

Higham Ferrers Nursery and Infant School

'Together we enjoy learning in a happy, caring and friendly environment'



SUPPORTING PUPILS WITH MEDICAL NEEDS IN SCHOOL

This Policy was agreed by the Governing Body in Spring 2 (2017)

It will be reviewed Spring 2 (2018)

Signed: 
(Chair of Governors)

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1.0 INTRODUCTION

*This policy sets out the duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions under Section 100 of the Children and Families Act 2014. In meeting the duty, the governing body, proprietor or management committee **must** have regard to guidance issued by the Secretary of State under this section (Supporting pupils at school with medical needs (DfE, April 2014)). Early Years settings should continue to apply the Statutory Framework for the Early Years Foundation Stage. Section 100 came into force on 1 September 2014.*


2.0 SCHOOL CONTEXT

All staff at Higham Ferrers Nursery and Infant School are committed to providing pupils with a high quality education whatever their health need, disability or individual circumstances. Our aim is to ensure that all children with a medical condition, whether it is a physical or mental health need, 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. We believe that all pupils should have access to as much education as their particular medical condition allows, so that they maintain the momentum of their learning whether they are attending school or going through periods of treatment and recuperation. We promote inclusion and will make all reasonable adjustments to ensure that children and young people with a disability, health need or SEN are not discriminated against or treated less favourably than other pupils.

3.0 DEFINITION OF HEALTH NEEDS

For the purpose of this policy, pupils with health needs may be:

- pupils with **chronic or short term health conditions** involving specific access requirements, treatments, support or forms of supervision during the course of the school day
- **sick children**, including those who are physically ill or injured or are recovering from medical interventions
- children with **mental or emotional health problems**.
- Children with a **disability** ('A physical or mental impairment which has a long term and substantial adverse effect on their ability to carry out normal day-to-day activities' This includes sensory impairments and disfigurement. 'Long term' means that the impairment has lasted or is likely to last for at least 12 months or for the rest of the person's life. The Equality Act 2010) involving specific access requirements, treatments, support or forms of supervision during the course of the school day



This policy does not cover self-limiting infectious diseases of childhood, e.g. measles.

Some children with medical conditions may have a disability. Where this is the case, governing bodies **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.

4.0 PRINCIPLES

This policy and any ensuing procedures and practice are based on the following principles:

- All children and young people are entitled to a high quality education;
- Disruption to the education of children with health needs should be minimised;
- If children can be in school they should be in school. Children's diverse personal, social and educational needs are most often best met in school. Our school will make reasonable adjustments where necessary to enable all children to attend school;
- Effective partnership working and collaboration between schools, families, education services, health services and all agencies involved with a child or young person are essential to achieving the best outcomes for the child;
- Children with health needs often have additional social and emotional needs. Attending to these additional needs is an integral element in the care and support that the child requires;
- Children and young people with health needs are treated as individuals, and are offered the level and type of support that is most appropriate for their circumstances; staff should strive to be responsive to the needs of individuals.

As a school we will not engage in unacceptable practice, as follows:

- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is a specified requirement in their individual healthcare plans;
- if a child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child who has health needs, including with 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 visits, e.g. by requiring parents to accompany their child unnecessarily .

5.0 ROLES AND RESPONSIBILITIES

All staff have a responsibility to ensure that all pupils at our school have equal access to the opportunities that will enable them to flourish and achieve to the best of their ability.

In addition, designated staff have additional responsibilities and will have attended relevant training. (See Appendix 1 for list of staff and their responsibilities.)


5.1 NAMED PERSON IN SCHOOL WITH RESPONSIBILITY FOR MEDICAL POLICY IMPLEMENTATION

The member of staff responsible for ensuring that pupils with health needs have proper access to education is Mrs S Farrell (Inclusion Lead). This will be the person with whom parents/carers will discuss particular arrangements to be made in connection with the medical needs of a pupil. It will be Mrs Farrell's responsibility to pass on information to the relevant members of staff within our school.

