

INVICTUS

Education Trust

Supporting Pupils with Medical

Conditions Policy

(Including Administering Medication,
Asthma and Allergens)

Document Control and Version Control

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Statement of Intent

The policy has been amended in light of updated guidance on supporting pupils with medical conditions, drafted by the Department for Education for proprietors of Schools in England and effective from December 2015. This policy has been updated to reflect these changes. Invictus believes that ensuring the health and welfare of staff, pupils and visitors is essential to the success of its Schools.

(The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.) The school will seek parents' written agreement about sharing information about their child's needs, where information needs to be shared outside the school. However, in cases of confidentiality the Health & Safety of the child must take precedence.

We are committed to:

- Ensuring that pupils with medical needs are properly supported so that they have full access to education, including School trips and physical education.
- Ensuring that no pupil is excluded unreasonably from any School activity because of his/her medical needs.
- Ensuring the needs of the individual are considered.
- Providing specialist training for staff.
- Ensuring pupils and parents are confident in the School's ability to provide effective support to their child.
- Ensuring procedures for supporting pupils with medical needs are in place and reviewed at least annually.

We will:

- Ensure all staff are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all Individual Health Care Plans (IHPs), including in contingency and emergency situations.
- Ensure that every School is appropriately insured and that staff are aware that they are insured to provide first aid and other medical support to pupils.

Introduction

Supporting pupils with medical needs is not the sole responsibility of one person. The Trusts ability to effectively support pupils with medical needs will require the schools to work collectively with other agencies, the parents and pupils. Schools are encouraged to seek additional advice and information from a wider range of people if considered appropriate.

Pupils and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. However, in line with safeguarding, a pupils' health should not be put at risk from for e.g. an infectious disease.

All schools should ensure that medical information is collected from all new pupils entering the School so that the school can assist with the appropriate management of any medical condition or administration of medication.

- Under section 100 of the Children and Families Act 2014, schools have a duty to support pupils at their school with medical conditions.
- The Food Information Regulations 2014 requires all food businesses including school caterers to show the allergen ingredients' information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat.
- As of October 2021, the Food Information Regulations will include new requirements for the labelling of allergens on PPDS foods. These are foods which are packaged on the premises before the consumer orders them. Read the Food Standards Agency advice for schools, colleges and nurseries.

Individual health care plans are plans developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on a child's case. The aim is to ensure that schools know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Asthma action plan is a written plan that you create with your child's doctor to help control your child's asthma. The goal of an asthma action plan is to reduce or prevent flare-ups and emergency department visits. Your action plan may be in the format of your IHP.

Arrangements of Implementation of the Policy

Headteachers

Headteachers are responsible for ensuring that:

- All staff are aware of the policy for supporting pupils with medical needs.
- Sufficient resources are in place in terms of leadership on this area at SLT level.
- That there are sufficient trained personnel to be able to support all the medical and healthcare needs of pupils and staff in the School.
- A member of staff is appointed to have the lead role in ensuring pupils with medical conditions are identified and properly supported in the School, and to support staff who are implementing a pupil's Health Care Plans.
- Ensure staff obtain updated pupil information from parents/guardians on at minimum annual basis.
- Ensure there is a space to store and administer medication.
- Ensure the assigned staff member prepares (with support) IHCP's for pupils with medical conditions or allergens.
- Ensure there are sufficiently trained staff to administer medication.

Medical Leads

The School appointed Medical Lead is responsible for:

- Monitoring Medical and Individual Health Care Plans and pupils with medical conditions.
- Assessing the training needs of staff.
- Ensuring that suitable and sufficient training is provided to enable staff to administer medication and support where required.
- Arranging whole-School awareness training on supporting pupils with medical conditions.
- To ensure the continued professional development of staff to enable them to fully support pupils.

