



THE
**WALDESLADE
& GREENACRE**
SCHOOLS PARTNERSHIP

Supporting Students with Medical Conditions Policy

Key Document Details:

Author:	Deputy Headteacher	Department:	Education
Reviewer:	Headteacher	Version No:	1.2
Last Review:	May 2026	Next Review:	May 2027
Approver:	Local Governing Board	Date Ratified:	May 2025

Contents

- Statement of Equality..... 4
- Aims 4
- Legislation and Statutory Responsibilities 4
- Roles and Responsibilities 4
 - The Local Governing Body 4
 - The Headteacher..... 5
 - Staff 5
- Parent’s/Carer’s 5
- Students 6
- School Nurses and Other Healthcare Professionals..... 6
- Equal Opportunities 6
- Being notified that a child has a medical condition 6
- Individual Healthcare Plans (IHPs)..... 6
- Managing Medications..... 8
- Controlled Drugs 8
- Students Managing Their Own Needs 9
- Unacceptable Practice..... 9
- Emergency Procedures..... 10
- Training..... 10
- Record Keeping..... 10
- Liability and Indemnity 11
- Complaints 11
- Monitoring Arrangements..... 11
- Links to Other Policies 11
- Appendix A: Being notified a child/ward has a medical condition 12



Appendix B: Allergies 13
Appendix C: Asthma 18
Equality Impact Assessment..... 22



Statement of Equality

We have carefully considered and analysed the impact of this policy on equality and the possible implications for students with protected characteristics, as part of our commitment to meet the Public Sector Equality Duty (PSED) requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

Aims

This policy aims to ensure that:

- Students, staff and parent's/carer's understand how our school will support students with medical conditions.
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities.

The Headteacher will implement this policy by:

- Making sure sufficient staff are suitably trained;
- Making staff aware of students' conditions, where appropriate.
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions.
- Providing supply teachers with appropriate information about the policy and relevant students.
- Developing and monitoring individual healthcare plans (IHPs).
- The named person with responsibility for implementing this policy is the school Operations Manager.

Legislation and Statutory Responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting students with medical conditions at school.

This policy also complies with our funding agreement and articles of association.

Roles and Responsibilities

The Local Governing Body

The Local Governing Body has ultimate responsibility to make the necessary arrangements to support students with medical conditions. The Trust Board will ensure that sufficient staff have received



suitable training and are competent before they are responsible for supporting children with medical conditions.

The Headteacher

The Headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation.
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations.
- Ensure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of IHPs.
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way.
- Contact the school nursing service in the case of any student 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.
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.

Staff

Supporting students 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 students 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 students 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 students with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Parent/Carer

Parent's/carer's 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.



Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. Students 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.

School Nurses and Other Healthcare Professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.

Equal Opportunities

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parent's/carer's and any relevant healthcare professionals will be consulted.

Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

See Appendix A.

Individual Healthcare Plans (IHPs)

The Headteacher has overall responsibility for the development of IHPs for students with medical conditions. This is delegated between the SENCo, Family Liaison Officer and office staff including first aiders.

Plans will be reviewed at least annually, or earlier if there is evidence that the student's needs have changed.



Plans will be developed with the student's best interests in mind and will set out:

- What needs to be done.
- When.
- By whom.

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parent's/carer's when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parent's/carer's and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

The medical condition, its triggers, signs, symptoms and treatments.

The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons.

Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.

The level of support needed, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring.

Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable

Who in the school needs to be aware of the student's condition and the support required.

Arrangements for written permission from parent's/carer's and the Headteacher for medication to be administered by a member of staff, or self-administered by the student during school hours.

Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments.

Where confidentiality issues are raised by the parent/carer, the designated individuals to be entrusted with information about the student's condition.

What to do in an emergency, including who to contact, and contingency arrangements.



Managing Medications

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the student's health or school attendance not to do so; and
- Where we have parent's/carer's' written consent or completed and signed a 'Request for storage and administration of medicine in school' form.

Over the counter medications should be given at home before school if possible. If they require doses at school the medication should be age appropriate for the student.

The only exception to this is where the medicines have been prescribed to the student without the knowledge of the parent's/carer's.

Student under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parent's/carer's will always be informed.

A first aid certificate does not constitute appropriate training in supporting children with medical conditions. Should training be provided with any medicines supplied, the parent's/carer's should inform the school and provide the appropriate contact details of the doctor/consultant so training can be arranged / discussed.

