



METROPOLITAN BOROUGH OF CALDERDALE

Woodhouse Primary School

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Supporting pupils with medical conditions policy

Woodhouse Primary School

Approved by:

Governing Body

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1. Aims

At Woodhouse, we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.

Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.

This policy aims to:

- › Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- › Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- › Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- › Set out how we will manage medicines in school
- › Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is Anne Crane – Headteacher

2. 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 pupils at their school with medical conditions.

It is also based on the statutory guidance on [supporting pupils with medical conditions at school](#) and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions.

The governing board will:

- › Review this policy in a timely manner, in line with the relevant legislation and requirements
- › Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- › Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to Anne Crane - Headteacher

3.2 The headteacher/named person in charge of implementing the policy

The headteacher will:

- › Make sure all staff are aware of this policy and understand their role in its implementation
- › Make sure 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
- › Make sure that all staff who need to know are aware of a child's condition
- › Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- › Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- › Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- › Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- › Contact the school nursing service in the case of any pupil 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
- › Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- › Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

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

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

3.4 Parents/carers

Parents/carers will:

- › Provide the school with sufficient and up-to-date information about their child's medical needs
- › Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- › 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

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil 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 our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils 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 pupils 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 pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil 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 pupils who are new to our school.

EYFS settings: 5.1 Obtaining information about medicines

We will:

- › For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs. Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks
- › Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school (01484714750) or an email (admin@woodhouse.calderdale.sch.uk) if their child's medical needs change during the school year.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions.

The day-to-day responsibility has been delegated to the school admin team.

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

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

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

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers 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, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (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 governing board and the headteacher will consider the following when deciding what information to record on IHPs:

- › 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, e.g. crowded corridors, travel time between lessons
- › Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, counselling sessions
- › The level of support needed, including in emergencies. If a pupil 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 pupil'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 pupil's condition and the support required
- › Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil, 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 pupil can participate, e.g. risk assessments
- › Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- › What to do in an emergency, including who to contact and contingency arrangements

7. Managing medicines

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

- › When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- › Where we have parents/carers' written consent

Non-prescription medicines will only be administered in exception circumstances, for example, if a child has been off school due to an injury in which a practitioner has recommended pain relief.

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

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

Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

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 an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office 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.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.

IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice to:

- › Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- › Assume that every pupil with the same condition requires the same treatment
- › Ignore the views of the pupil or their parents/carers
- › Ignore medical evidence or opinion
- › 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
- › Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- › Penalise pupils 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/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- › Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- › Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

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

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

9. Training

Staff who are responsible for supporting pupils 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 pupils 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 the headteacher. 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 pupils
- › Fulfil the requirements in the IHPs
- › Help staff to have an understanding of the specific medical conditions they are being asked to support 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 that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

10. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their child has been unwell at school.

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

EYFS settings: 10.1 Recording information about medicines

We will:

- › Enter each pupil's medicine need in the school's system
- › Update our records when parents/carers of pupils inform us of changes to their child's needs
- › Keep a record of changes, labelling the most recent record for each child
- › Make sure that all staff have access to records so that they are informed about pupils' medical needs
- › Securely hold this information digitally in accordance with the UK GDPR
- › Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

11. Liability and indemnity

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

The details of the school's insurance policy are:

The school is a member of the DfE Risk Protection Assurance Scheme. RPA will provide an indemnity if a member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury occurring during the Membership Year within the Territorial Limits and in connection with the provision of medicines or medical procedures.

Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

The policy covers the administration or supervision of prescription and non-prescription medication orally, topically, by injection or by tube and the application of appliance or dressings. This applies to both straightforward and complex conditions. The insurance company expects that the teachers, employees and volunteers would have received appropriate training and that this is reviewed on a regular basis.

The policy applies to all school activities including extra curricula activities and school trips at home and abroad. Cover also applies to any first aid activities carried out by teachers, employees and volunteers.

The level of indemnity of the Public Liability scheme is £unlimited.

12. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

13. Monitoring arrangements

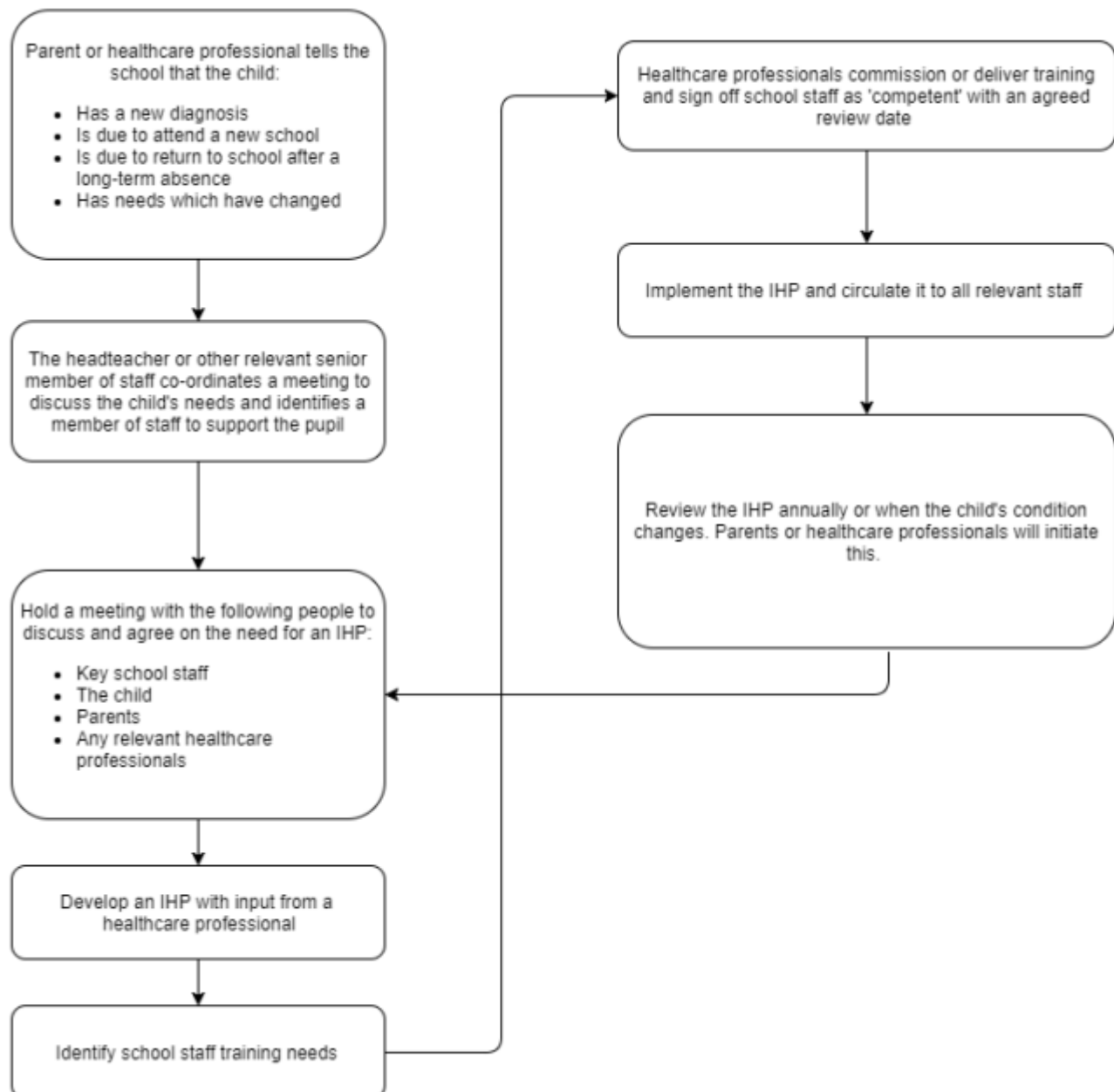
This policy will be monitored by the Senior leadership Team and it will be reviewed and approved by the governing board every 2 years.

14. Links to other policies

This policy links to the following policies:

- › Accessibility plan
- › Complaints
- › Equality information and objectives
- › First aid
- › Health and safety
- › Safeguarding
- › Special educational needs information report and policy
- › The school's Emergency plan

Appendix 1: Being notified a child has a medical condition



Appendix 2: Procedures for children who are sick or infectious

- › Pupils who have an infectious disease shouldn't attend school
- › Parents should notify the school if their child has an infectious disease
- › If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- › Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- › Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the [UK Health Security Agency's exclusion table](#) will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- › Reducing or eliminating sources of infection through good hygiene practices
- › Good handwashing practice
- › Encouraging and facilitating healthy eating
- › Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- › Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)

Appendix 3:

Woodhouse Primary School - Individual healthcare plan

Child's name

Class

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

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

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 *(if applicable)*

--

Arrangements for school visits/trips etc *(if applicable)*

--

Other information (including SEN if applicable)

--

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 (*if applicable*)

--

Staff training needed/undertaken – who, what, when (*to be completed by school*)

--

Form copied to (*if applicable*)

--

This information is, to the best of my knowledge, accurate at the time of writing and I will keep the school updated of any changes to my child's medical needs. I consent to this plan being shared with medical professionals in the event of an emergency.

Signed/Date

--

Appendix 4:

Woodhouse Primary School - Parental agreement for administration of medicine

The school/setting will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by

Name of child

Date of birth

Class

Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other instructions

Are there any side effects that the
school/setting needs to know about?

Self-administration – y/n

Procedures to take in an emergency

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

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the
medicine personally to

The school office

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

Signature(s) _____ Date _____

Headteachers signature _____

Appendix 5: Record of medicine administered

Woodhouse Primary School

[illegible]

Appendix 6: Asthma guidelines

Background information

Asthma can be controlled by avoiding known irritants and by inhaling specific drugs.

Known irritants which might trigger an attack include:-

- | | | |
|-----------------------------|---------------------------------|----------------|
| * house dust mites | * grass pollen | * damp weather |
| * furry or feathery animals | * certain foods | |
| * exposure to high winds | * fumes such as glue and paint. | |
| * exercise and play | * extremes in temperature | |

Medication

There are two main groups of drugs that either prevent the asthma attack or relieve once an attack has happened. These are usually given via inhalers.

