Bangabandhu Primary School
Medical Needs Policy

Our Values
Everyone Belongs
Everyone Achieves
Everyone Thrives

The Bangabandhu Way
Be Respectful
Be Responsible
Be Ready to Learn

Our values are supported by Our Golden Rights Articles from the United Nations Convention on the Rights of a Child.

Our Golden Rights are for all adults and children in our school. Adults in our school respect children's rights and always act in their best interests (Article 3)

Our golden rights

Article 2: We respect the right to be treated fairly and are always honest.
Article 19: We respect the right to feel safe in body and mind.
Article 12: We respect everyone's right to be heard and listened to.
Article 15: We respect everyone's right to join in.
Article 24 and 29: We respect the right to be in a safe, clean environment.
Article 28: We respect the right to learn and let others enjoy learning.

Date policy was approved:1/9/26

Review date:1/9/27

Named staff responsible for implementation: Katie Mik and Lynn Howell

Rationale

Policy Framework

This policy has been developed in accordance with Section 100 of the Children and Families Act 2014 and the Department for Education statutory guidance Supporting Pupils at School with Medical Conditions.

It should be read alongside the school's Allergy Safety Policy, Asthma and Allergy Friendly Schools Policy, SEND Policy, Intimate Care Policy, Child Protection and Safeguarding Policy, Educational Visits Policy and relevant health and safety procedures.

Bangabandhu Primary School is committed to ensuring that pupils with medical conditions are properly supported so that they can access education, participate fully in school life and remain healthy and safe.

The governors and staff at Bangabandhu Primary School are committed to the inclusion of all pupils and wish to ensure that pupils with medical needs receive proper care and support at school.
Bangabandhu welcomes children who have medical conditions and endeavours to provide them with the same opportunities as all others at school (both school-based and out of school activities).
We will help to ensure that children with medical needs can:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic wellbeing once they left school

Equality

The school recognises that some complex and/or long-term health needs may be considered as a disability under the equality legislation. All staff at Bangabandhu will ensure that children with medical needs and/or disabilities be given equal opportunities, and that any incidents of discrimination or bullying are dealt with by the headteacher or a member of the leadership team. A record will be kept of such incidents. All opportunities will be taken to enhance understanding and to foster more positive relationships. Equality of opportunity will always be promoted, and reasonable adjustments will be made to ensure optimum access and participation of children with disabling medical conditions alongside their peers.

Aims

- To provide optimum inclusion and continuity of education for children with temporary or longer-term medical/health needs.
- To ensure children with medical needs are identified and school has adequate information.
- To outline roles and responsibilities.
- To promote clarity and consistency in procedures for supporting children with medical needs, including administering, and storing medicines.

Families – Parents, Carers and Siblings
The school gathers information about children's health, medical needs and conditions as part of its admission procedures. Parents/carers are asked to provide the information necessary for the school to plan safe and appropriate support. A medical needs questionnaire is completed as part of the admission procedure. Health information is handled in accordance with the school's data protection arrangements and is shared only with staff and professionals who need the information to support the child safely.

The school recognises that families hold key information and play a crucial part in helping us to support children with medical needs. We recognise that siblings may be affected by having a brother or sister who has a medical condition. We will be sensitive to their needs and provide support, as necessary.

The school's medical needs policy is available to all parents and carers.

Parents/carers' responsibilities
Parents/carers must inform the school if children require medication to be given during the school day. This includes emergency medication e.g. Asthma inhalers, auto injector pens (i.e. Epi-pens/Jext) /antihistamines and Epilepsy medication as well as prescribed creams or ointments for Eczema.

Prescribed medications must be clearly labelled with the child's name. Parents must check and ensure medication is labelled with the following information:

- Pupil name
- Name of medication
- Dosage
- Frequency of dosage
- Date of dispensing
- Storage requirements
- Date of expiry

Parents/carers are responsible for supplying in-date medication and replacing medication when required. The school will also maintain appropriate checks of medication held on site and will contact parents/carers when replacement medication is needed. Medicines should be removed or replaced in accordance with the school's medication procedures.