Mrs Farrell will liaise with other agencies and professionals, as well as parents/carers, to ensure good communication and effective sharing of information. This will enhance pupils' inclusion in the life of the school and enable optimum opportunities for educational progress and achievement, whilst ensuring appropriate confidentiality.

5.2 PARENTS/CARERS AND PUPILS

Parents should be involved in developing and reviewing the individual healthcare plan. Parents hold key information and knowledge and have a crucial role to play. Both parents and pupils (as appropriate) will be involved in the process of making decisions. Parents are expected to keep the school up to date about any changes in their children's condition or in the treatment their children are receiving,



including changes in medication. Parents are required to carry out any actions they have agreed to in the Individual healthcare plan e.g. provide medicines and equipment and ensure that they or a nominated adult are contactable at all times. Parents will be kept informed about arrangements in school and about contacts made with outside agencies.

5.3 SCHOOL STAFF

Any member of staff may be asked to provide support a pupil with medical needs, including the administration of medicines. Any member of school staff should know what to do and how to respond accordingly when they become aware that a pupil with a medical condition needs help. Staff must familiarise themselves with the medical needs of the pupils they work with. Training will be provided in connection with specific medical needs so that staff know how to meet individual needs, what precautions to take and how to react in an emergency. Staff must achieve a suitable level of competency before they take on the responsibility of working with an individual child.

5.4 THE HEADTEACHER

The Headteacher is responsible for ensuring that all staff are aware of this policy and understand their role in its implementation. The Headteacher will ensure that all staff who need to know are aware of any particular child's condition. They will also ensure that sufficient numbers of trained 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.

5.5 THE GOVERNING BODY

The governing body is responsible for ensuring that pupils with medical conditions are supported to enable the fullest participation possible in all aspects of school life. They have a responsibility to ensure that this policy is developed and implemented. 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.

5.6 SCHOOL NURSES

School nurses are responsible for notifying the school when a child has been identified as having a medical condition which will require support in school. Wherever possible, they should do this before the child starts at the school. They may support staff on implementing a child's individual healthcare plan and provide advice and liaison e.g. on training. School nurses can also liaise with lead clinicians locally on appropriate support and associated staff training needs. Schools can also contact Community nursing teams in relation to children with particular conditions.

5.7 OTHER HEALTHCARE PROFESSIONALS

General Practitioners and Paediatricians should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist health teams may be able to provide support in schools for children with particular conditions (e.g. epilepsy, asthma, diabetes).

Hospital and Outreach Education works with schools to support pupils with medical conditions to attend full time.

5.8 LOCAL AUTHORITY


Under section 10 of The Children Act 2004, they have a duty to promote co-operation between governing bodies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health and education. Local authorities **MUST** make joint commissioning arrangements for education, health and care provision for children with SEN or disabilities (Section 26 of Children and Families Act 2014). Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within healthcare plans can be delivered effectively. The local authority should work with school to ensure that pupils with medical conditions attend school full time. Where pupils are not able to access education in mainstream schools because of health needs, the local authority has a duty to make other arrangements.

5.9 CLINICAL COMMISSIONING GROUPS (CCGs)

CCGs commission other healthcare professionals such as specialist nurses. They have a reciprocal duty to co-operate under section 10 of The Children Act 2004 and **MUST** make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities.

5.10 OFSTED

In light of the new Ofsted framework (September 2015) inspectors must consider how well a school meets the needs of all the pupils, including those with a medical



condition. They will look at progress and achievement of these pupils alongside those with SEN or disabilities.

6.0 STAFF TRAINING AND SUPPORT

In carrying out their role to support pupils with medical conditions, school staff will receive appropriate training and support. Training needs will be identified during the development or review of individual healthcare plans. The relevant healthcare professional will lead on identifying and agreeing with the school, the type and level of training required, and how this can be obtained. The school will ensure that training is sufficient to ensure that staff are competent and confident in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans.


Staff will not give Insulin, Auto-injectors (eg Epipens) or other invasive prescription medication prescription medicines or undertake specific or bespoke health care procedures without appropriate training. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

This policy will be publicised to all staff annually to raise awareness at a whole school level of the importance of supporting pupils with medical conditions, and to make all staff aware of their role in implementing this policy. Information on how this school supports children with health needs is included in our induction procedure for all new staff.