Inclusion

The school welcomes all pupils regardless of their asthmatic condition and encourages them to participate as fully as possible in all aspects of school life. All children are made aware of the dangers of the condition and are encouraged to help and empathise with children who suffer.

Common 'day to day' symptoms of asthma are:

- cough and wheeze (a 'whistle' heard on breathing out) when exercising
- shortness of breath when exercising
- intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest. They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack:

- persistent cough (when at rest)
- a wheezing sound coming from the chest (when at rest)
- being unusually quiet
- the child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- difficulty in breathing (fast and deep respiration)
- nasal flaring
- being unable to complete sentences
- appearing exhausted
- a blue/white tinge around the lips
- going blue

If a child is displaying signs of an asthma attack, the guidance below should be followed. The medical register should be checked to see if the child is recorded as having asthma and/or an inhaler.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- appears exhausted
- has a blue/white tinge around the lips
- is going blue
- has collapsed

Responding to signs of an asthma attack:

- keep calm and reassure the child
- encourage the child to sit up and slightly forward
- use the child's own inhaler – if not available, use the emergency inhaler
- remain with the child while inhaler (and spacer) are brought to them
- immediately help the child to take two puffs of the inhaler
- if there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. Shake the inhaler between puffs
- stay calm and reassure the child. Stay with the child until they feel better. The child can return to normal school activities when they feel better
- if a child does not feel better or you are worried at any time before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- if an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- the child's parents or carers should be contacted after the ambulance has been called
- a member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives

The care plan to be followed:-

1. Parents are asked to inform school if their child suffers from asthma and are asked to fill in the appropriate forms at the office, including an IHCP which gives consent for inhalers to be administered. Parents should also be asked to complete a consent form for the use of the emergency salbutamol inhaler. (Appendix E)
2. All staff are aware of these children via medical registers which are regularly updated and the medical file kept in the school office.
3. Inhalers are easily available in the child's classroom. The importance of the user being able to readily access the inhaler outweighs any dangers posed by other children having access.
4. Children will administer their own medication as the need arises. A member of staff will supervise them. Whenever possible, additional inhalers will be kept in the office first aid cabinet in case a child has an attack but has left his/her inhaler at home. Any doses given whilst at school are recorded on the proforma kept in classrooms.
5. Children who feel a sudden attack and need to use their inhaler whilst out at play must be accompanied back to the main school building by another child. A member of staff will supervise as the child uses the inhaler. Children who regularly need inhalers at playtime will carry them with them or will be encouraged to use them prior to going out to play as a preventative measure. Any doses given whilst at school are recorded on the proforma kept in classrooms.
6. Children may stay inside the school if conditions outside are unsuitable, e.g. the grass has been newly cut, misty weather. They may sit by the general office.

7. Parents of a child who suffers an attack at school will be contacted immediately to inform them of the situation. If contact cannot be made, the Headteacher or Deputy Headteacher will monitor the child carefully for signs that their medication is working and will continue efforts to contact the parent or their emergency contact person. If the child does not appear to be responding, another dose will be given and an ambulance will be called to take the child to hospital.
8. The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The emergency inhaler will be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty)
9. Should the emergency salbutamol inhaler be used, a record will be made on the record of medicine administered to children (Appendix C) and parents will be informed in writing that their child has used the emergency inhaler. (Appendix F)
10. One emergency salbutamol inhaler will be stored in the medical room and the other in the staffroom. It will be the responsibility of the school's admin staff to ensure that the inhaler is in working order and that replacement inhalers are obtained when expiry dates approach. Spent inhalers should be returned to a pharmacy to be recycled.
11. An inhaler should be primed when first used (e.g. spray two puffs) and should be primed regularly as it could easily become blocked after not being used for a long period of time.
12. After use, the emergency inhaler should be washed in warm running water and left to dry in air in a clean, safe place.
13. The spacer should only be used once and then sent home with the child who has used it. Parents will be asked to supply a new spacer for school.
14. A list of children with asthma will be kept with the emergency inhalers.

Appendix 7: Parental consent for use of emergency salbutamol inhaler

Child's name:

Date of birth:

*I can confirm that my child has been diagnosed with asthma.**

*I can confirm that my child has been prescribed an inhaler.**

*(*delete as appropriate)*

*My child has a working, in-date inhaler, clearly labelled with their name, which they will have in school every day. **It is the parent's responsibility to ensure the inhaler is within date.** School will check inhalers on annual basis.*

In the event of my child displaying symptoms of asthma, and if their inhaler is not available or unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the school for such emergencies.

Signed:

Date:

Print name:

Parent's address and contact details:

Telephone: _____

Appendix 8: Letter to inform parents of the use of emergency salbutamol inhaler

Dear

Child's name

This letter is to formally notify you that had problems with his/her breathing today. This happened when

A member of staff helped them to use the emergency salbutamol inhaler, as they did not have their own inhaler with them/their own inhaler was not working. They were given puffs. Spacers can only be used by one child and cannot be re-used. Please supply school with a brand new spacer.

Yours sincerely,

Mrs A Crane
Headteacher