Staff

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

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

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

Parents

Parents will:

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

Pupils

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

Healthcare Professionals

Health Care professionals are responsible for notifying the School when a child has been diagnosed with a condition that requires support in school. Specialist Local Health Care Teams may be able to provide support with pupils who have been diagnosed with conditions such as Diabetes, Epilepsy etc.

Further advice on the roles of Local Authorities, Clinical Commissioning Groups, Providers of Health Services and Ofsted can be found on the following link:

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medicalconditions--3>

Individual Healthcare Plans

Asthma and Allergens will need to be covered within the individual health care plans.

IHP's provide clarity to the school on what needs to be done for pupils with medical conditions and by whom. IHP's will be prepared to help identify the necessary measures to support pupils with medical needs and ensure that they are not put at risk.

IHCP's are often issued in cases where emergency intervention is required, or for medical conditions that require daily management, are complex and long-term, or for medical conditions which fluctuate. Not all children require an IHP, it is for the staff member with assigned responsibility, parents, the pupils (where able), school and Health Care Professionals to decide if a IHP is necessary. Pupils with the same medical condition do not necessarily require the same treatment. Where treatment differs from the norm an IHP should be written to support that pupil.

Some pupils have medical conditions that, if not properly managed, could limit their access to education.

Conditions include but are not limited to:

- Epilepsy
- Asthma
- Severe allergies, which may result in anaphylactic shock
- Diabetes

The school should ensure that when completing Individual Health Care Plans the following information is recorded:

The medical condition

- Triggers, signs and symptoms.
- Allergies.

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- Treatment required.
- Emergency arrangements:
 - a) Who to contact
 - b) Contingency arrangements
 - c) Personal Emergency Evacuation Plan (PEEP) required?
- Resulting needs of the pupil:
 - a) Medication (dosage, effects and storage, use of emergency inhaler?)
 - b) Other treatments
 - c) Is time required for pupils to recover/recoup?
 - d) Are additional facilities required
 - e) Is any additional equipment needed
 - f) Access to food/drink where this is used to manage their condition
 - g) Use of toileting facilities
 - h) Dietary requirements
 - i) Environmental (mobility/crowded areas/corridors)
- Provision of support (by whom?):
 - a) Their training needs
 - b) Expectations of their role
 - c) Confirmation of proficiency by a health care professional
 - d) Cover if they are sick or absent.
- Who in the school needs to be aware of their condition.
- Arrangements and permission from parents for administration of medication.
- Arrangements for school trips/ out of school activities.
- Confidentiality issues – designated individuals to be entrusted with information.

All IHP's should be reviewed annually, or sooner if there are any changes, and should be readily available to staff for quick reference, whilst preserving confidentiality.

Educational Visits

Each School will consider what reasonable adjustments it might make to enable pupils with special medical needs to participate fully and safely on School visits. A risk assessment for each trip will take into account any additional steps needed to ensure that pupils with special medical conditions are fully included. The trip leader must liaise with the SEN team and consider what reasonable adjustments can be made to enable the pupil to participate fully and safely.

Pupils with medical needs should be included on the educational visit risk assessment, and where it is considered appropriate a separate risk assessment should be written to document specific arrangements, hazards, risks and the controls implemented.

Staff Training

The type and training required to support pupils with specific medical needs will usually be determined during the development of the IHP. In cases where care plans are already in place and additional training is required, the Medical Lead will be responsible for arranging the necessary training.

Specific training will often be required for specific medical needs such as epi pen training or diabetes training.

Managing Medicines on School Premises

Taking possession of medication

- The School must only take possession of medication when a written permission slip is filled in by the parent or guardian.
- **Where possible medication should be administered at home by the parents/guardians. Only prescription medication that is due to be taken 3 or 4 more times per day should be taken by the School. If a medication is twice a day, this is a parent/guardian's responsibility to administer in the morning and evening.**

Storage and access

- Each School must designate a safe, lockable place to store pupils' medication and allocate a member of staff to control access. Where medication is stored, this should be locked away at all times.

