

Tibberton and Hindlip CE First Schools

Policy for Supporting Children with Asthma and other Medical Conditions

Policy reviewed: Spring 26

Policy to be reviewed: Spring 27

Governors responsible for Health & Safety: Mr J. Porter, Mr A. Clarke

Teacher in charge of Health & Safety: Mr A Gromski

Executive Headteacher: Mr A Gromski

Introduction

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of to make arrangements for supporting pupils at their school with medical conditions. At our schools we believe that all children, including those with medical conditions, should achieve their academic potential. Therefore, we are committed to supporting children with medical conditions, in terms of both physical and mental health, so that they can play a full and active role in school life and remain healthy.

Supporting individuals

We will always focus on the needs of each individual child and how their medical condition impacts on their school life. We will work alongside parents, carers and pupils to provide effective support for medical conditions in school. We will ensure that we have an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. Staff will receive proper training to provide the support that pupils need.

School Roles

The Executive Head retains ultimate responsibility for ensuring that sufficient staff are suitably trained, they recognise a commitment that all relevant staff will be made aware of the child's condition. Risk assessments for school visits and other school activities outside of the normal timetable will reflect individual needs.

Procedures: When notified a child has a specific medical condition we will work with parents / carers to produce an 'Individual Healthcare Plan'. This can be done prior to a formal diagnosis. (Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place).

Individual healthcare plans (see appendix)

Individual healthcare plans (IHCPs) can help to ensure effective support for pupils with medical conditions. 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 should also be involved whenever appropriate. The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the Headteacher is best placed to take a final view.

- IHCPs will be reviewed at least annually, or earlier if needs change.
- They will be kept in the school office.
- The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.
- Where a child has SEN but does not have an EHCP (Educational Health Care Plan) their special educational needs should be mentioned in their individual healthcare plan.
- The Governing body will review the impact of IHCPs annually.

- Where the child has a special educational need identified in an EHCP the individual healthcare plan should be linked to or become part of that EHCP.

Individual healthcare plans should consider the following:

- The medical condition, its triggers, signs, symptoms and treatments;
- the pupil'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
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, use of rest periods or additional support in catching up with lessons, counselling sessions;
- the level of support needed including in emergencies, who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child'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 child's condition and the support required;
- arrangements for written permission from parents for medication to be administered by a member of staff,
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Roles and responsibilities

Supporting a child with a medical condition during school hours **is not the sole** responsibility of one person. We will work co-operatively with other agencies to ensure the needs of pupils with medical conditions are met effectively. We 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. The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained. Where whole school training is appropriate this will occur.

Parents should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents are key partners and will be involved in the development and review of their child's individual healthcare plan. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times. After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures.

Unacceptable Practice

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or

- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life.

Asthma Policy

What is asthma?

Asthma is a very common long-term lung condition. It affects the airways that carry air in and out of your lungs. People with asthma often have sensitive, inflamed airways. They can get symptoms like coughing, wheezing, feeling breathless or a tight chest. Asthma symptoms can come and go. Sometimes people may not have symptoms for weeks or months at a time. Asthma needs to be treated every day, even if you feel well, to lower the risk of symptoms and asthma attacks.

Mission Statement

As a school we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participate fully in school life. We endeavour to do this by ensuring we have:

- ✓ An asthma register
- ✓ Up-to-date asthma policy
- ✓ An asthma lead
- ✓ All pupils with immediate access to their reliever inhaler at all times
- ✓ All pupils have an up-to-date asthma action plan
- ✓ An emergency salbutamol inhaler is kept by the school
- ✓ Staff have had regular asthma training
- ✓ Asthma awareness is promoted for pupils, parents and staff

What triggers asthma symptoms?

There are lots of things that can make asthma worse, but not everyone will be affected by the same things. Things that set off your asthma symptoms are called triggers. Finding out what sets off your symptoms - whether it is colds and viruses, pets, pollen, pollution, house dust mites or stress - means you can work out ways to avoid your triggers if possible.

The best way to cope with your asthma triggers is to always take your preventer medicine as prescribed, even when you feel well. And if you notice symptoms getting worse always see your GP or asthma nurse.

How serious is asthma?

How serious asthma is varies from person to person. There are different types of asthma too. Someone with severe asthma (which affects around 5% of all people with asthma) can have symptoms most of the time and find them very hard to control. But most people with asthma can manage it well by using a preventer inhaler every day, and a reliever inhaler if their symptoms flare up. For every type of asthma though, there's the risk of an asthma attack. Asthma attacks can be life-threatening, so it's important to take action if you notice any signs that your asthma is getting worse. There are over 6,200 children and young people living across Herefordshire and Worcestershire with a diagnosis of asthma.

