pupils with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They will ensure that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. The governing body will ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support children with medical conditions. They will also ensure that any members of school staff who provide support to pupils with medical conditions are able to access information and other teaching support materials as needed.

The Headteacher is responsible for:

Ensuring that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of the child's condition. They will also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans,

including in contingency and emergency situations. The Headteacher has overall responsibility for the development of individual healthcare plans. They will also make sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way. They will contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

Teachers and Support Staff are responsible for:
Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Parents and carers are responsible for:
Parents/carers are responsible for supplying the school with updated information regarding their child's condition and medication, including evidence from a medical professional. They must complete a written consent form for the administration of medication. Medicines will not be accepted in school without this. (See appendix 1)

Parents/carers are responsible for supplying reasonable quantities to school and ensuring that the medicine for their child is in date. They are also responsible for ensuring each container is handed in with a signed consent form clearly stating the following:

- Name of medicine
- Pupil's name
- Dosage
- Dosage frequency
- Date of dispensing
- Storage requirements, if important
- Expiry date

It is the parents/carers responsibility to inform the school in writing when the medicine is discontinued or the dosage changed. Any relevant paperwork can then be updated.

Identification of pupils with medical needs

Statutory Requirement: The Governing body will ensure that the policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

Most medical conditions will be identified by parents/carers in consultation with a medical professional such as their local GP. Medical needs are initially highlighted by parents on entry to the school when completing the admissions procedures. Any medical concerns the school has about a child will be raised with the parents/carers.

When a pupil is identified as having a medical condition the following procedures will take place:

- Parents will share information regarding the condition and any relevant care plans
- Parents will complete an individual healthcare plan (see appendix 2) on induction or on diagnosis with a member of staff
- Relevant medications will be brought to the school office (see procedures within this policy)
- The class teacher will be notified on admission or transition
- The SENCo will be informed of children with care plans
- Any training needs will be identified

Confidentiality

A discussion will take place between the school and parent/carers about what level of confidentiality is appropriate in relation to any child's medical needs. In order to keep a child safe, all adults in the school, not only adults who have direct responsibility for the child may have to know about the child's condition and its implications. Where it will help in supporting the child, for example with allergies, the school will encourage the child and parent/carer to share the information more widely including with other children.

Individual health care plans:

(See Appendix 2)

Statutory Requirement: The Governing body will ensure that the school's policy covers the role of individual healthcare plans, and who is responsible for their development in supporting children at school with medical conditions.

Individual Healthcare Plans are recommended in particular where conditions fluctuate or where there is a high risk that emergency intervention will be needed, and are likely to be helpful in the majority of other cases, especially where medical conditions are long term and complex. However, not all children will require one. The school, healthcare professional (where possible) and parent will agree based on evidence when a healthcare plan would be inappropriate or disproportionate.

The plan sets out in detail the measures needed to support a pupil in school including preparing for an emergency. Plans will be reviewed at least annually and on the child's transfer to or from another school. They may be reviewed more regularly depending upon each individual child's circumstances.

Individual health care plans will vary depending upon the medical condition, its triggers, signs, symptoms and treatments. However, they will usually include the following:

- How a pupil's needs are met including medication, other treatments, dietary requirements and environmental issues within the school e.g. possible triggers for allergic reactions
- Specific support for pupils with physical or other disabilities
- Specific support for pupils educational, social and emotional needs
- Level of support needed including what level of responsibility pupils are able to take for their own health needs including managing their medication
- Who will provide this support and their training needs and who will provide cover if 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 for medication to be administered by a member of staff or self-administered by a pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal hours that will ensure the child can participate e.g. risk assessments
- Where confidentiality issues are raised by the parent, child, the designated individuals to be entrusted with information about the child's condition; and
- What to do in an emergency, including whom to contact, and contingency arrangements

A copy of each health care plan is kept centrally in a file in the school office together with the medical needs register - a list of children across the school with any medical need. It is updated regularly by the Admin Team and is monitored by the Headteacher. E-copies of any evidence and plans are also kept on the secure server and the school's Management Information System.

Class teachers will be given copies of health care plans where appropriate. These will be kept in the SEN file, which is kept in the classroom cupboard. Staff must familiarise themselves with the medical needs of the children they work with. Training will be provided for specific staff responsible for an

individual child's specific medical needs so that they know what actions to take and how to react in an emergency. All records of training and appropriate updates are stored in the medical file in the school office.