In the event of medication being stored in a fridge, this will be a dedicated medical fridge with no perishable items stored in the same location.

- The medication should be quick to access in an emergency but should be secure to prevent unauthorised and undocumented access to the medication.
- Pupils should be aware of the location of their medication at all times and where necessary be able to access their medication immediately.
- Medication and devices such as asthma inhalers, blood glucose meters, auto-injectors should always be readily available **(not locked away) but still be secure from mis use.**
- If pupils with asthma are able to manage their condition, they should be encouraged to carry their inhaler (this may not be suitable for our younger students).
- Spares of emergency medication should be readily available for use in case of loss or failure of the required device. Further information about emergency asthma inhaler and emergency auto-injectors can be found later in this document.
- All medication must be logged with clear expiry dates in place. Any prescribed medication without an expiry date must be sent back to parents to obtain new medication. (Temporary measures will be permitted)
- Any medication out of date or no longer required should be returned to the parents for safe disposal. When parents are asked to collect medication, they should be advised that medication not collected within 1 month will be disposed of by the School.

Medication not collected thereafter should be returned to the School's local pharmacy for safe controlled disposal. Sharps boxes should be used for disposal of needles and other sharps. Medication should not be disposed of in the general rubbish.

Administration of Medication

- Medication should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so.
- Prescribed or non-prescribed medicine should never be given to a child under 16 without the consent of their parents. In exceptional circumstances, medicine can be administered to a pupil without the consent of parents/carers ONLY if the medicine has been prescribed by a doctor (without the knowledge of the parents). In cases such as this, every effort should be

made to encourage the child or young person to involve their parents, whilst respecting their right to confidentiality.

- Where possible and considered appropriate to do so, pupils should be allowed to carry their own medicines and relevant devices for self-medication such as: epi-pens and inhalers. Pupils who self-manage and administer their own medication may require an appropriate level of supervision. If not appropriate, relevant staff should assist with administration and manage procedures for them. If a child refuses to take medication, staff should not force them to do so, but refer to the Individual Health Care Plan if they have one and contact the parents/carers so alternative options can be agreed.
- Children under 16 should not be given medicine containing Aspirin, unless prescribed by a doctor.
 - Staff administering medication should have a witness in place who counter signs the administration of medication.

Medication should only be accepted into the School if:

- Medication is in date.
- A permission slip is in place. (consent)
- In its original container/box/bottle as dispensed by the pharmacist.
- Named
- Undamaged
- Includes instructions for administration, dosage and storage

The exception to this is Insulin, which must still be in date, although unlikely to be in its original container, but contained within an insulin pen or pump.

Stock Medication

Schools are not permitted to hold stock medication (medication purchased and held by the School, such as paracetamol, ibuprofen and antihistamines) for dispensing to pupils as required. Under no circumstances must staff administer or give pupils pain relief unless the medication has been provided and consent has been received by the parents.

Short term or non-prescribed Medication

Where medication or treatment is not part of a long-term medical condition, but is only required for a finite period, for example the completion of a course of antibiotics, or for pain relief, the pupil's parents/carers will be required to sign a Parental Consent for the administration of medication or treatment form.

Controlled Medication

- A child who has been prescribed a controlled drug may legally have it in their possession if they are considered competent by the School to do so. Passing that medication, however, to another pupil is an offence.
- It is therefore Policy that all controlled medication is secured on site in a secure nonportable container, with named staff given access. Controlled drugs should be easily accessible in an emergency. Controlled Medication on school trips should be held securely by the Lead First Aider.

- Staff may administer a controlled drug to the child for whom it is prescribed. All controlled medication should be administered by staff in accordance with prescribed instructions.
- Or staff should facilitate self-administration from the pupil. In effect the School is used for storage and security.
- Records should be kept of any doses used and the amount of drug held. Schools are encouraged to count-in and count-out controlled medication. This list should be updated each time medication is taken or administered.