7.0 PROCEDURES/NOTIFICATION

Information about medical needs or SEN is requested on admission to the school. Parents and carers are asked to keep the school informed and up to date of any changes to their child's condition or treatment. Whenever possible, meetings with the parents/carers and other professionals are held before the pupil attends school to ensure a smooth transition into the class. When pupils enter the school, parents/carers are offered the opportunity of attending a personal interview with the school nurse. At this meeting parents can seek advice on the health of their child.

Information supplied by parents/carers is transferred to the Medical Needs Register which lists the children class by class. A summary of the class Medical Needs Register is kept by the Inclusion lead and in the yellow file in each class so that it can be referred to easily. Where appropriate, support staff have summarised copies of the Medical Needs Register as they may be working with children from several different classes as well as an A4 overview of the condition which is placed on the staffroom notice board. Fuller details are given on a 'need to know' basis. Confidentiality is assured by all members of staff.



Any medical concerns our school has about a pupil will be raised with the parents/carers and discussed as necessary, with the school nurse. Most parents/carers will wish to deal with medical matters themselves through their GP. In some instances our school, after consultation with the parent/carer, may write a letter to the GP (with a copy to the parents) suggesting a referral to a specialist consultant where a full paediatric assessment can be carried out.

Individual Healthcare Plans


Not all children with medical needs will require an individual healthcare plan. Our school, healthcare professional and parent should agree, based on the evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher will make the final decision. (*A model letter inviting parents to contribute to individual healthcare plan development is provided at Appendix 2.*)

Individual healthcare plans will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Plans are also likely to be needed in cases where medical conditions are long-term and complex. Plans provide clarity about what needs to be done, when and by whom. *A flow chart for identifying and agreeing the support a child needs, and developing an individual healthcare plan is provided at Appendix 3.*

Individual healthcare plans should capture the key information and actions that are required to support the child effectively. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. *A template for individual healthcare plans is provided at Appendix 4.*

Individual healthcare plans, and their review, may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents, and a relevant healthcare professional, e.g. school, specialist or children's community nurse, who can best advise on the particular needs of the child. Pupils will also be involved whenever appropriate.

Partners should agree who will take the lead in writing the plan, but responsibility for ensuring that it is finalised and implemented rests with the school. Plans are reviewed at least annually (termly for those that involve serious conditions) or earlier if evidence is presented that the child's needs have changed. Plans are developed with the child's best interests in mind and ensure that the school



assesses and manages risks to the child's education, health and social well-being and minimises disruption.

Where a child has SEN but does not have a statement or EHC plan, their special educational needs will be referred to in their individual healthcare plan. Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan will be linked to or become part of that statement or EHC plan.

Where a child is returning to school following a period of hospital education, the school will work with the appropriate hospital school or the Hospital and Outreach Education to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

8.0 PUPILS TOO ILL TO ATTEND SCHOOL

When pupils are too ill to attend, the school will establish, where possible, the amount of time a pupil may be absent and identify ways in which the school can support the pupil in the short term (e.g. providing work to be done at home in the first instance).

The school should make a referral to the Hospital and Outreach Education as soon as they become aware that a child is likely to be or has been absent for 15 school days. Where children have long-term health needs, the pattern of illness and absence from school can be unpredictable, so the most appropriate form of support for these children should be discussed and agreed between the school, the family, Hospital and Outreach Education and the relevant medical professionals.


9.0 MEDICINES IN SCHOOL

In our school, pupil medication is kept in the classroom cupboard on a high shelf. Children will require an appropriate level of supervision when taking medication. Two staff will always administer medicines and manage procedures for them. The relevant medication forms (See Appendix 4 and Appendix 5 at the end of this policy) will be presented to parents for completion prior to medication being kept on the premises.

If a child refuses to take medicine or carry out a necessary procedure (outlined in a medical health care plan), staff will not force them to do so, but will contact parents and carers immediately so that alternative options can be considered.

10.0 MANAGING MEDICINES ON SCHOOL PREMISES

We ask that children are not sent to school when they are clearly suffering from a short term, common childhood illness and are extremely unwell or infectious. We



do not administer non prescribed medicines such as Calpol. We do administer prescribed medicines.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours. Prescribed medicines will only be administered at school when a) a dosage has to be given before food; b) the required dosage is four times per day.

No child in our school will be given prescription medicines without their parent's written consent.


Our school only accepts 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 inside an insulin pen or a pump, rather than in its original container. Two staff will always be present when administering a child's medication and they will check that the dosage on the form signed by the parent/carer is the same as the prescribed dosage on the label as dispensed by a pharmacist. The date, dosage and names of the staff present will be recorded on the appropriate form. (See Appendix 5 at the end of this document.)

All medicines are stored safely. Where appropriate, staff are informed of where a child's medicine is kept at all times so that they are able to access them immediately (if appropriate). Where relevant, they know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available and not locked away.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor.

Our school will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container to which only named staff have access. Controlled drugs will be easily accessible in an emergency. A record is kept of any doses used and the amount of the controlled drug held in school. (A template for recording medicine administered to an individual child is provided at Appendix 4. A template for recording medicine administered to all children is provided at Appendix 5.)

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. The school keeps a record of all medicines administered



to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. (A template for recording staff training on the administration of medicines is provided at Appendix 6).

When no longer required, medicines will be returned to the parent to arrange for safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

11.0 EMERGENCY SITUATIONS

Where a child has an individual healthcare plan, this will clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school will be informed what to do in general terms, such as informing a teacher immediately if they think help is needed. If a child needs to be taken to hospital, staff will stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance.

11.1 DEFIBRILLATOR

A defibrillator is located in the school office. (Please see Appendix 1 for list of staff trained to use it). It has clear step by step instructions for anyone to follow if necessary in an emergency.

12.0 EDUCATIONAL VISITS, RESIDENTIALS AND SPORTING ACTIVITIES

Pupils with medical conditions are actively supported to participate in school trips and visits, or in sporting activities. In planning such activities, teachers will undertake the appropriate risk assessment and will take into account how a child's medical condition might impact on their participation. Arrangements for the inclusion of pupils in such activities with any reasonable adjustments will be made by the school unless evidence from a clinician such as a GP states that this is not in the child's best interests.

13.0 LIABILITY AND INDEMNITY

The school's insurance arrangements are sufficient and appropriate to cover staff providing support to pupils with medical conditions. Staff providing such support are entitled to view the school's insurance policies.

14.0 COMPLAINTS

If parents or pupils are dissatisfied with the support provided they should discuss their concerns directly with the school in the first instance. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

APPENDIX 1:
**MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL
HEALTHCARE PLANS**

Dear parent/carer,

Developing an individual healthcare plan for your child

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupil at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, which will set out what support your child needs, and how this will be provided. The plan will be developed in partnership between yourselves, your child, the school and the relevant healthcare professional, who will be able to advise us on your child's case. The aim of this partnership is that the school are aware of how to support your child effectively, and provide clarity about what needs to be done, when and by whom. The level of detail within the plan will depend on the complexity of your child's medical condition and the degree of support needed.

It may be that decision is made that your child will not need an individual healthcare plan, but we will need to make judgements about how your child's medical condition will impact on their ability to participate fully in school life, and whether an individual healthcare plan is required to facilitate this.

A meeting to discuss the development of your child's individual healthcare plan has been arranged for _____. I hope that this is convenient for you, and would be grateful if you could confirm if you are able to attend. The meeting will involve the following people: _____. Please let me know if you would like is to invite any other medical practitioners, healthcare professional or specialist that would be able to provide us with any other evidence which would need to be considered when developing the plan.