The school will only accept prescribed medicines that are:

- In-date.
- Labelled.
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage.

The school will accept insulin that is inside and insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely; In a secure locked cupboard. Students will know the location of where their medicines are stored and will be accessible with an appropriate member of staff who has access to the key is kept at all times.

Drugs/medicines that are required to be stored in a fridge will be in a secure location which cannot be accessed by the students directly.

Controlled Drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.



All other controlled drugs are kept in a secure cupboard in the school office/medical room and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

Under no circumstances should an untrained member of staff administer a controlled drug unless directed to do so by emergency services.

Students Managing Their Own Needs

Students are not to carry drugs around the school premises. However, where students have a medical condition such as asthma, allergies, diabetes or epilepsy and who are competent, they will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parent's/carer's, and it will be reflected in their IHPs.

Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parent's/carer's so that an alternative option can be considered, if necessary.

Students that carry the types of medications mentioned above are responsible for ensuring they are secure in their bags. Should their bag become misplaced/lost, they are to alert a member of staff immediately to ensure it's found and content checked.

Unacceptable Practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable to:

- Prevent students from easily accessing their inhalers and medication, and administering their medication when and where necessary.
- Assume that every student with the same condition requires the same treatment;
- Ignore the views of the student or their parent's/carer's.
- Ignore medical evidence or opinion (although this may be challenged).
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs.
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments.
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Require parent's/carer's, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, 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 students from participating, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parent's/carer's to accompany their child.
- Administer, or ask students to administer, medicine in school toilets.

Emergency Procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All students' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a student needs to be taken to hospital, staff will stay with the student until the parent arrives, or accompany the student to hospital by ambulance.

Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with member of school staff responsible for writing the IHP. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students;
- Fulfil the requirements in the IHPs;
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

Record Keeping

The Local Governing Body will ensure that written records are kept of all medicine administered to students for as long as these students are at the school. Parent's/carer's will be informed if their student has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.



Liability and Indemnity

The Local Governing Body will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The schools are covered by the Risk Protection Arrangement.

<https://www.gov.uk/guidance/therisk-protection-arrangement-rpa-for-schools>. This has employer's liability and professional indemnity cover.

Complaints

Parent's/carer's with a complaint about their child's medical condition should discuss these directly with the Head of Year in the first instance. If they cannot resolve the matter, they will direct parent's/carer's to the school's Complaints Policy.

Monitoring Arrangements

This policy will be reviewed annually.