Complementary Medication

- Complementary medicine is used along with standard medical treatment but is not considered by itself to be standard treatment. One example is using acupuncture to help lessen some side effects of cancer treatment. Less research has been done for most types of complementary medicine.
- Due to their active ingredients, complementary medicines cannot be administered by staff unless they are trained to do so.

Emergency Salbutamol Inhalers

- Emergency Salbutamol inhalers should only be used by children who have been diagnosed with Asthma and prescribed with an inhaler, and where parental consent has been sought. Use of this inhaler is for use when the pupil's prescribed inhaler is not available.
- Arrangements for storage and care of the emergency inhaler should be followed to ensure the inhaler is in working order and always ready for use and accessible. The school must ensure:
 - Spacers and inhaler are checked regularly and noted to be present and in working order.
 - Replacements inhalers and spaces are obtained when expiry dates of existing inhalers approach.
 - They hold a register of pupils diagnosed with asthma (copies to be held with the emergency inhaler).
 - Have written parental consent for use of the emergency inhaler.
 - Ensure staff are aware that only pupils where consent have been received can use the emergency inhaler.
 - The School have appropriate support and training for staff in the use of the emergency inhaler.
 - Staff keep a record of the use of the emergency inhaler.
 - Parents are notified when the inhaler is used.
 - Two staff are responsible for ensuring the above is followed.

To minimize cross-infection spacers should only be used once, whereas the inhaler, if cleaned can be re-used. Inhalers that may come into contact with blood should not be re-used but disposed of.

Further guidance can be found here:

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>

Emergency Auto-injectors (epi pens)

Non-statutory guidance was released by the Department of Health in October 2017 permitting Schools to hold emergency Adrenaline Auto-Injectors (AAI) on site for emergency use. The trust requires all Schools with staff or pupils requiring the use of an auto-injectors, to hold emergency auto-injectors.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

The use of the spare AAI's are intended for emergency use on children whose own AAI is not available or not working, or for children who are regarded as being at risk of anaphylaxis, have a care plan, but do not have an AAI. Spare AAI's can be administered to a child if their own AAI cannot be administered.

Schools can administer spare AAIs without prescription for use in emergencies if:

- A pupil is at risk.
- Medical authorisation has been received.
- Parental consent has been received for use of the spare AAI.
- If the child is known to be at risk of anaphylaxis.

Supply

Schools can purchase AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed: i.e. small quantities on an occasional basis and the school does not intend to profit from it.

A supplier will need a request signed by the principal or head teacher (ideally on appropriate headed paper) stating:

- the name of the school for which the product is required;
- the purpose for which that product is required, and
- the total quantity required.

A template letter which can be used for this purpose is provided in Appendix 1 of the guidance https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf, and can also be downloaded at: www.sparepensinschools.uk

Please note that pharmacies are not required to provide AAIs free of charge to schools: the school must pay for them as a retail item. A number of different brands of AAI are available in different doses depending on the manufacturer.

It is up to the school to decide which brand(s) to purchase. Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training.

Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI. If two or more brands are currently held by the school, the school may wish to purchase the brand most commonly prescribed to its pupils. However, the decision as to how many devices and brands to purchase will depend on local circumstances and is left to the discretion of the school.

AAIs are available in different doses, depending on the manufacturer.

The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the age-based criteria, as follows:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an EpiPen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an EpiPen (0.3mg), Emerade 300 or Jext 300 microgram device).
- For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade 500) can be used.

In the context of supplying schools rather than individual pupils with AAIs for use in an emergency setting, using these same age-based criteria avoids the need for multiple devices/ doses, thus reducing the potential for confusion in an emergency. Schools should consider the ages of their pupils at risk of anaphylaxis, when deciding which doses to obtain as the spare AAI. Schools may wish to seek appropriate medical advice when deciding which AAI device(s) are most appropriate.