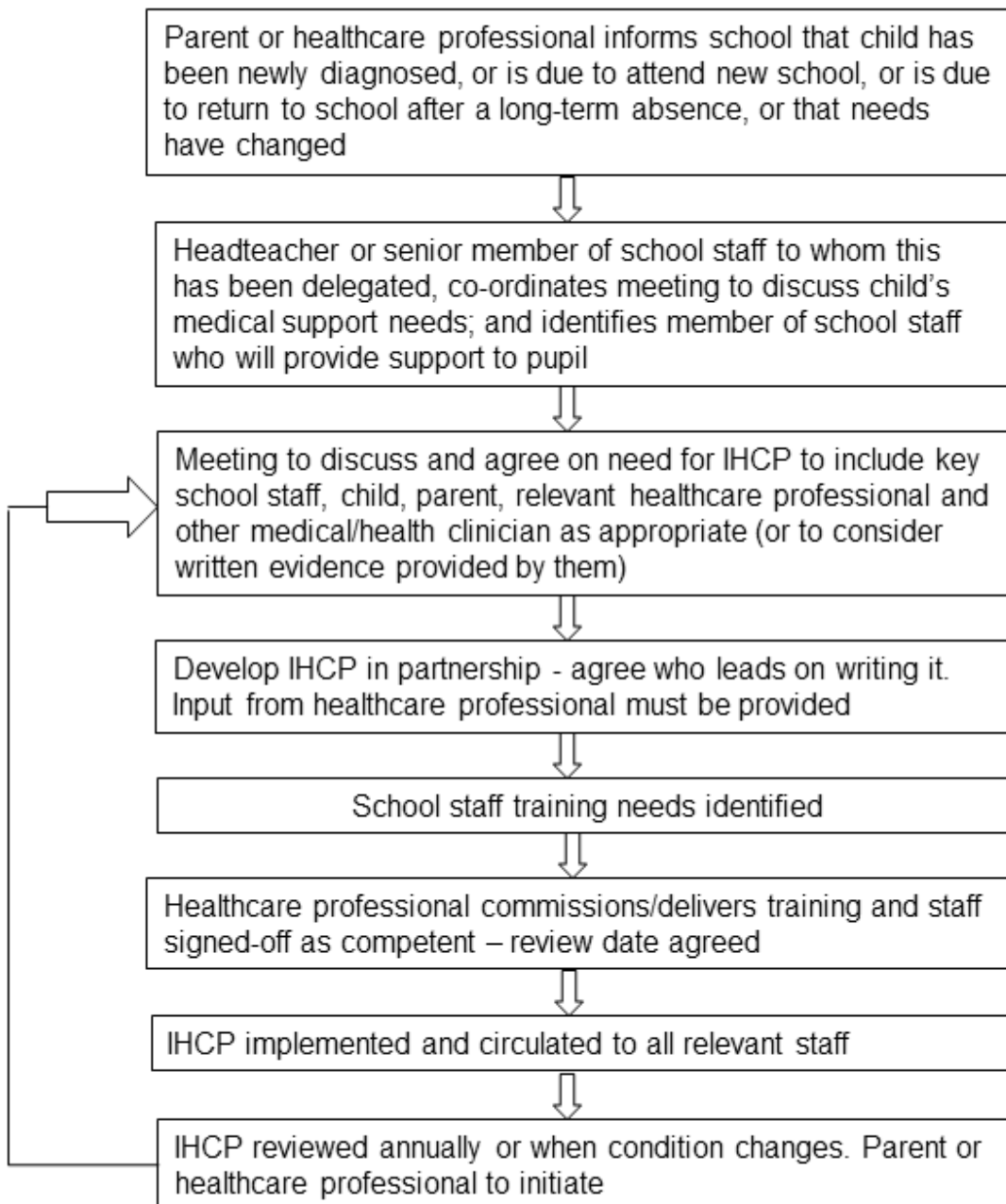
If you are unable to attend, please could you complete the attached individual healthcare template and return it, with any relevant evidence, for consideration at the meeting.

If you would like to discuss this further, or would like to speak to me directly, please feel free to contact me on the number below.