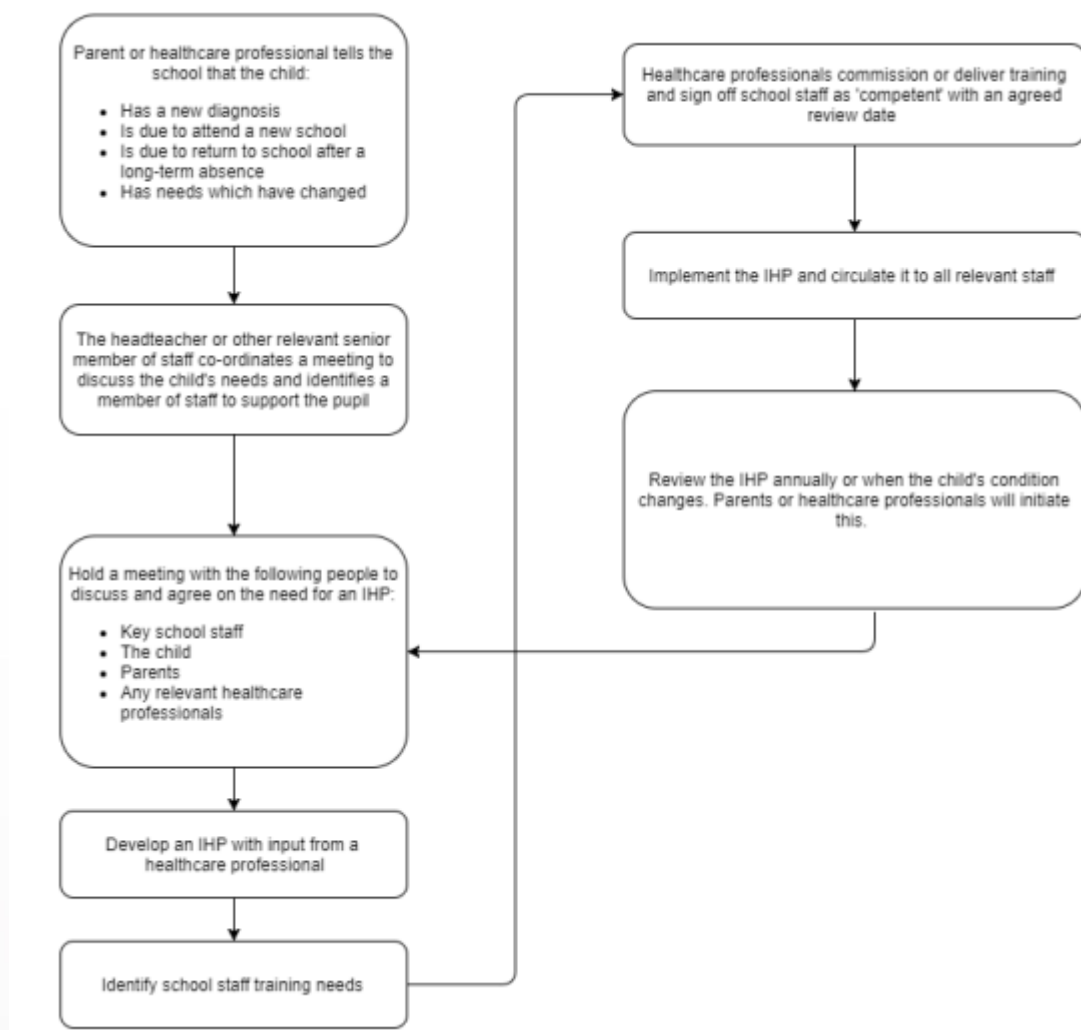
Links to Other Policies

This policy links to the following policies:

- Accessibility Plan
- Complaints Policy
- Equality Statement and Objectives
- First Aid Policy
- Health and Safety Policy
- Safeguarding and Policy
- Special Educational Needs Information Report and Policy



Appendix A: Being notified of a Medical Condition



Appendix B: Allergies

We are aware that students who attend WGSP may suffer from food, bee/wasp stings, animal or nut allergies and we believe that all allergies should be taken seriously and dealt with in a professional and appropriate way.

Our position is not to guarantee a completely allergen free environment, but rather to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

The Statutory Framework states that the provider must obtain information about any dietary requirements/allergy. As such, parent's/carer's are asked to provide details of allergies, which is submitted before starting school.

This policy should be read in collaboration with the Medical Needs, Asthma and First Aid Policies.

Aim

The aim of this policy is to minimise the risk of any child suffering allergy-related illness or allergy-induced anaphylaxis whilst at school.

An allergic reaction to nuts is the most common high-risk allergy and as such demands more rigorous controls throughout the policy. At WGSP we are a nut-free school.

The underlying principles of this policy include:

- The establishment of effective risk management practices to minimise the student, staff, parent and visitor exposure to known trigger foods and allergens.
- Staff training and education to ensure effective emergency response to any allergic reaction situation.

Definitions

- Allergy – A condition in which the body has an exaggerated response to a substance (e.g. food or drug) also known as hypersensitivity.
- Allergen – A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
- Anaphylaxis – Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.
- EpiPen – Brand name for syringe style device containing the drug adrenaline, which is ready for immediate intramuscular administration.
- Minimised Risk Environment – An environment where risk management practices (e.g. risk assessment forms) have minimised the risk of (allergen) exposure.
- Individual Health Care Plan – a detailed document outlining an individual child's condition, treatment, and action plan for location of EpiPen.

Procedures and Responsibilities for Allergy Management



- The school Lead First Aider and parents/carers should work together to establish Individual Health Care Plans (Refer to Medical Needs and First Aid Policy).
- These should be updated as needed and include healthcare professional advice, where appropriate.
- Annual staff training in anaphylaxis management, if needed, including awareness of triggers and first aid procedures (including EpiPen/AAI training), is to be followed in the event of an emergency.
- Age-appropriate education of children with severe allergies should be established.
- Where students with known allergies are participating in school trips, the risk assessment must include this information.