Staff training and support

The school will liaise with appropriate education and healthcare professionals to undertake and specific training related to individual pupils' medical conditions. This is to ensure that nominated staff are proficient and confident in administering medication and with simple medical procedures.

The school will make arrangements for whole school awareness training so that all staff, including new staff, are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. This training will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs. Parents can also contribute by providing specific advice.

Luton Borough Council's Public Liability cover explicitly provides insurance for appropriately trained staff (those trained by a member of the medical profession) to use EpiPens, defibrillators, injections, dispensing prescribed medicines, application of appliances such as splints and oral and topical medicine. All such medication must be administered as prescribed by a medical professional. In other situations, staff are covered provided they have followed the Care Plan in place and have had relevant training.

Common medical conditions

ANAPHYLAXIS, ASTHMA, DIABETES, ECZEMA AND EPILEPSY

The school recognises that these are common conditions affecting many children. We ensure that all staff in the school have a good understanding of these through relevant training and do not discriminate against any child who is affected.

ANAPHYLAXIS AND ALLERGIES

Please see appendix 3 for a more detailed policy regarding anaphylaxis and allergies.

DIABETES

We recognise that Diabetes is a very serious condition, and could result in a Hypoglycaemia attack (Hypo) where blood sugar level becomes too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school will have their own individual health care plan. Each child with diabetes will have their own bag with the equipment they need to manage their diabetes, as well as what they need to manage a hypo or hyper. Emergency medicine is kept in the Office.

ECZEMA

Active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school staff to help them deal with this condition and that they may need help to apply emollients.

EPILEPSY SEIZURES

Pupils with epilepsy will have a health care plan which will include information about medication. In the event of a child having an epileptic seizure staff are trained to:

- Stay calm
- If the child is convulsing then put something soft under their head
- Protect the child from injury (remove harmful objects from nearby)

- NEVER try and put anything in their mouth or between their teeth
- Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance
- When the child finishes their seizure stay with them and reassure them
- Do not give them food or drink until they have fully recovered from the seizure

DIETARY NEEDS
Many pupils have specific dietary needs. They are identified and recorded using the same procedures as for medical conditions.

ASTHMA
An additional Asthma policy can be viewed as an appendix to this policy. See Appendix 4.

Managing medicines on the school premises
Statutory Requirement: The Governing Body will ensure that the school's policy is clear about the procedures to be followed for managing medicines.

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

All medicines, other than inhalers and adrenaline auto-injectors, will be stored safely in the medical room. Children should know where their medicines are at all times and be able to access them immediately. The school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs should be easily accessible in an emergency. (A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so; however, passing it on to another child for use is an offence. Monitoring arrangements may be necessary in such cases).

Staff administering a controlled drug must do so in accordance with the prescriber's instructions. The school will keep a written record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects should also be noted.

Medicines and devices such as blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away. Older pupils may carry devices and medicines with them whilst for younger pupils these will be stored appropriately and where the class teacher, class TA and other appropriate staff and child know how to access them.

If a pupil refuses to take medication or carry out a necessary procedure, they should not be forced by staff. The procedure agreed in the individual healthcare plan should be followed and the parent/carer informed.

At the end of each academic year, the admin assistant will collect all medications, IHPs and medical register overviews. All medication expiry dates will be checked. Medication which is still in date and in good condition will be passed on to the child's new class teacher, along with the IHPs and updated class registers. The medical register overviews will also be updated each September.

Sharp boxes should always be used for the disposal of needles and other sharps. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Medications which are no longer required, or are out of date, should not be allowed to accumulate.

Administration of medicines

The Governors and Headteacher of Ramridge Primary School accept that there is no legal requirement to administer medicines to pupils. 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 under 16 will be given prescription or non-prescription medicines without their parents' written consent. A child under 16 should never be given medicines containing aspirin unless prescribed by a doctor. However, the following systems and procedures are in place:

- Prescription-only medication required more than 3 times a day will be administered providing a Medicine Record form has been completed by the parent/carer or adult representative.
- Medication will be administered by the named First Aiders
- Administration of medicines will be recorded at the at the base of the consent [Medicine Record form] [with the exception of Asthma Inhaler]
- Medicines will be disposed of by being returned to parents in the first instance. If this is not practical, then to the Chemist
- Painkillers will not be administered unless prescribed. Parents can administer painkillers at lunchtimes, in consultation with the school.
- All medicines will be returned to parents/carers at the end of each term

Medicines must always be brought to school by an adult and collected by an adult at the end of the school day.