It is the responsibility of the parent/carer to notify the school of changes in a child's medication or dosage.

The Department for Education has confirmed that a prescription is not required for non-prescription 'over-the-counter' medications (e.g. Calpol) and non-prescription medication can be administered where parents have given written consent.

Over the counter medications will be accepted and administered during the school day by a member of staff provided parents have given consent and signed the 'administer medication form.' School must be made aware of the reason why over the counter medication is being given.

School Staff and Pupils

All staff have a duty to become familiar with the school's health, medical needs and first aid policies as part of the school's safeguarding procedures. This is an annual routine, and staff will have any new updates throughout the school year, as required. For any new staff, this forms part of the school's induction procedures.

Staff who support children with specific medical needs will be informed by the SENDCo. Any specific/additional training will be organised where necessary with Health Care providers/specialists.

Class teachers will involve children in discussions, continuing contact and the planned return to school of children who have been away for long periods of time due to illness. This work will be supported by the designated teacher for children with medical needs (SENDCo) and will be carried out sensitively and with due regard for confidentiality. Support from professionals from other agencies in the public or voluntary sector may be requested.

Staff will be aware of the vulnerability of pupils with medical/health needs and the potential for bullying by other children. This is especially relevant for children whose appearance is affected (e.g. children with skin conditions), and for some mental health conditions.

Bullying and discrimination of any kind is not tolerated, as outlined in the school's Anti-Bullying and Behaviour Policies. Children's emotional well-being is paramount at all times.

In some cases, the class teacher or other designated teacher may inform a child's peer group of any medical circumstances relating to a child e.g. epilepsy and what may happen in event of a seizure. This will be planned for with the child and their parents/carers. Where possible, children who are affected by medical conditions will be included in providing information related to them.

The school nurse may also be involved: speak with classes, with and on behalf of children, and more generally, to increase awareness of medical conditions, illnesses and how to stay healthy.

Where reasons for absences are not clear, a referral to the School Health Team may be made.

Requests to Administer Medication

Requests and authorisation to administer prescribed medication are recorded using the school's medication consent process and entered on Medical Tracker.
Medication must be supplied in its original container as dispensed by the pharmacy, with the dispensing label showing the child's name, name of medication, dosage, frequency, date of dispensing and any relevant storage instructions.

Where a child has asthma, wheeze, eczema or another condition requiring an action plan, the school will obtain the appropriate current plan and parental agreement for the support or medication to be provided. Detailed arrangements for asthma and allergy are set out in the school's Asthma and Allergy Friendly Schools Policy and Allergy Safety Policy.

In the case of longer-term medication, the request should be renewed at least annually i.e., for children who have a seasonal wheeze in winter months and need to use a salbutamol inhaler, but who do not have a diagnosis of asthma.

The school will support children who need to take prescription medicines during school time.
In the case of an older child, who for example, has well controlled Eczema or Asthma and who is competent to meet their own needs regarding their medical condition, then they may do this independently under adult supervision.

Parents **must** notify the school of any changes to their child's medication or medical needs.

The school may be unable to administer non-emergency medication where the information, authorisation, medication or other requirements set out in this policy have not been provided. This will not prevent staff from taking appropriate action in a medical emergency.

Agreeing to short term medication requests
Parents can request that the school administers short term medicines e.g., antibiotics and complete a form with the school's Medical Needs Manager (Lynn Howell).

Temporary prescribed medicines, for example antibiotics, will be stored appropriately in accordance with the dispensing label and administered by an authorised member of staff in line with the school's medication procedures.

Non-emergency medication/prescribed creams or ointments for Eczema will only be accepted in school if it is absolutely not possible for it to be correctly administered outside of the school day (these types of medications usually include antibiotics or eye drops). Parents/carers are expected to consult their GP about whether this is absolutely necessary, before requesting that the school administers the medication.