Yours sincerely,

Named person with responsibility for medical policy implementation

**APPENDIX 2:
FLOW CHART FOR DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN**



**APPENDIX 3:
INDIVIDUAL HEALTHCARE TEMPLATE**

Name of School/setting/academy

| | |
|--------------------------------|--|
| Pupil's name | |
| Group/class/form | |
| Date of birth | |
| Pupil's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

Family contact information

| | |
|-----------------------|--|
| First contact name | |
| Relationship to pupil | |
| Phone no (mobile) | |
| Phone no (home) | |
| Phone no (work) | |
| Second contact name | |
| Relationship to pupil | |
| Phone no (mobile) | |
| Phone no (home) | |
| Phone no (work) | |

Clinic/Hospital contact

| | |
|----------|--|
| Name | |
| Phone no | |

GP

| | |
|-------------------------------------------------------|--|
| Name | |
| Phone no | |
| Person(s) responsible for providing support in school | |

Describe the medical needs of the pupil

| |
|--|
| |
|--|

Give details of the pupil's symptoms

| |
|--|
| |
|--|

What are the triggers and signs?


| |
|--|
| |
|--|

What treatment is required?

| |
|--|
| |
|--|

Name of medication and storage instructions (if applicable)

| |
|--|
| |
|--|



Can pupil administer their own medication: YES/NO

Does pupil require supervision when taking their medication: YES/NO

Arrangements for monitoring taking of medication


Dose, when to be taken, and method of administration

Describe any side effects

Describe any other facilities, equipment, devices etc that might be required to manage the condition

Describe any environmental issues that might need to be considered

Daily care requirements



Specific support for the pupil's educational needs

Specific support for the pupil's social needs

Specific support for the pupil's emotional needs

Arrangements for school visits/trips/out of school activities required

Any other relevant information

Describe what constitutes an emergency and the action to be taken when this occurs

Named person responsible in case of an emergency

In school:

For off site activities:

Does pupil have emergency healthcare plan? YES/NO

Staff training required/undertaken



Who:

What:

When

Cover arrangements

(see separate staff training form)

People involved in development of plan

Form to be copied to

**APPENDIX 4:
PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICATION**

The school will not give your child medication unless you complete and sign this form. The school has a policy where staff can administer medication.

| | |
|------------------------------|--|
| Name of pupil | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

Details of medication


| | |
|-----------------------------------------------------|--------|
| Name/type of medication (as described on container) | |
| Expiry date | |
| Dosage and method of administration | |
| Timing of administration | |
| Any special precautions or other instructions | |
| Can pupil self administer medication? | YES/NO |
| Procedures to take in an emergency | |

Note: medication must be stored in the original container as dispensed by the pharmacy

Contact details

| | |
|----------------------------------------------------------|--|
| Name | |
| Relationship to pupil | |
| Daytime phone no | |
| I understand I must deliver the medication personally to | |

Date of review _____



The above information is, to the best of my knowledge, accurate at the time of writing, and I give my consent for the school staff to administer medication in accordance with their policy, and the instructions given with the medication.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, or if the medication is stopped.

Signed: _____

Print name: _____

Date: _____

**APPENDIX 5:
RECORD OF MEDICATION ADMINISTERED TO AN INDIVIDUAL CHILD**

Name of school/setting/academy

| | |
|------------------------------------|--|
| Name of pupil | |
| Group/class/form | |
| Date medication provided by parent | |
| Quantity received | |
| Name and strength of medication | |
| Expiry date | |
| Dose and frequency of medication | |
| Quantity returned | |

Staff signature: _____

Parent/carer signature: _____

| | | | |
|----------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of staff member | | | |
| Staff initials | | | |

| | | | |
|----------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of staff member | | | |
| Staff initials | | | |

| | | | |
|----------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of staff member | | | |
| Staff initials | | | |

| | | | |
|---------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of staff | | | |

| | | | |
|----------------------|--|--|--|
| member | | | |
| Staff initials | | | |
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of staff member | | | |
| Staff initials | | | |

| | | | |
|----------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of staff member | | | |
| Staff initials | | | |

| | | | |
|----------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of staff member | | | |
| Staff initials | | | |

| | | | |
|----------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of staff member | | | |
| Staff initials | | | |

| | | | |
|----------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of staff member | | | |
| Staff initials | | | |

**APPENDIX 6:
STAFF TRAINING RECORD**

Name of school/setting/academy

| | |
|---------------------------|--|
| Name of staff member | |
| Type of training received | |
| Training provided by | |
| Profession and title | |
| Date training completed | |

I confirm that _____ (*insert staff members name*) has received the training detailed above and is competent to carry out any necessary treatment/to administer medication.