Day trips and off-site activities

Statutory Requirement: The Governing body should ensure that their arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

We will ensure that teachers are aware of how a child's medical condition will impact on their participation in any off-site activity or day trip, but we will ensure that there is enough flexibility for all children to participate according to their own abilities within reasonable adjustments.

We will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. We will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. We will consult with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

During school trips, the member of staff in charge of first aid on the trip will carry all medical devices and medicines required.

Complaints

Statutory Requirement: The governing body will ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

Should parents or children be dissatisfied with the support provided they can discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal compliant via the school's complaints procedure.

Unacceptable Practices

Each child's case will be judged on its own merit and with reference to the child's Individual Healthcare Plan, however it is not generally acceptable practice to:

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

Links to other policies

This policy links to the following policies:

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

Appendix 1: administration of medicine consent form

MEDICAL INDEMNITY FORM

CHILD'S NAME		**CLASS**
NAME OF MEDICINE	**If more than one medicine is to be given a separate form should be completed for each.**	
DOSAGE/AMOUNT		
APPROX. TIME TO BE GIVEN		
ANY OTHER INSTRUCTIONS [INCLUDE DETAILS OF INHALERS IF ANY]		
NAME & EMERGENCY CONTACT OF PARENT/CARER:		

In consideration for the Headteacher or the School's staff agreeing to give medication to my/our above named child during school hours, I/we agreed to indemnify the Headteacher, the School's staff and the Local Education Authority against all claims, costs, actions and demands whatsoever resulting from the administration of the medicine unless such claims, costs, actions or demands result out of the negligence of the Headteacher, the Schools's staff or the Local Education Authority.

Signature of Parent …… Date……

Date							
Time Given							
Staff Initials							

Date medicine returned to parent on completion of course ……

Appendix 2:

Individual Health Plan

Name:

DOB:	**Date of plan:** September 2024	**Date to be reviewed:** September 2025
Address:	**Contact 1:**	**Contact 2:**

Medical needs (inc. diagnoses):	**Medical contacts:**
Medication:	

Daily actions:
Emergency action:

Action to take before going on a trip:

Appendix 3:

Allergies policy

Introduction:

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Ramridge Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the admissions team of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The School administrator will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication in in date however the School administrator will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School administrator keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

All pupils with an identified allergy will have an Individual Healthcare Plan (IHP). Class teachers, Care Club staff and catering staff are given information regarding all pupils with allergies.

Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.
Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.
Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL 999 and state ANAPHYLAXIS (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times (in a suitable bag/container). For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and accessible to all staff.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Their AAIs i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).
-

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School administrator will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the medical room.

6. 'Spare' adrenaline auto-injectors in school

Ramridge Primary School has purchased spare AAIs for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date). **These are stored in the medical room and are clearly labelled 'Anaphylaxis Kitt'.**

The School administrator is responsible for checking the spare medication is in date and replaced as needed.

If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

All staff will complete annual online anaphylaxis training. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

• Knowing the common allergens and triggers of allergy

• Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services

• Administering emergency treatment (including AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device

8. Inclusion and safeguarding

Ramridge Primary School is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Appendix 4:

ASTHMA POLICY

To enable every individual regardless of ability to achieve their full potential, to prepare for future life and to become lifelong learners, developing a thirst for learning and to become good citizens equipped for the challenges of the 21st century.

The values that underpin this vision can be set out under the following headings.

Each child should be guided to:

- Develop an appreciation and awareness of self
- Become independent learners and thinkers
- Achieve their fullest potential regardless of their ability and gender
- Have high personal expectations of work and behaviour
- Have a positive attitude towards their own learning
- Show a healthy attitude to living an active life through sport and other recreational activities

Each child should:

- Care for others and themselves
- Show mutual respect and tolerance for spiritual and cultural diversity
- Understand the importance of learning together, and working together as a team

Each child should endeavour to become:

- Good citizens
- Effective and constructive members of the community
- Able to appreciate and celebrate their own and others success
- Valuable members of the school community

Each child should:

- Take an active role in caring for the learning environment of the school
- Be safe and cared for in a stimulating learning environment
- Appreciate and respect the environment of the school

Through exposure to a wide range of teaching and learning experiences, pupils will achieve their full potential as independent, THINKING learners. Relevant, enjoyable and enriching activities will develop their thirst for life-long learning.