Where a pupil has more complex, long-term or fluctuating medical needs, the school will consider whether an Individual Healthcare Plan (IHP) is required. Not every pupil with a medical condition will require an IHP; the decision will be based on the child's individual needs and the support required in school.

Individual health care plans
Where an IHP is required, it will be developed in partnership with the pupil where appropriate, parents/carers, the school and relevant healthcare professionals. The school is responsible for ensuring that the plan is finalised, implemented and reviewed.

The IHP will identify the child's medical condition, triggers, signs and symptoms, medication and treatment, the support required in school, emergency arrangements, staff training needs and arrangements for educational visits where relevant. It will be accessible to staff who need it while maintaining appropriate confidentiality. IHPs will be reviewed at least annually, or sooner where the child's needs change.

The main conditions which would require medication to be administered in school are:

- Asthma
- Diabetes
- Epilepsy
- Allergies/Anaphylaxis

Any Individual Healthcare Plans are kept centrally in the main office.

Staff roles
The Headteacher, or delegated named lead, has overall responsibility for ensuring that appropriate arrangements are in place for pupils with medical conditions, including arrangements for the administration or supervision of prescribed medication and treatment during the school day.

Staff members, who have volunteered to assist in the administration of medication/treatment, or have these responsibilities as part of their job description, have received appropriate training.

The school will ensure that appropriate arrangements are in place for medication and medical support during the school day, including suitable cover arrangements where trained or authorised staff are absent.

The head teacher/other responsible person may refuse to agree to the administration of medicines if the procedures in this policy are not followed, as this would be in breach of both the school’s and LA health and safety policies. In the case of any dispute the school’s usual complaint procedures should be followed.

Register of medicines/medical needs

The school retains a register of pupils receiving medication. A summary of the register is held centrally on Medical Tracker.

Frequency of medicines (Asthma)
Detailed arrangements for asthma, wheeze and allergy, including action plans, emergency medication and staff awareness, are set out in the school's Asthma and Allergy Friendly Schools Policy and Allergy Safety Policy.

If a child is requesting to use their asthma pump more than is prescribed, then their asthma may not be controlled. If recorded that they have used their pump more than stated on 3 occasions, the nursing team must be alerted.

Children with Asthma will need their Asthma plans updated if there is a change to their condition/medication

Confidentiality
Medical information is handled confidentially and in accordance with the school's data protection arrangements. Relevant information will be shared with staff who need it to keep the pupil safe and provide appropriate support.

Storage of medicines in school
All medicines are to be stored appropriately in classrooms in a medical box along with the dosage required and a copy of the child's Individual Health Care Plan and a form to record frequency of the medication taken. Large volumes of medicines should not be stored.

Asthma inhalers, auto injector pens, glucose tablets, and other emergency medicines should accompany children on all school trips and swimming.

Some medicines need to be refrigerated. They can safely be kept in a refrigerator in the main office.

Pupils with medication kept in the class medical boxes will be stored in a clearly labelled bag.

Training will be coordinated by Lynn Howell for children with medical needs.

Lists of members of staff trained in particular health and medical needs are updated regularly.

Administration of medicines
Pupils will be encouraged to administer their own medication under adult supervision.

Each administration of medicines will be recorded on Medical Tracker. The person administering/overseeing the administering must complete a Medical Tracker slip and hand this to Lynn Howell with a copy going to parents

If a child receiving medication becomes unwell, staff will follow the child's IHP or emergency plan where one is in place and seek appropriate medical assistance. In a

medical emergency, staff will call 999 without delay and then contact parents/carers. NHS 111 or the child's GP may be used for urgent advice where the situation is not a 999 emergency. In the case of suspected anaphylaxis, staff will follow the school's Allergy Safety Policy and emergency procedures.

Eczema: for children who have eczema, to enable continued participation in curriculum activities, the school will supervise and assist with the application of emollient creams. These may be kept to hand in the classroom; clearly labelled with the child's name. Children will use only their own cream. Creams which are not in pump dispensers will be sent home at least termly, as advised by the school nurse to avoid infection.

Asthma: children with asthma must have immediate access to their reliever inhalers when they need them.

Emergency procedures
In a medical emergency, staff will call 999 immediately and follow the child's IHP, action plan or emergency procedure where applicable. Parents/carers will be contacted as soon as possible. If a parent/carer has not arrived and the child is taken to hospital, an appropriate member of staff will accompany the child where required.

Refusing medication
If a pupil refuses medication they will not be forced to take it. The school will inform parents as a matter of urgency if this occurs. Failure to take medicine must be recorded.

Errors/incidents
If there is an accident when giving medication, or an extreme adverse reaction, or the agreed procedures are not followed, medical advice will be sought immediately. The time of the incident should be recorded. Parents/carers should be advised as soon as possible. The time that they are informed should be recorded. All information is recorded on Medical Tracker.

Disappearance of medicines
In the event of any medicines missing, the Executive Headteacher/Head of School will be notified immediately and should contact the LA for advice. If it is clear that there has been a theft, the police should immediately be informed. Parents/Carers will be notified immediately on any missing medication.

Disposal of sharps
In the case of a child requiring regular injections or blood sugar level testing, all used needles and syringes must be disposed of in a sharps box (provided and collected by the parent).

Disposal of blood contaminated material
All materials contaminated by blood must be bagged and placed in the bin.

Disposal of medicines

It is parental responsibility to collect and dispose of expired or no longer required medication and to provide the school with new medication from the child's GP.

Medication/Medical Needs Register

Bangabandhu Primary School keeps a medication/medical needs register in the main office. This includes:

- A copy of the school medical needs policy and any supporting documents
- Any signed forms, from parents/carers for administering medication, each countersigned by the responsible member of staff. These can be completed by a parent/carer or a health official but must be signed by the parent/carer
- Medical information on each child.
- Individual Health Care Plans

Parents/carers of children requesting that Bangabandhu Primary School administers/supervises medication for their child can view this policy online. Parents/carers are expected to comply with the policy.

Training

Staff providing support to pupils with medical needs will receive suitable information, instruction and training to carry out their role competently, confidently and with due consideration for pupils' dignity. No member of staff will be expected to undertake a medical procedure for which they have not received appropriate training and, where necessary, confirmation of competence.

The school will take guidance from relevant healthcare professionals including the school nurse when identifying training needs and then in liaison with relevant medical professionals to ensure that initial training is carried out as quickly as possible and that it is kept up to date.

We will ensure that sufficient staff are trained to support children with medical conditions/health needs and that all relevant staff are aware of a child's condition and understand their needs.

Awareness training about particular conditions which do not require medication will also be provided. Information about medical conditions will be shared with designated teachers.

Training will be organised and monitored by the SLT, SENDCo and Medical Needs Manager. Lists of staff trained in particular health and medical needs are updated regularly.

Long Term Medical Needs

Children with long term medical needs will be identified during admission meetings and details will be recorded. Children who develop a long-term medical need after starting school will normally be notified to the school by parents and/or by medical professionals working with the child and family.

A care plan will be prepared with the family and medical practitioners, involving the child where appropriate. The LA's Advisor for Children with Disabilities and/or Serious Medical Conditions will work in partnership to ensure the best outcomes for the child.

Any necessary training or briefing will be provided to staff who must implement an Individual Health Care Plan. This may include actions or training to enable curriculum access.

Where the long-term need is due to a serious condition, an eEHA (electronic Early Help Assessment) will be used, a lead practitioner identified and Team Around the Child/Team Around the Family (TAC/TAF) meetings held.