Medical Information

- EpiPens/Adrenaline Auto Injector (AAI) Where EpiPens/AAls are required in the Health Care Plan:
- **Two EpiPens/AAls should be held on the student and available at all times.**
- Parents/guardians are responsible at ensuring they are regularly checked and within the expiration date. All EpiPens/AAls reaching the expiry are replaced within a timely manner.
- EpiPens/AAls should be stored safely and be accessible in the event of an emergency. This is usually in the student's bag. If stored within a case all details will be detailed on the student Arbor.
- EpiPens/AAls should be clearly labelled for identification.
- Where possible, spare Epi Pens are to be kept on school premises on must be within 5 minutes reach in case of emergencies.

The Role of Families

Families are responsible for filling in an Allergy Action Plan which is held by the school office, detailing the nature of the allergy, including:

- On entry to the school it is the parents' responsibility to inform us 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 Health Care Professional, for example School Nurse, GP, Allergy Specialist.
- 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.

The Role of Staff

- Staff are responsible for familiarising themselves with the policy and to adhere to Health & Safety regulations regarding food and drink.
- If a child's school admissions form states that they have an allergy then a Health Care Plan, Allergy Action Plan and Risk Assessment is needed.
- Snack time foods are monitored by staff.
- All staff should know the procedures at snack and lunch time to ensure the safety of children with allergies. However, staff cannot guarantee that foods will not contain traces of nuts.
- All tables are cleaned with an approved solution.
- We provide specific EpiPen/AAI use training.



- Emergency medication should be easily accessible, especially at times of high risk.
- Staff should liaise with families about snacks and any food-related activities.

The Role of Students

Students are encouraged to have a good awareness of their allergy and symptoms and to let an adult know should they suspect they are having an allergic reaction.

Allergy Action Plans are designed to function as individual health care plans for children with allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare EpiPen/AAI.

WGSP recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the Allergy Action Plan with help from a Healthcare Professional for example School Nurse, GP or Allergy Specialist and provide this to the school.

Nut-Free Policy

Role of all parent's/carer's and staff:

WGSP aspires to be a nut-free school, with the aim of safeguarding students and staff who may experience anaphylactic reactions to nuts. Our approach is to protect our students with nut allergies and educate them about safe food choices.

Nut or nut products are not allowed in school, and WGSP also adheres to a nut-free policy. Prohibited items include, but are not limited to:

- Packs of nuts
- Peanut butter or other nut spreads.
- Chocolate spread.
- Fruit and cereal bars containing nuts (including Kinder bars or other similar bars).
- Chocolate bars or sweets containing nuts.
- Sesame seed rolls (as children allergic to nuts may react to sesame).
- Cakes made with or containing nuts

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

What Does Adrenaline Do?

- It opens up the airways.
- It stops swelling.
- Raises the blood pressure.
- 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. Ask someone to contact parent.
- 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 EPIPEN/AAI WITHOUT DELAY and note the time given.
- Call 999 and state ANAPHYLAXIS (Ana-fil-axis).
- If no improvement after 5 minutes, administer second EpiPen/AAI.
- If no signs of life commence CPR.

Whilst you are waiting for the ambulance, keep the student where they are.

Do not stand them up or sit them in a chair even if they feel better. This could lower their blood pressure drastically causing their heart to stop.

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

School Trips

Staff leading school trips will ensure they are carrying all relevant emergency supplies, for example first aid kits.

Trip leaders will check all staff are aware of students with medical conditions, including allergies and that all medication is taken on the trip. The expiry date is checked and safe to use.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

Overnight school trips will be carefully planned alongside parents and members of staff attending.

Sporting Excursions: Children with allergies will have every opportunity to attend sports trips.

The school will ensure the adults attending are fully aware of allergies and medical needs of participants.

The school or venue being visited will be notified that a student visiting has an allergy.



A member of staff trained in administering adrenalin will accompany the team.



Appendix C: Asthma

What is Asthma?

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs.

When a person with asthma, comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell.

Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).



At The Walderslade & Greenacre Schools Partnership, we recognise that asthma is a widespread, serious but controllable condition affecting many students.

Our school encourages students with asthma to achieve their potential in all aspects of school life by having clear policy and procedures that are understood by all school staff, families and students.

We endeavour to do this by:

- An up-to-date Asthma Policy.
- An asthma register.
- All students to always have immediate access to their reliever inhaler.
- All students are expected to have an up-to-date Child Asthma Action Plan (provided by GP or Asthma Nurse).
- If no Child Asthma Action Plan is provided then a 'My Action Plan' provided by the school MUST be completed.
- An emergency Salbutamol inhaler.
- Ensure all staff have regular asthma training.
- Promote asthma awareness to students, parents and staff.