As a school our belief is that every child deserves to succeed regardless of his or her ability.

<u>The Principles of our school Asthma Policy</u>

The School:

- recognises that asthma is an important condition affecting many school children and welcomes all pupils with asthma
- Ensures that children with asthma participate fully in all aspects of school life including PE
- Recognises that immediate access to reliever inhalers is vital
- Keeps records of children with asthma and the medication they take
- Ensures the school environment is favourable to children with asthma
- Ensures that other children understand asthma
- Ensures all staff who come into contact with children with asthma know what to do in the event of an asthma attack
- Will work in partnership with all interested parties including all school staff, parents, governors, doctors and nurses, and children to ensure the policy is implemented and maintained successfully

This policy has been written with advice from the Department for Education, the National Asthma Campaign, the local education authority, the school health service, parents, the governing body and pupils.

Ramridge Primary School:

- recognises that asthma is a significant condition affecting many school children and positively welcomes all pupils with asthma.
- encourages children with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, their employers (the local education authority) and pupils.

Supply teachers and new staff are also made aware of the policy. All staff who come into contact with children with asthma are provided with training on asthma regularly.

Medication

Immediate access to a reliever is vital. Children are encouraged to carry their reliever inhaler as soon as the parents, doctor or nurse and class teacher agree they are mature enough. The reliever inhalers of younger children are kept in the classroom. Parents are asked to ensure that the school is provided with a labelled spare reliever inhaler.

The class teacher will hold this separately in case the child's own inhaler runs out or is lost or forgotten. All inhalers must be labelled with the child's name by the parent. School staff are not required to administer medication to children except in an emergency however many of our staff are happy to do this. School staff who agree to do this are insured by the local education authority when acting in accordance with this policy. All school staff will let children take their own medication when they need to.

From 1st October 2014 the Human Medicines (Amendment) (No 2) Regulations 2014 allows schools to obtain salbutamol inhalers without a prescription for emergency use. This can only be used for pupils whose prescribed inhaler is not available (for example, because their inhaler is broken or empty). Ramridge Primary School keeps a reliever inhaler at school for this purpose. This is kept in the main office.

Record Keeping

At the beginning of each school year, or when a child joins the school, parents are asked if their child has asthma. From this information, the school keeps its asthma register and classes are given a register for the children in their class. Information is updated on an annual basis. If medication changes in between times, parents are asked to inform the school. The school holds inhalers for each child and the expiry dates are checked by the admin assistant at the end of each year.

PE

Taking part in sports is an essential part of school life. Teachers are aware of which children have asthma from the asthma register. Children with asthma are encouraged to participate fully in PE. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson. Each child's inhalers will be labelled and kept in a box at the site of the lesson. If a child needs to use their inhaler during the lesson, they will be encouraged to do so.

Making the School Environment Asthma Friendly

The school does all that it can to ensure the school environment is favourable to children with asthma. The school does not keep furry and feathery pets and has a non-smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma.

The school ensures that all children understand asthma. Asthma can be included in Key Stages 1 and 2 in science, design and technology, geography, history and PE of the national curriculum. Children with asthma and their friends are encouraged to learn about asthma; information for children and teens can be accessed from the following website www.asthma.org.uk.

When a child is falling behind in lessons

If a child is missing a lot of time from school because of asthma or is tired in class because of disturbed sleep and falling behind in class, the class teacher will initially talk to the parents. If appropriate the teacher will then refer this to the talk to the special educational needs coordinator about the situation. The school recognises that it is possible for children with asthma to have special educational needs because of asthma.

Asthma Attacks

All staff who come into contact with children with asthma know what to do in the event of an asthma attack. The school follows the following procedure, which is clearly displayed in all classrooms:

1. Ensure that the reliever inhaler is taken immediately.
2. Stay calm and reassure the child.
3. Help the child to breathe by ensuring tight clothing is loosened.