Children Unable to Attend School

Children who are unable to attend school because of medical needs will remain on roll unless another lawful basis for removal applies. The school will work with parents/carers, health professionals, the local authority and other services as appropriate. Where it is clear that a pupil is likely to be unable to attend school for 15 school days or more, whether consecutive or cumulative, the school will provide the local authority with the information needed to support appropriate educational provision.

For shorter periods of medically necessary absence, the school will consider appropriate education and contact with the pupil, taking account of the child's health, capacity to engage and the advice available.

For pupils with chronic or recurring health conditions, arrangements for education during absence will be considered on an individual basis and coordinated with the local authority and relevant health professionals where appropriate.

For children with a serious medical condition who are likely to be away for a longer period, to ensure their needs are met in an integrated and flexible way, an eEHA will be drawn up, a lead practitioner identified, and TAC/TAF and CAF review meetings held. The eEHA will be used to make a referral to the Social Inclusion Panel (SIP).

Confirmatory evidence that alternative educational provision is needed from a doctor, consultant of CAMHS worker, will be provided. This will be done for all children with serious, long term health needs unless the child already has an EHCP (Education, Health Care Plan) or they are already subject to another statutory integrated plan e.g. Children's Social Care assessment.

We will ensure effective on-going communication e.g. between the school, parents, the child, the attendance officer, home tutors, and/or hospital teaching services, for any child unable to attend school for a period of more than 15 school days and for children with chronic illnesses who regularly miss school.

We recognise that having a long-term medical condition is a potentially isolating experience. We will do our best to ensure children maintain a sense that they are still a valued member of the school community, even though they are not present. We will do this by ensuring continuing contact with their teachers and classmates.

We will provide information about the curriculum, achievement, and attainment, as promptly as possible and to promote continuity, we will arrange access to school resources and materials.

We will make arrangements, where needed, to make sure children unable to attend school take part in statutory assessments. We will provide papers and invigilate in hospital or in the child's home

Reintegration After Long Term Absence
To make sure children feel safe, secure, and welcome on their return to school, we will ensure a smooth and successful reintegration by working closely with their family, the child and all relevant agencies, including community and hospital liaison nurses. We recognise the importance and right of the child to be fully involved in the reintegration process. Time will be taken to listen to their opinions and to include them when decisions are being made which will contribute to their plan. When necessary, children may return to school gradually on a reduced timetable.
Each child's well-being and progress will be closely monitored by a member of the leadership team, the child's class teacher, and other school staff.

Reasonable adjustments will be made as required, for example to take account of fatigue or facilitate on going medication. Any extra support to help close gaps arising from the child's absence will be provided. Children and their families will be able to access support from the SEND and Pastoral Support Teams when transitioned back to school.

Children with SEND:
While understanding that children with medical needs do not necessarily have special educational needs, we will consider the need for assessment. Where the child unable to attend already has an education, health and care plan, the Local Authority SEN Case Worker will be informed. When absence lasts longer than 15 days and alternative provision is likely to be needed, an interim review will be arranged and a report submitted to the SEN Panel in accordance with LA guidance.

Children under statutory school age: children in our Early Years Foundation Stage will be provided for in ways like their older peers, to ensure continuing contact with school and to ensure they receive optimum support enabling them to make a settled return.

Cover Arrangements in cases of staff absence,
In the case of staff absence, children's needs are met through cover arrangements. In its training programme, the school ensures that there are adequate numbers of

staff who are competent and able to fulfil children's individual needs i.e. as set out in their healthcare plans or in accordance with any other agreed arrangements, e.g. Personal care and supervising a child vulnerable child on their return to school after a long absence.

Related Information
CPR (Cardiopulmonary resuscitation): Appointed first aiders are trained in giving this emergency procedure.

Defibrillator
The school has two defibrillators for emergencies; one is stored in the main office and one in the Reception area.

Home-School Transport:
This is the responsibility of the local authority. Where transport healthcare plans are being developed, the school will be committed to supporting this process.

Monitoring and Evaluation - ensuring acceptable practice
This policy will be reviewed annually, or sooner where statutory guidance, local procedures or the needs of the school change.

The Headteacher and teachers with designated responsibility will ensure that the policy for administering medication is adhered to and that support given to children with health and medical needs is of high quality and that practice is of a high standard.

While each case should be judged on its merits, statutory guidance states that in relation to children's healthcare plans, it is not generally acceptable to:

- *prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;*
- *assume that every child with the same condition requires the same treatment;*
- *ignore 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 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.*

- *prevent children from participating, or create unnecessary barriers to child participation in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.*

Intimate Care and Continence
Some pupils with medical conditions or disabilities may require support with continence, toileting or other intimate care. These arrangements will be planned according to the individual needs of the pupil and, where appropriate, reflected within their Individual Healthcare Plan or other individual care arrangements. Staff will follow the school's Intimate Care Policy, which sets out arrangements for dignity, privacy, safeguarding, staffing, recording, communication with parents/carers and moving and handling.

Concerns

The Headteacher will lead in liaising with parents/carers in the event of any concerns that arises.

Medical Forms

Parental agreement for school to administer prescribed medication

The school will not give medicine unless this form is completed and signed by a parent/carer and agreed by the Medical Admin Manager

Child's name:	
Date of Birth:	
Class:	

Illness or Condition:

Details of Medication	
Name/type of medication	
Date dispensed	
How long will your child need to take this medication	

Full details for use	
When should the medication be taken	
Any special precautions	
Are there likely to be any side effects?	
Can your child take this medication themselves with adult supervision	

Emergency Procedures	
Doctors Surgery	
Doctors contact number	

Contact Details	
Name	
Relationship to child	
Contact Number	

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

The above information is the best to my knowledge, accurate at the time of writing and I give consent to school staff administering medicine. I will inform the school immediately, in writing if there is any change in dosage of frequency of the medication or if the medicine is stopped.

All medication must be handed to an agreed member of staff in person

Parents signature	
Print name	
Date	

Confirmation of agreement to Administer Medication in School	
Member of staff administering medication	
Date:	
Signature	
Any special notes/requirements:	

If more than one medicine is to be given, a separate form should be completed for each one

MEDICAL TRACKER
CALL US ON: 020 3743 9599

Medication Use

Child's Name

Medication administered by:

☐ Student

☐ Staff member

Medication use date

Name of staff member(s) who administered

Medication use time

am	pm

Any side effects experienced?

Name of medication

OFFICE USE ONLY: RECORDED ON MEDICAL TRACKER: ☐

Exact dosage administered

Name_____ Date_____

Individual Healthcare Plan

Child's Name:		Date of Birth	
NHS Number:		GP	
School:		Class/Form	
Address:			

PHOTO

Medical Diagnosis/Condition:	
Date:	
Review Date:	

Family Contact Information			
Name:		Name:	
Relationship to Child:		Relationship to Child:	
Home Telephone number:		Home Telephone number:	
Work Telephone number:		Work Telephone number:	
Mobile Telephone number:		Mobile Telephone number:	
Address:		Address:	

GP Details	
GP Name:	
GP Contact Information:	

Clinic Hospital Contact	
Name:	
Contact Number:	

School to provide	
Who is responsible for providing support in school:	
Who is responsible in an emergency including off site activity:	

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

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

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

Specify daily care requirements for pupil's educational, social and emotional needs (including school trips)

Signed by:	Signature:	Date:
Parent/Carer:		
School:		

Emergency asthma/wheeze action plan

THINK

- Is the child coughing or wheezing?
- Do they find it hard to breathe or do they have a tight chest?
- Are they unable to walk or talk?
- Do they need their inhaler?
- Remember to stay with the child at all times.