The emergency anaphylaxis kit

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

Schools might like to keep the emergency kit together with an "emergency asthma inhaler kit" (containing a salbutamol inhaler device and spacer). Many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline have been associated with fatal outcomes. Schools should ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Emergency kit – are kept in a safe and suitably central location: for example, the school office or staffroom to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. Schools should ensure that AAIs are accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed. In larger schools, it may be prudent to locate a kit near the central dining area and another near the playground; more than one kit may be needed.

It is recommended that spare AAIs are kept in the same location as the spare inhaler kits. Record keeping All Schools holding spare AAI's must:

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- Keep a register of pupils who have been prescribed an AAI (or where there is a medical care plan indicating AAI should be used in an emergency)
- Ensure that support and training is provided for staff in the use of AAI's and records are kept of trained personnel.
- Keep a record of usage of the Spare AAI's
- Notify parents of when any AAI used, whether the schools spare or pupils own AAI.
- Have written consent from a parent/legal guardian for the use of spare AAI's
- Have a clear Understanding that AAI's can only be used on pupils where medical authorisation and written consent have been provided

Storage and care of the AAI

A school's allergy/anaphylaxis policy should include staff responsibilities for maintaining the spare anaphylaxis kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis the AAIs are present and in date.
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature. Schools may wish to require parents to take their pupil's own prescribed AAIs home before school holidays (including half-term breaks) to ensure that their own AAIs remain in date and have not expired.

Disposal of spent AAI's

Once used an AAI cannot be reused. This can be given to the paramedics on arrival for them to dispose of should be disposed of in your yellow sharps bin. Out of date medication should be returned to the parents, or if not collected from the School must be returned to a pharmacy for safe controlled disposal. Spare AAIs on Educational Visits With all emergency medication, pupils, where able should hold their own medication and spares should be held by the group leader/first aider. If it is considered appropriate spare AAI's can be taken on school trips, however schools need to ensure that sufficient supplies are also left at the School.

If an AAI is administered, schools will be required to relay the following information to the paramedics:

- if the child is known to have an allergy
- what might have caused the reaction
- time the AAI was given

NOTE: The schools spare AAI should only be used as a spare not a replacement for a child's own AAI. Spare AAIs held by the school are in addition to those prescribed for a pupil.

Allergic Reactions

Allergen information

This list outlines 14 common food allergens:

- Cereals containing gluten.

- Crustaceans.
- Molluscs.
- Eggs.
- Fish.
- Peanuts.
- Nuts.
- Soybeans.
- Milk.
- Celery.
- Mustard.
- Sesame.
- Lupin.
- Sulphur Dioxide (at levels above 10mg/kg or 10mg/litre expressed as SO₂).

1.2 Spotting the signs **Mild to moderate symptoms include:**

- Itchy tingling.
- Burning sensation in the mouth.
- Development of hives and rashes.
- Swelling, particularly in the face.
- Rising anxiety.
- Feeling flushed.
- Nausea and vomiting.
- Abdominal pain.
- Mild wheeziness.

Anaphylaxis, a severe allergic reaction, will often display the following symptoms:

Anaphylaxis is a severe allergic reaction – the extreme end of the allergic spectrum – and is life-threatening.

Anaphylaxis is a medical emergency and requires immediate treatment.

- Difficulty breathing due to swelling in the throat.
- Swelling of tongue or throat resulting in difficulty to speak.
- Vocal changes to the voice (hoarse).
- Wheeze / persistent cough / severe asthma
- Difficult / noisy breathing
- Reduced level of consciousness.
- Person goes faint, floppy and pale.
- The lips may turn blue.
- They will become unresponsive.
- Person may collapse.
- Stomach cramps / vomiting after an insect sting
- Dizziness / collapse/loss of consciousness (floppiness in babies)
- Sense of impending doom

Other Common Non-Food Allergens

- **Latex rubber allergy or irritant contact dermatitis:** Cause low grade eczema with itching, redness and scaling.
- **Play Doh:** Contains wheat and can affect children suffering from wheat allergies. Unlike food manufacturers, Play Doh are under no obligation to publicise the base ingredient list.
- **Paints and ink products:** Contain chemicals that can cause allergic reactions

Asthma

Asthma is a common lung condition that causes occasional breathing difficulties.