I recommend that this training is updated _____

Trainer signature: _____

Date: _____

I confirm that I have received the training detailed above:

Staff signature: _____

Date: _____

Suggested review date: _____

APPENDIX 7 – ASTHMA POLICY

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Higham Ferrers Nursery and Infant School

“Together, we enjoy learning in a happy, caring and friendly environment”

1.0 INTRODUCTION

Higham Ferrers Nursery and Infant School:-

- Recognises that asthma is a widespread, serious but controllable condition and the school welcomes all pupils with asthma.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life, including art lessons, PE, science, visits, outings or field trips and other out of hours school activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma and the medicines they take.

- Ensures that the whole school environment, including the physical, social, sporting and educational environment, is a favourable to pupils with asthma.
- Ensures that all pupils understand asthma.
- Ensures that all staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in an asthma attack.
- Understand that pupils with asthma may experience bullying and has procedures in place to prevent this.
- Will work in partnership with all interested parties including the school's governing body, all school staff, school nurses, parents/cares, employers of school staff, doctors, nurses and pupils to ensure the policy is planned, implemented and maintained successfully.

2.0 OUR VISION STATEMENT ABOUT EQUALITY

Higham Ferrers Nursery and Infant school seeks to foster warm, welcoming and respectful environments, which allow us to question and challenge discrimination and inequality, resolve conflicts peacefully and work and learn free from harassment and violence.


We recognise that there are similarities and differences between individuals and groups but we will strive to ensure that our differences do not become barriers to participation, access and learning and to create inclusive processes and practices, where the varying needs of individuals and groups are identified and met. We therefore cannot achieve equality for all by treating everyone the same. We will build on our similarities and seek enrichment from our differences and so promote understanding and learning between and towards others to create cohesive communities.

3.0 ASTHMA MEDICINES

Immediate access to reliever medicines is essential. The reliever inhalers of younger children are kept in the classroom in a secure place (medical box) accessed by adults only.

Our school staff are not required to administer asthma medicines to pupils (except in an emergency). All school staff will be present to support pupils to take their own medicines when they need to.

4.0 RECORD KEEPING



At the beginning of each school year or when a child joins the school, parents/carers are asked if their child has any medical conditions including asthma on their enrolment form.

5.0 EXERCISE AND ACTIVITY PE AND GAMES

Taking part in sports, games and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and teachers at the school are aware of which pupils have asthma from the school's medical list supplied in September and if necessary throughout the year. Pupils with asthma are encouraged to participate fully in all PE lessons.

6.0 OUT OF HOURS

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve pupils with asthma as much as possible in after school clubs.

7.0 SCHOOL ENVIRONMENT

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a definite no smoking policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for pupils with asthma. Pupils with asthma are encouraged to leave the room and go and sit in the school office if particular fumes trigger their asthma.

8.0 WHEN A PUPIL IS FALLING BEHIND IN LESSONS

If a pupil is missing a lot of time at school or is always tired because their asthma is disturbing their sleep at night, the class teacher will initially talk to the parents/carers to work out how to prevent their child from falling behind. If appropriate, the teacher will then talk to the school nurse and special education needs coordinator about the pupil's needs. The school recognises that it is possible for pupils with asthma to have special education needs due to their asthma.



9.0 ASTHMA ATTACKS

All staff who come into contact with pupils with asthma know what to do in the event of an asthma attack. In the event of an asthma attack the school follows a clear procedure visibly displayed in the first aid area and in every classroom throughout school.

10.0 ACCESS AND REVIEW OF POLICY

The Asthma Policy will be accessible to all staff and the community through school's website. Hard copies can be obtained through the school office. This policy will be reviewed on a two yearly cycle.

Booklets available in the school office from Asthma UK are:

- *School Policy Guidelines*
- *Asthma Awareness for School Staff*