INTERVENE

- Keep calm and reassure child.
- Sit them up and slightly forward.
- Ask someone to get blue inhaler and spacer which is located (write in box)
- Administer inhaler and note the time (see medicine steps).

Under 5

Over 5

MEDICINE

- Shake the blue inhaler and place in spacer, spray 1 puff and take 10 breaths.
- Give 2nd puff of blue inhaler if there is no improvement after 10 minutes repeat. If needing 6 puffs, please contact the family to get a GP review.
- For frequent wheeze episodes causing pupils to miss a lot of time off school, contact the Community Children Specialist Asthma Nurse at th.paedasthmanurse@nhs.net.
- If they need 10 puffs of the Blue inhaler then they require a medical review immediately.
- The Blue inhaler is no longer prescribed on a "weaning" plan - and should be given when needed after an asthma attack.

Teens

EMERGENCY 999

- If no improvement and the child cannot talk in sentences, or they are coughing and wheezing a lot more, you can give a total of 10 puffs of blue inhaler.
- If you are worried or unsure, call 999 and request an ambulance.
- Note time of 999 call and the school's postcode
- If ambulance takes longer than 15 minutes and there is no improvement, give a further 10 puffs of blue inhaler.

ANAPHYLAXIS

- Do they have an adrenaline pen? If there is no improvement, they could be having an anaphylactic reaction causing inflammation in the lungs.
- **If in doubt, follow their allergy management plan and inject.**
- Call an ambulance stating anaphylaxis 'ANA-FIl-AX-IS'.

Child's Name _____ **Child's Date of Birth** _____

Understand your triggers

Parent/carer/young person, please tick triggers that impact wheeze symptoms and follow the advice.

[ ] Air pollution [ ] Coughs and colds [ ] Feelings [ ] Moulds and spores
[ ] Cigarettes [ ] Dust [ ] Fur and feathers [ ] Pollen, grass and trees
[ ] Cold weather [ ] Exercise [ ] Other _____

SYMPTOMS

- Sneezing, blocked or runny nose all the time
- Needing blue inhaler more than 3 times a week
- Not being able to do sports
- Increased cough and wheeze

Contact your GP practice for an asthma review you may need antihistamines

CAUSES AND ADVICE

Indoor and outdoor air pollution can be a big trigger for wheeze

- Reduce exposure to car fumes and cigarette smoke
- Avoid busy roads when walking, cycling and scooting to school
- Turn car engines off when you're not moving
- Reduce exposure to mould by reporting to housing provider and cleaning appropriately with mould spray
- Opening windows when cooking to ventilate your home and prevent condensation

EXERCISE

Exercise is important in managing your asthma. It helps to keep your lung fit and healthy and working properly. When asthma is well controlled everyone should be able to do as much exercise as they like.

MORE INFO...

Scan the following QR code with your phone for more information on the following topics

Allergies | Air Pollution | Damp and mould | Exercise

_____ _____
Child's name **Child's signature**

Parent/carer/young person over 11 consent: I give the school permission to give my child their inhalers and/or adrenaline pen, or to use the school's emergency supply if my child's own supply is out of date or unavailable.

_____ _____
Parent/carer's name **Parent/carer's signature and date**

Signature: Date:

Eczema School Management Plan

Pupil's name:	**Date of birth:**
School/Nursery	**Class/Form:**
Completed by:	**Date:**

Details of medical condition

Eczema is a chronic dry skin condition that is accompanied by extreme itch. It is caused by a combination of genetic, immunological and environmental factors. When someone has eczema, their skin does not provide the same level of protection as normal skin since the skin barrier is defective. Moisture is lost causing the skin to become very dry and external irritants can penetrate the body more easily and cause inflammation. Eczema is not contagious and it is vital that everyone who comes into contact with the child – teaching staff, support staff, fellow pupils – understands that.

Eczema symptoms:

- Itchiness
- Dryness and sensitive skin
- Inflamed and thickened skin
- Red and angry skin
- Discoloured skin
- Rough, leathery or scaly patches
- Broken, cracked and rough skin
- Oozing or crusting

If children are asking to apply emollients at school it is because their eczema is not well controlled and emollients is necessary to help relive there symptoms.

Eczema triggers include:

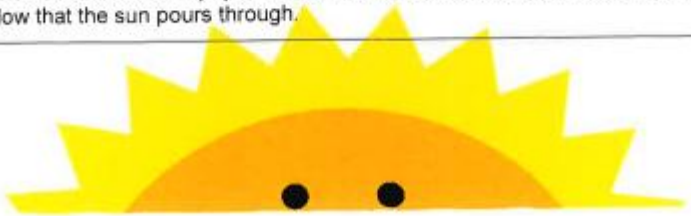
- ☐ Dry air, extreme heat or cold
- ☐ Pollen
- ☐ Dust mite and dirt
- ☐ Animals
- ☐ Scented products and perfume
- ☐ Soap
- ☐ Exposure to water
- ☐ Chemicals (glue, paint, clay)
- ☐ Clothing
- ☐ Swimming
- ☐ Carpet, dust
- ☐ Stress and anxiety
- ☐ Certain foods

Details of care

- Ensure that the child does not come into contact with anyone with herpes simplex.
- If there is a case of chickenpox anywhere in the school, inform the parents/carers as soon as possible.

Tick any that apply.

	• Moisturiser to be applied during school breaktime (AM and lunch) to alleviate dryness of skin and itchiness.
	• Temperature - being too hot or too cold or suddenly moving from one temperature to another. Ensure that the pupil doesn't sit near a draughty door, near a radiator or near a window that the sun pours through.



	• Soap and water - ensure that the pupil always has access to the soap substitute supplied by their parents for use during school hours.
	• Wet and messy play - Hands should be moisturised before messy or wet activities, then washed with a soap substitute and moisturised with emollients afterwards. Give parents advance notice of such activities so they can bring in any items that the child might need.
	• Pollen - If the pollen count is high and the child's eczema is bad or triggered by pollen, indoor play at break time should be made an option. If the child does go outside, remind them to play in areas of the playground with a manmade surface (i.e. not on the grass).
	• Dust - it is impossible to eradicate every speck of dust from a classroom on a daily basis. Damp dusting (using a slightly wet cloth) is a particularly effective way of removing dust from a room and this should be recommended to the cleaning team.
	• Chairs - inflamed skin can 'stick' to chairs, especially in warmer weather, and plastic can rub and catch. Ask the child's parents if they can supply a thin cotton cushion that can be placed on the chair to overcome these issues.
	• Carpets - Carpets are a prime location for house-dust mites and their droppings and can chafe exposed skin. A pupil with eczema should be provided with a lino or plastic mat so that their skin does not come into direct contact with the carpet. Also, a child with very dry, sore eczema will have less flexibility in their flexures (the insides of their elbows and behind their knees) so sitting cross legged on the carpet with their arms folded will be at best painful and at worst impossible.
	• Swimming lessons can be a particular challenge as they combine the drying effects of water (it strips oils from the skin) with exposure to chemicals, the most common being chlorine. All pupils with eczema will need extra time after the lesson to rinse themselves carefully with clean water – using washing emollient – gently pat themselves dry and then apply leave-on emollient before getting dressed.

- **Once completed, the parent/carer is responsible for taking a copy of this School Care Plan to all relevant hospital/GP appointments for updating.**

- **It is the responsibility of the parents to ensure that any medication in school is in date and has a prescription label. This should be available to the child/young person at all times during the school day including when they are offsite (e.g. PE, school trips).**

Parent/carer declaration (please tick to confirm)

□ I confirm that I give consent for my child's medication to be administered when required in school.

Name: **Signature:** **Date:**