It affects people of all ages and often starts in childhood, although it can also develop for the first time in adults.

There's currently no cure, but there are simple treatments that can help keep the symptoms under control so it does not have a big impact on your life.

Symptoms of asthma

The main symptoms of asthma are:

- a whistling sound when breathing (wheezing)
- [breathlessness](#)
- a tight chest, which may feel like a band is tightening around it
- [coughing](#)

The symptoms can sometimes get temporarily worse. This is known as an [asthma attack](#).

Causes and triggers of asthma

Asthma is caused by swelling (inflammation) of the breathing tubes that carry air in and out of the lungs. This makes the tubes highly sensitive, so they temporarily narrow.

It may happen randomly or after exposure to a trigger.

Common asthma triggers include:

- allergies (to house dust mites, animal fur or pollen, for example)
- smoke, pollution and cold air
- exercise
- infections like colds or flu

Identifying and avoiding your asthma triggers can help you keep your symptoms under control.

Record Keeping

The School must keep a record of all medication administered, when and by whom. Any side effects of medication administered in school should also be noted and shared with the parents/carers.

Pupil medical records should be placed on the pupil's medical file.

Unacceptable Practice

All school staff should use their discretion and judge each case on its merits. It is generally not acceptable to:

- Prevent a pupil from accessing their medication as required
- Treat each child with the same conditions in the same way
- Ignore the views of a child or their parents, or medical opinion
- Send children home unnecessarily or prevent them from staying in school and participating in normal school activities, including lunch
- If a child is ill, send them to the medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance if absence is related to their medical condition
- Prevent pupils from eating and drinking or taking toilet breaks whenever they need to, to manage their medical condition
- Require parents to attend school to administer medication or provide medical support to their child, including toileting issues. No parent is required to leave or give up work because the School is failing to support their child
- Prevent a pupil from participating, or creating necessary barriers to children in any aspect of school life, including school trips. For example, by requiring parents to attend school trips

Appendix 1 – Useful Contacts

Allergy UK Website: <https://www.allergyuk.org/>

The Anaphylaxis Campaign Website: <https://www.anaphylaxis.org.uk/>

Shine - Spina Bifida and Hydrocephalus Website: <https://www.shinecharity.org.uk/>

Asthma UK (formerly the National Asthma Campaign) Website: <https://www.asthma.org.uk/>

Council for Disabled Children Website: <https://councilfordisabledchildren.org.uk/>

Cystic Fibrosis Trust Website: <https://www.cysticfibrosis.org.uk/>

Diabetes UK Website: <https://www.diabetes.org.uk/>

Department for Education Website: <https://www.gov.uk/government/organisations/department-for-education>

Department of Health Website: <https://www.gov.uk/government/organisations/department-of-health>

Disability Rights Website: <https://www.gov.uk/rights-disabled-person>

Epilepsy Action Freephone Helpline: 0808 800 5050 (Monday – Thursday 9am to 4.30pm, Friday 9am to 4pm) Website: <https://www.epilepsy.org.uk/>

Health and Safety Executive (HSE) Website: <http://www.hse.gov.uk/>

Health Education Trust Website: <http://healtheducationtrust.org.uk/>

Hyperactive Children's Support Group Website: <http://www.hacsg.org.uk/>

MENCAP Website: <https://www.mencap.org.uk/>

National Eczema Society Website: <http://www.eczema.org/>

National Society for Epilepsy Website: <https://www.epilepsysociety.org.uk/>

Psoriasis Association Tel: 01604 251 620 (Mon-Thurs 9.15am to 4.45pm Fri 9.15am to 16.15pm)
Website: <https://www.psoriasisassociation.org.uk/>