Asthma Medicines

It is recommended that Healthcare Professionals (e.g. GP or Asthma Nurse) complete a Child Asthma Action Plan in collaboration with parent/carers at time of diagnosis or review. A copy of this plan must be given to the school.

It is also recommended that your child is provided with a spacer.

Your GP, Nurse or Pharmacist should show you how to use your inhaler and spacer properly. Both the inhaler and spacer should remain in school. (Source: Asthma+ Lung UK)



All spacers and inhalers must be labelled with the child's name.

Whilst we encourage children to be independent in the use of their medicines, we recognise younger members of the school may need support with this.

Asthma Register

We have an asthma register of children within the school which is regularly updated and reviewed annually; this is in collaboration with parent's/carer's.

When parent's/carer's have confirmed that their child/ward is asthmatic or has been prescribed a reliever inhaler, we ensure that the pupil has been added to the asthma register and has:

- An up-to-date copy of their personal Asthma Action Plan.
- Their reliever and spacer in school.
- Signed consent from the parent's/carer's with permission to use the emergency Salbutamol inhaler if they require it or if their own inhaler is broken, out-of-date, empty or has been lost.

PE and Physical Activities

Taking part in sports, games and activities is an essential part of school life for all students at WGSP. Students with asthma are encouraged to participate fully in all PE lessons.



Impact on Education

If a student is missing a lot of time from school or is tired because their asthma is disturbing their sleep at night, attendance, lead first aider officer and SENDCo will liaise with parents to work out how to prevent their child/ward from falling behind.

It may simply be that the student needs an asthma review, to review inhaler technique, medication review or an updated Asthma Action Plan, to improve their symptoms so we suggest an appointment with your GP or Asthma Nurse is made.

Asthma Attacks

All staff who come into contact with students with asthma know what to do in the event of an asthma attack.

Action To Take (As defined by Asthma UK)

1. Sit up straight – try to keep calm / use inhaler as directed.
2. Take one puff of your inhaler (usually blue) every 30-60 seconds up to 10 puffs.
3. If the child/ward feels worse or does not feel better after 10 puffs call 999 for an ambulance
4. If the ambulance has not arrived after 10 minutes and your symptoms are not improving, repeat step 2.
4. If no improvement in symptoms, contact 999 again.

Roles and Responsibilities

School staff have a responsibility to:

- Attend regular training about asthma.
- Understand the school Asthma Policy.
- Know which students have asthma and be aware of their Asthma Plan.
- Allow students with asthma immediate access to their reliever inhaler.
- Know what to do in the event of an asthma attack.
- Ensure students have their asthma medicines with them when they go on a school trip or out of the classroom.
- Liaise with the SENDCo and parent's/carer's if a child/ward is falling behind with their work because of their asthma parent's/carer's.

Parents/carers have a responsibility to:

- Inform the school of their child/ward's asthma.
- Ensure the school has a completed and up-to-date Asthma Action Plan for their child/ward.
- Inform the school about the medicines their child/ward requires during school hours.
- Inform the school of any medicines the child/ward requires while taking part in visits, outings or field trips and other out of school hours activities such as school team sports.
- Inform the school of any changes to their child/ward's medicines.
- Inform the school of any changes to their child/ward's asthma (for example, if their symptoms are getting worse or they are sleeping badly due to their asthma).



- Provide the school with a spare reliever inhaler (and spacer where relevant) labelled with their child/ward's name
- Ensure their child/ward's reliever inhaler that they keep in their school bag with them is labelled with their name.
- Ensure that their child/ward's reliever inhaler is within its expiry date



Equality Impact Assessment

Who is the policy or process intended for?	Students	Employees	Govs/ Trustees	Volunteers	Visitors
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Status of the policy or process:	New policy or process			Existing policy or process	
	<input type="checkbox"/>			<input checked="" type="checkbox"/>	
Analysis					
Protected Characteristic	Impact analysis			Explanation of impact analysis	
	Positive	Neutral	Negative		
Age:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Disability:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sex:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Gender reassignment:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Race:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Religion or belief:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Sexual orientation:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Marriage or civil partnership:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Pregnancy and maternity:	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Student groups (PP/SEN/CLA):	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
Evaluation and decision making					
Summary of action taken:					
Final decision:					