After an Asthma attack

Minor attacks should not interrupt a child's involvement in school. When they feel better they can return to school activities. **The child's parents must be told about the attack.**

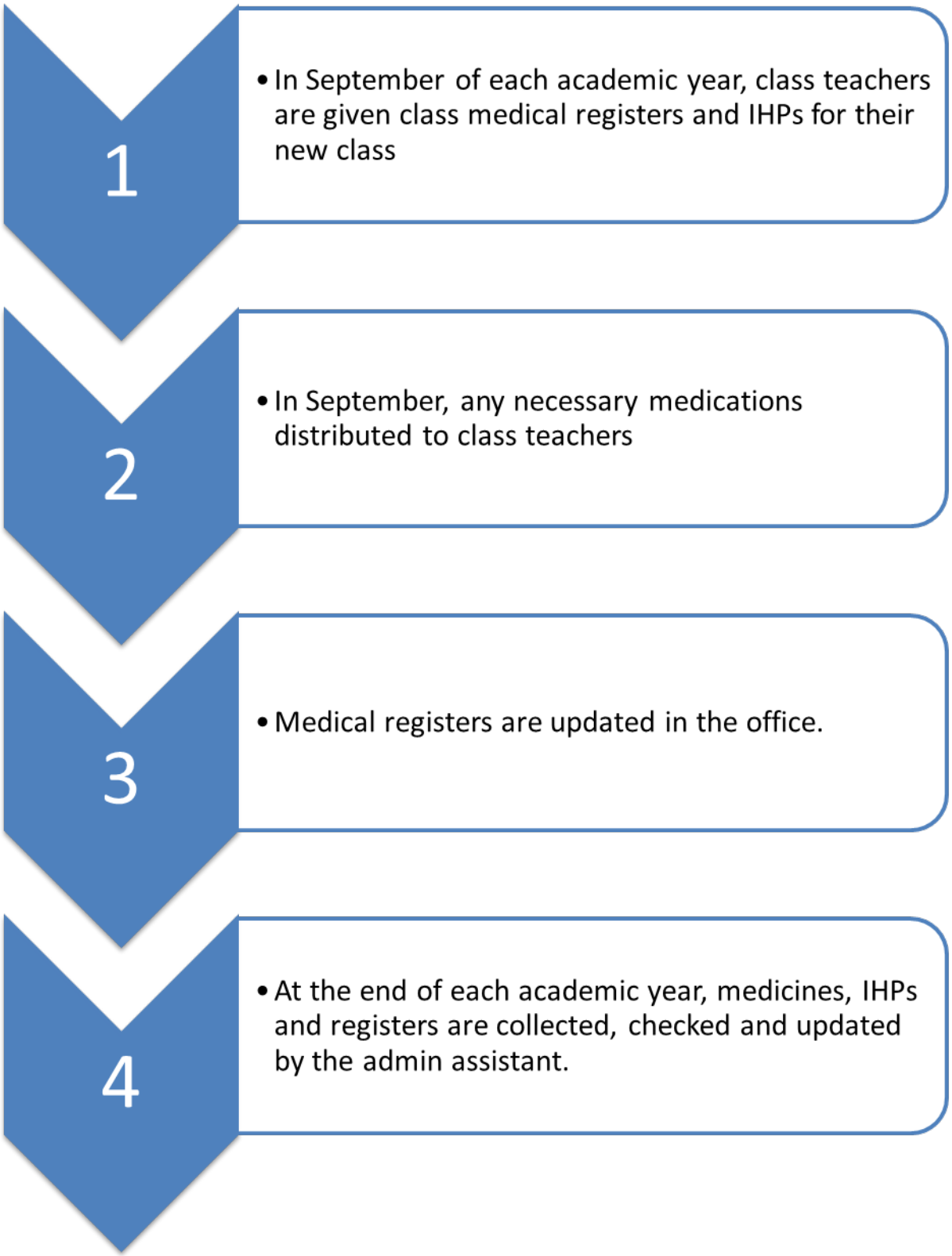
Emergency procedures

Call the child's doctor urgently and 999 in cases where:

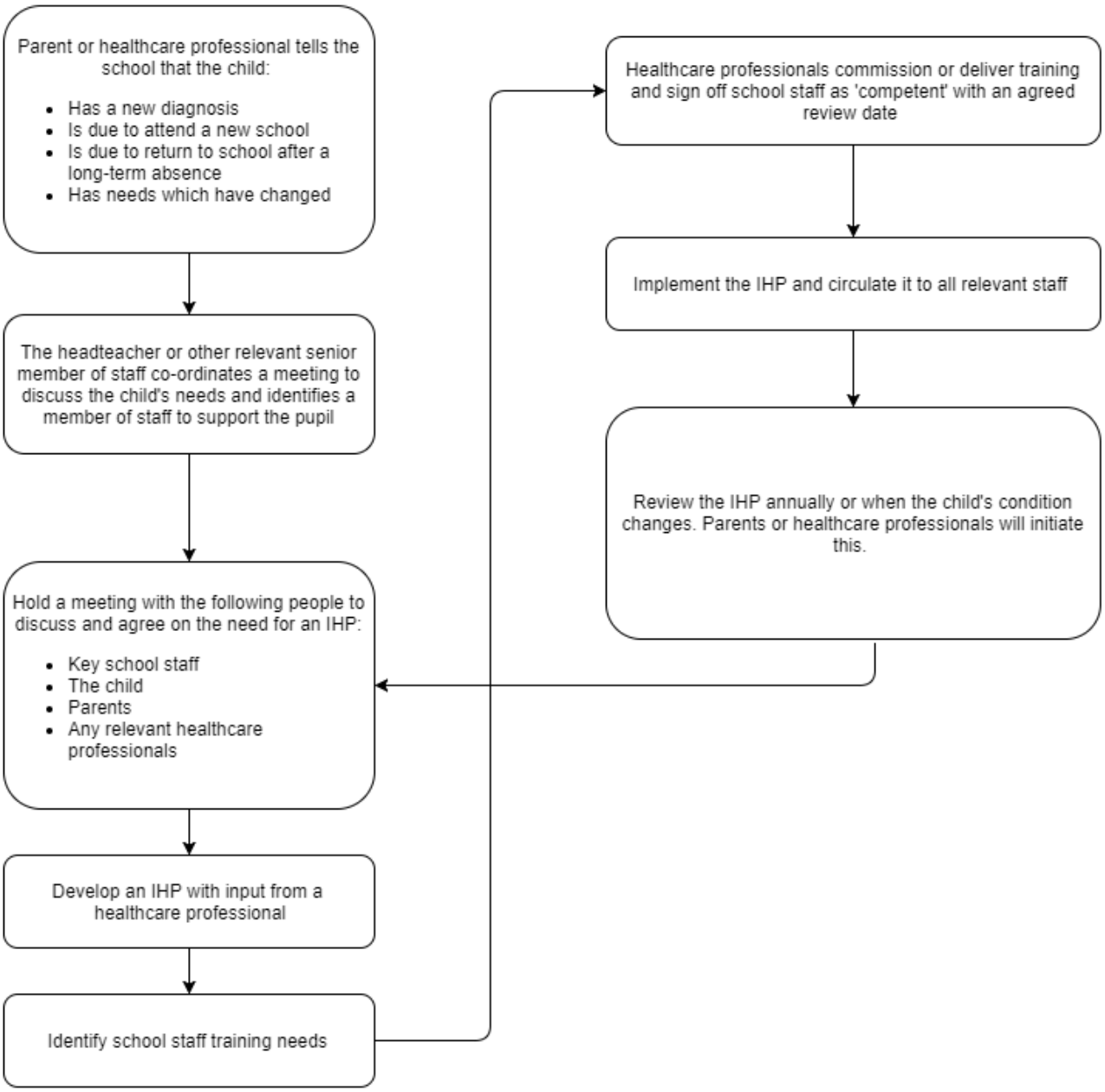
- The reliever has no effect after five to ten minutes
- The child is either distressed or unable to talk
- The child is getting exhausted
- You have any doubts at all about the child's condition

If the Doctor is unobtainable, call an ambulance. If for any reason the child stops breathing, an ambulance should be called immediately. A child should always be taken to hospital in an ambulance. School staff should not take them in their car as the child's condition may deteriorate

Appendix 4:
Overview of procedures:



Appendix 5:
What happens when the school is notified that a child has a medical condition


Parent or healthcare professional tells the school that the child:
Has a new diagnosis
Is due to attend a new school
Is due to return to school after a long-term absence
Has needs which have changed
The headteacher or other relevant senior member of staff co-ordinates a meeting to discuss the child's needs and identifies a member of staff to support the pupil
Hold a meeting with the following people to discuss and agree on the need for an IHP:
Key school staff
The child
Parents
Any relevant healthcare professionals
Develop an IHP with input from a healthcare professional
Identify school staff training needs
Healthcare professionals commission or deliver training and sign off school staff as 'competent' with an agreed review date
Implement the IHP and circulate it to all relevant staff
Review the IHP annually or when the child's condition changes. Parents or healthcare professionals will initiate this.