Asthma Champion

The school's asthma champions are Josh Uren and Rhiannon Jordan. Their responsibility is to ensure all staff receive annual asthma training, as well as ensuring children with asthma have a personalised asthma action plan, filled in by their

parents. Parents are responsible for ensuring the correct medication is in school and that it is in date. The school asthma lead / champion should be appointed to ensure delegated responsibility for:

- Being familiar with the Herefordshire and Worcestershire School Asthma Guidance and championing it's implementation in school.
- Ensuring an adequate [supply of emergency kits](#) and obtain replacements from their local pharmacy.
- Implementing the school asthma policy.
- Ensuring the [asthma register](#) is up-to-date and accessible to all staff and includes identification of children and new starters with asthma.

• Ensuring all children on the register have:

✓ parental consent for medications administration

✓ an accessible reliever inhaler

✓ a care plan in school.

• Ensuring medication use is monitored. [Parents should be informed](#) if the child uses a reliever inhaler during the school day. If a pattern of regular use is emerging at school

(over 3 times a week) –parents / carers must be advised to contact their GP to review the child's asthma.

- Ensuring asthma training is up to date for all staff; the [Preventable](#) film should be shared with all new staff.
- Monitoring absences from school due to asthma. Ensuring emergency inhalers are washed and expiry dates are checked.
- Ensuring an [emergency plan](#) is available and visible to all staff and used as reference in the event of an asthma attack.
- Checking emergency kits regularly and contents replenished immediately after use.
- Completing the [Asthma Compliance Checklist](#).

Parents and carers are expected to:

- Inform the school if their child has asthma
- Support the school with the completion of the [individual health care plan](#)
- Access a 12 monthly asthma review provided by the child's general practice and share the child's [personal asthma action plan](#) with the school.
- Inform the school of any relevant changes to their child's asthma status or changes to medications.
- Ensure that at least one reliever inhaler (normally blue) and spacer has been supplied to the school with the child's full details clearly labelled on the inhaler and spacer. Ensure this is in date and is replaced when expired.
- Ensure their child's inhaler/s in school are in date and replaced if they are running low.
- Communicate any concern about their child's asthma to the school.

Appendix A

School Health Nursing provision in Worcestershire

The school health nurse service in Worcestershire is commissioned to provide the following:

- Assist in developing school and community health profiles and health needs assessments where required.
- Agree, in partnership with schools and Early Help providers an annual health improvement plan for each school in accordance with identified health needs.
- Measurement of height and weight as part of NCMP for all Reception and Year 6 children and provision of parental feedback and agreed proactive follow up where support is requested by the parents.
- Provision of health promoting or preventative activities/programmes in accordance with need/school health plan.
- Provision of weekly Time 4U holistic drop-ins at High Schools and short stay schools.
- Support the provision of a whole school approach towards Tier 1 mental health services (e.g. anti-bullying policies, peer mentoring etc.), and develop effective links with Tier 2 CAMHS Workers.
- Support the provision of annual Epipen (anaphylaxis) training within identified schools.
- Provide advice, support and training to school staff as required.
- Provision of annual health assessments for LAC and other children (including CIN, CP, SF and EHA) with identified health needs as required, and identified actions addressed accordingly.
- Offer 'early help' (for example through care packages for children with additional health needs, for emotional and mental health problems and sexual health advice) through providing care and/or by referral or signposting to other services.
- Identify alcohol/drug issues and refer/signpost as appropriate.
- Provision of Tier 2 mental health support and referral to CAMHS where appropriate. This includes 1-2-1 support with children and young people, and consultation with CAMHS Tier 2 workers where necessary.
- Deliver stop smoking brief interventions and refer as necessary to smoking cessation providers.
- Deliver alcohol brief interventions.
- Provide substance misuse advice and information to young people and their families.
- The service will provide, in partnership, on-going additional services for vulnerable children, young people and families requiring longer term support for a range of special needs such as disadvantaged children, young people and families or those with a disability, those with mental health or substance misuse problems and risk taking behaviours. The service also forms part of a high intensity multi-agency service for children, young people and families where there are child protection or safeguarding concerns.

Appendix B: Templates

Individual healthcare plan

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number [Tibberton 01905 345284 / Hindlip 01905 453455]
2. your name
3. your location as follows

[Tibberton CE First School, Plough Road, Tibberton WR9 7NL]

[Hindlip CE First School, Fernhill Heath, Worcester WR3 8RJ]

4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

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 pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely