



GOSDEN HOUSE SCHOOL ACCESSIBILITY PLAN

Gosden House School recognizes and values the contributions that parents, carers, governors, and other members of the community can make. We will endeavour to encourage the wider community to understand the aims and vision of the school and to involve them wherever possible.

Provision of information in other formats - We will endeavour, wherever possible, to provide information in alternative formats when required or requested. Examples of this are by using email, royal mail, enlarged print versions, audio tapes, translations, and symbolled text. Adequate prior notice would be required through the school office.

Accessibility to premises - To continue to ensure that the school building and grounds are accessible to the extended school community, pupils, staff, governors, parents, and community members as far as reasonably possible.

Gosden House School - Medical Policy

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Original school author	Davina Dunn
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Definition

Pupils' medical needs may be broadly summarised as being of two types:

- (a) **Short-term**, affecting their participation in school activities in which they are on a course of medication.
- (b) **Long-term**, potentially limiting their access to education and requiring extra care and support

School Ethos

Schools have a responsibility for the health and safety of pupils in their care. The Health and Safety at Work Act 1974 (as amended) makes employers responsible for the health and safety of employees and anyone else on the premises. In the case of pupils with special medical needs, the responsibility of the school is to make sure that safety measures cover the needs of all pupils at the school. This may mean making special arrangements for particular pupils so that they can access their full and equal entitlement to all aspects of the curriculum. In this case, individual procedures may be required. Gosden House School is responsible for making sure that relevant staff know about and are, if necessary, trained to provide any additional support that pupils with medical conditions (long or short term) might need.

The Children and Families Act 2014 (as amended) places a duty on schools to arrange for children with medical conditions. ***Pupils with medical conditions have the same right to admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone.*** However, teachers and other school staff in charge of pupils have a common law duty to act 'in loco parentis' and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease, where there may be a risk posed to others or to the health of the child involved. This duty also extends to teachers leading activities taking place off the school site.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed for proficient care to be given to the child. The school takes advice and guidance from a range of sources, including the School Nurse, Health professionals, and the child's GP in addition to the information provided by parents in the first instance. This enables us to ensure we assess and manage risk and minimize disruption to the learning of the child and others who may be affected (for example, classmates).

Our Aims

- To support pupils with medical conditions, so that they have full access to education, including physical education and educational visits.
- To ensure that school staff involved in the care of children with medical needs are fully informed and adequately trained by a professional to administer support or prescribed medication.

- To comply fully with the Equality Act 2010 for pupils who may have disabilities or special educational needs.
- To write, in association with healthcare professionals, Individual Healthcare Plans where necessary.
- To respond sensitively, discreetly, and quickly to situations where a child with a medical condition requires support.
- To keep, monitor, and review appropriate records.

Legislation and Guidance

- Children and Families Act 2014 (Section 100) – duty to support pupils with medical conditions.
- Equality Act 2010.
- Health and Safety at Work etc. Act 1974.
- SEND Code of Practice 2015.
- DfE *Supporting Pupils at School with Medical Conditions* (or the updated statutory guidance applicable from September 2026).
- Human Medicines (Amendment) Regulations 2017 (allowing schools to hold spare AAs).
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 where applicable.
- UK GDPR and Data Protection Act 2018 (for medical information sharing).
- Keeping Children Safe in Education (current edition).
- Benedict's Law / Allergy Safety in Schools Statutory Guidance 2026

Unacceptable Practice

While school staff will use their professional discretion in supporting individual pupils, it is unacceptable to:

- Prevent children from accessing their medication.
- Assume every child with the same condition requires the same treatment.
- Ignore the views of the child or their parents/carers; ignore medical advice.
- Prevent children with medical conditions from accessing the full curriculum, unless specified in their Individual Healthcare plan.
- Penalise children for their attendance record where this is related to a medical condition.
- Prevent children from eating, drinking, or taking toilet breaks where this is part of the effective management of their condition.
- Require parents to administer medicine where this interrupts their working day.
- Require parents to accompany their child with a medical condition on a school trip as a condition of that child taking part.

Entitlement

Gosden House School is committed to providing full access to the curriculum for all pupils wherever reasonably possible. We believe that pupils with medical needs have the same entitlement as their peers and should receive the care, support and reasonable adjustments necessary to enable them to participate fully in school life, educational visits and extracurricular activities.

The school recognises its duty to make appropriate arrangements to support pupils with medical conditions and will work collaboratively with parents/carers, healthcare professionals and relevant agencies to ensure that pupils' medical needs are met safely and effectively. Individual Healthcare Plans, risk assessments and reasonable adjustments will be implemented where required.

The school also recognises that employees have rights and responsibilities when supporting pupils with medical needs.

Employees will:

- Receive appropriate information, training and support relevant to their role and responsibilities.
- Work within clear policies, procedures, risk assessments and professional guidance
- Have access to pupil medical information, Individual Healthcare Plans and reasonable adjustments on a need-to-know basis.
- Be able to raise any concerns regarding a pupil's medical needs, training requirements, procedures or safety to the Medical Lead or Senior Leadership Team.

Teaching Staff:

- May choose whether or not they wish to administer medication through the school's annual opt-in/opt-out process.
- Must complete the required annual medication training before acting as a first signatory when administering medication.
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Learning Assistants:

- Support pupils' medical needs as part of their contracted role.
- Will receive the training, induction and competency assessment necessary to fulfil these responsibilities safely and effectively.
- May act as second signatories for medication administration once the required training and competency assessments have been successfully completed.

Expectations

- Parents will notify the school promptly of any changes to their child's medical condition, medication, treatment, emergency procedures or healthcare professional involvement.
- Parents will ensure that emergency medication, including inhalers, adrenaline auto-injectors and emergency epilepsy medication, is replaced before its expiry date and that sufficient supplies are available in school at all times.
- Parents will ensure any prescribed emergency medication required by their child accompanies the child when travelling to and from school on Surrey Transport.
- Parents will collect any expired, discontinued or surplus medication when requested by the school.
- Parents and school staff will work together to review and update Individual Healthcare Plans, risk assessments and reasonable adjustments whenever a pupil's needs change.
- Staff administering medication will do so in accordance with the school's medication procedures and record-keeping requirements, including the completion of Medication Administration Records (MARs) and associated CPOMS records.
- Staff involved in supporting pupils with medical needs will complete all required training and competency assessments relevant to their role.
- School staff, parents/carers and healthcare professionals will work in partnership to ensure that pupils with medical conditions can participate safely and fully in school life, educational visits and extracurricular activities wherever reasonably possible.
- All staff will maintain the confidentiality of medical information whilst ensuring that relevant information is shared on a need-to-know basis to safeguard and support pupils.
- Where reasonable adjustments, risk assessments, Food Passports or Individual Healthcare Plans are in place, all staff, including catering staff where appropriate, are expected to follow the agreed arrangements.
- The Medical Lead will maintain oversight of medical training, competency assessments, healthcare plans, medical records and medication procedures to ensure compliance with statutory guidance and school procedures.

Information Sharing

A medical information board is located in the school office. This board displays photographs and key medical information for pupils with significant medical conditions to ensure that relevant information is readily accessible to staff when required.

Individual Healthcare Plans for pupils on the Asthma, Epilepsy, ADHD and Diabetes registers are displayed on the board, alongside information relating to pupils with known allergies and those prescribed controlled medication in school. Information

is colour coded to enable staff to identify key medical information quickly and efficiently.

All medical conditions are recorded on pupils' ARBOR records. Relevant information is shared with Class Teachers, office-based First Aiders and other staff members on a need-to-know basis. Class Teachers will also hold copies of Individual Healthcare Plans for pupils within their class.

It is the responsibility of the Class Teacher to ensure that:

- The class team is aware of all relevant medical needs within the class.
- Individual Healthcare Plans, risk assessments and medical information are accessible to relevant staff.
- A current copy of the pupil's ARBOR medical record and any Individual Healthcare Plans are stored within the class file and can be accessed when required.
- Medical information is shared promptly with supply staff and other adults working with the pupil, where appropriate.

Where required, staff may refer to the **British National Formulary for Children (BNFC)** for guidance relating to medicines used for children and young people:

In an emergency

In a medical emergency, a named first aider should be called. Refer to Medical Emergency Procedure – Appendix 16

If an ambulance is needed, the member of staff calling the ambulance will:

- Give an outline of the reason for the call and how, if it is an injury, it occurred
- Give details of the child's date of birth, address, parent's name,
- Share other medical information, including any medication details, shown on the class overview sheet and/or healthcare plan.

A member of staff can accompany the child to the hospital if this is deemed appropriate.

Parents will be called/notified, of a medical emergency; however, they do not need to be present for a child to be taken to the hospital.

Medication Journey

All medication should be handed to a member of SLT on arrival to school by the parent, escort, or driver.

The medication is then handed to a member of the class team, who will store it in the medical cabinet or medical fridge.

Each class has a 'being returned home 'log-out/log-in form, which is kept in the medicine cabinet – refer to Appendix 16. A member of the class team will hand any medication being returned home to the parent, escort, or driver at the end of the school day. Medication being returned home will be logged out on this sheet.

Any medication **leaving site during the school day** will be recorded on the school log-out/ log-in sheet. This information will also be detailed on the 'off-site' visit sheet. The school log-out/ log in sheet is kept in the medical cabinet in the admin office.

Safe disposal of Medicines

Any medication that has expired will be returned to the parents.

If a child has left school or the school is unable to return the parents, then the medical lead will dispose of the medication at the local link pharmacy (Wonersh).

Any medication returned to parents will be recorded on CPOMS under the medical tab. The recorder will identify the name of the medication, the expiry date, and the amount or the number of tablets returned.

Any sharps or needles will be disposed of in the sharps bin kept in the medical cabinet in the main office.

Storage of medication

Every class has a lockable medical cabinet and secure key safe. The code for the key safe is stored in the main office hub and is known by the class team. The medical cabinet only stores medication for that class or tutor group.

It is the class teacher's responsibility to ensure that the names of the students that cannot have pain relief or antihistamine is clearly shown on the inside of the class's medicine cabinet.

Each medical cabinet has a thermometer to monitor check that the room temperature does not rise above 25 degrees Celsius 25 degree Celsius or below is the recommended temperature to store medication safely.

Medication that requires refrigeration will be stored in the medical fridge in the School Office. The temperature of the fridge holding the medication will be between 2–8 degree Celsius. The temperature of the fridge will be checked daily.

It is the person administering the medication's responsibility to check that the medication is in date. Any Medication that is out of date will be returned to the parents or local pharmacy.

All medicines, including controlled medication, pain relief, and antihistamines, will be stored safely in the class medicine cabinet. **Any controlled drugs will be stored on the top shelf of the cabinet. No other medication will be stored on this shelf.**

All medication must be in its original container and be clearly labelled. For prescription medication, the label must have been printed by the dispensing pharmacy with the medication's name, child's name and details, GP's name, date of issue, dosage and instructions, and expiry date. Any controlled drugs will have a POM and CD logo on the packet.

Access to the controlled medication is restricted to the class team or members of the Senior Leadership Team.

Administration of Medication including Controlled Drugs

Parents must complete a permission slip before medication can be administered at school. If medication is sent into school without the permission form signed, a member of staff will call the parent/ carer to seek verbal consent. That member of staff will complete the information required on the permission slip and agree with the parent, that on this occasion only, the medication will be administered at school. The permission slip will be sent home that evening for the parent/ carer to sign and return the next day.

For prescription medication, the label must have been printed by the dispensing pharmacy with the medication's name, child's name and details, GP's name, date of issue, dosage and instructions, and expiry date.

Other medications must be in their original container and date.

The opening date for medications with a shorter life span, such as eye drops, creams, and some liquids must be shown on the medication-recording sheet.

Before administering any medication, the two members of staff will use the six R's checklist, recommended by Nice. They will check that the medication is for the **right person**, it is the **right medicine**, it is being administered via the **right route**, and they are giving the **right dose**, at the **right time**, whilst remembering that the child has a right to **refuse**.

Staff Training and Competency for Administering Medication

Gosden House School is committed to ensuring that all staff involved in the administration of medication are appropriately trained and competent to undertake this responsibility. All staff who administer medication must complete the relevant training and competency requirements before doing so.

Class Teachers

Teachers are not contractually required to administer medication and may choose whether they wish to undertake this role. Each academic year:

- Teachers will complete the National College *Administration of Medication* refresher training.
- Teachers will complete an annual "opt-in/opt-out" declaration confirming whether they are willing to support the administration of medication within school.
- Teachers who have both opted in and successfully completed the required training will be authorised to administer medication and act as the first signatory on Medication Administration Records (MARs).

Learning Assistants

Supporting the medical needs of pupils' forms part of the Learning Assistant role as outlined in their contract of employment. As such:

- All new Learning Assistants will complete an in-house medical induction as part of their induction programme.
- Learning Assistants will be required to successfully complete the school's medical competency assessment via Microsoft Forms.
- Learning Assistants will complete the National College *Administration of Medication* training annually.
- Upon successful completion of the required training and competency assessments, Learning Assistants will be authorised to act as the second signatory when medication is administered and recorded on a MAR.

The Medical Lead will maintain records of all staff training, competency assessments, annual declarations, and refresher training to ensure that only appropriately trained and authorised staff are involved in the administration of medication. Page 43

School Trips/ offsite activities

Medication will be administered on Educational Visits, subject to the conditions above, and be included in the risk assessment. Staff supervising the visit will be responsible for safe storage and administering the medication during the visit.

Before administering any medication, the two members of staff will use the six R's checklist, recommended by Nice. They will check that the medication is for the **right person**, it is the **right medicine**, it is being administered via the **right route**, and they are giving the **right dose**, at the **right time**, whilst remembering that the child has a right to **refuse**.

All controlled drugs will have a POM and CD logo on the packet.

Immediately after giving the medication, the staff administering the medication will return it to the top shelf of the medication cabinet and put the key back in the key safe.

Parents will be notified of any ill effects that the child may have after taking the medication. Any side effects observed will also be recorded on the MAR.

Forms

We use a standardised Medical Administration Record form (MAR) to record any medication given at school – refer to Appendix 1. The two staff members administering the medication must countersign this form. At the end of each term, the MARs will be scanned and uploaded onto CPOMS.

The staff signature log is kept in the medicine cabinet. The staff signature log is a list of all staff, their signature, and initials, who can administer or witness medication being given.

Staff will use both initials when signing against a MAR.

For 'short term' medications such as antibiotics, a photocopy of the MAR will be returned with the medication, to the parent/ carer each day and the class 'Being Returned Home log-out and log-in' sheet will be completed. Refer Appendix 1 and Appendix 3.

Any child refusing to take the medication in school will not be made to do so, parents will be informed about the dose being missed, and it will be recorded on the medication-recording sheet as refused.

If medicine given is spat out, parents will be informed and it will be recorded on the MAR as spat out. Another dose will not be given. If the medicine is in tablet form, the tablet will be put in a named envelope, stored in the locked medicine cabinet, and returned to the parent in person, or via the escort or driver at the end of the school day.

The school will not administer any medication covertly unless they are in the young person's best interest and a lack of capacity has been assessed by Gillick competence.

Parents are required to complete a Pupil Medication Request form for any medication to be administered at school – refer to Appendix 6.

Parents are required to complete a parent permission sheet for us to administer non-prescribed medication – refer to Appendix 4. Staff will keep a record of any non-prescribed medication given on the Non-prescribed Medication Record sheet – see Appendix 2.

Homeley Remedies (Non-Prescribed Medication)

Non-prescribed medication will only be administered where written parental consent has been provided and in accordance with the school's procedures for medication administration. All non-prescribed medication administered in school will be recorded on the Non-Prescribed Medication Class Record (Appendix 2). Details will also be uploaded to CPOMS under the 'Medical' category, and parents/carers will be informed via the home/school book, email or telephone call. Examples of non-prescribed, over-the-counter medicines include paracetamol (pain relief), antihistamines, antacids, decongestants and laxatives.

Pain relief will not be administered before noon without prior consent from the parent/carer on that day. Parents/carers are responsible for ensuring that any non-prescribed medication provided to school does not interact with, or adversely affect, any other medication the child may be taking. Parents/carers must also inform the school of any adverse reactions their child experiences following the administration of medication.

Non-prescribed medication must be administered by an authorised first signatory who has completed the required medication training. Administration should be witnessed and countersigned by an authorised second signatory. Both members of staff must follow the school's medication administration procedures, including checking the Six Rights of Medication Administration, and ensure that all records are completed accurately at the time the medication is given.

The administration of non-prescribed medication will be recorded in accordance with the school's medication recording procedures and retained as part of the pupil's medical record.

Aspirin will not be administered to any child under the age of 16 unless prescribed by a medical practitioner. A small supply of aspirin is held securely within the school's medical storage and is kept locked away separately from pupil medication. This aspirin is not for pupil use and is stored solely for emergency situations involving adults. It may only be administered to an adult where this is advised by attending paramedics, emergency services, or another appropriately qualified healthcare professional in the event of a suspected heart attack.

Allergy and Anaphylaxis Management

The school recognises and complies with the principles of Benedict's Law and the Department for Education's statutory guidance on Allergy Safety in Schools. The school maintains appropriate allergy management procedures, staff training, emergency response arrangements, individual healthcare plans and access to emergency adrenaline auto-injectors (AAIs) in accordance with current statutory requirements.

The management of allergies and anaphylaxis is governed by the school's separate Allergy & Anaphylaxis Policy and individual risk assessments. Staff must refer to those documents alongside any associated Individual Healthcare Plans.

Epilepsy

All staff receive annual Buccal Midazolam training each September, delivered by the Royal Surrey Hospital Epilepsy Team. This training enables staff to recognise seizure activity, understand emergency procedures and safely administer Buccal Midazolam where this is identified within a pupil's Individual Healthcare Plan.

In addition, all new staff are required to complete epilepsy awareness training through the National College as part of their induction programme. This training must be completed before staff are authorised to support pupils with epilepsy or participate in the administration of emergency epilepsy medication.

A register of staff who have completed epilepsy training will be maintained by the Medical Lead and reviewed annually to ensure training remains current and reflects the needs of the pupil cohort.

Please refer to the Epilepsy Risk Assessment (Page 28) for further information regarding the management of epilepsy, seizure response procedures, staff and parent responsibilities and control measures in place to support pupils with epilepsy.

Asthma:

All children that have been diagnosed with Asthma will have an individual asthma plan in place.

The asthma plan will be shared with the class team, office-based, named first aiders, and copies will be available on the main office medical board and main kitchen board.

Emergency salbutamol inhalers and spacers are stored in the medical cabinet in the main office and the first aid bags in the mini-buses.

Children, for whom written parental consent has been given, or directed by emergency services, will only use the emergency salbutamol inhalers and spacers. If an emergency salbutamol inhaler has been used, the parents will be informed.

Guidance on what to do in the event of an asthma attack and how to recognize an asthma attack is displayed on the medical boards and in each class's medical cabinet – refer to Appendices 8 and 9.

The office-based, named first aiders or staff members that have received Asthma training, can be called to assist and administer an emergency inhaler, as well as collecting the emergency inhaler and spacers from the medical cabinet. Before administering, they will check that parental consent is in place – refer to Appendix 10.

Children diagnosed with asthma should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack.

Children that can self-administer their inhalers themselves will be encouraged to do so. The class teacher is responsible for checking that the inhaler is named and accessible to that child at all times.

All children with an inhaler must take them out to PE and on any educational visits, however short the duration.

Usage of the inhalers will be recorded on the MAR. Staff will notify parents, and record on CPOMS, any changes that are different to symptoms/ dosage advised on the asthma plan.

The class team is responsible for notifying parents if the expiry date has been reached. Asthma inhalers that are out of date or empty will be returned to parents, or our local, link chemist – Womersley Surgery.

In the event of a child having an asthma attack, guidance shown on their asthma plan will be followed.

Please refer to the Asthma Risk Assessment (Page 34) for further information regarding the management of asthma within the school setting, including asthma attack response procedures, the use of emergency salbutamol inhalers, staff and parent responsibilities, risk control measures, and arrangements in place to support pupils diagnosed with asthma.

[1](#)

Medical absences

The school will inform the Local Authority and discuss arrangements for education in an alternative setting (for example hospital or at home) if a child is likely to be absent for medical reasons for 15 days or more.

Arranging education for children who cannot attend school due to health needs

Providing Medical Evidence

To help identify any adjustments required to be able to make provision for children and young people with medical needs we will request medical evidence from parents about the child or young person's medical needs

All medical evidence will be used to better understand the needs of the child and identify the most suitable provision.

The Statutory guidance published by the DfE, states that the medical evidence determining whether the child or young person is unable to attend school should be provided by a health practitioner such as a consultant, GP or other registered health care professionals e.g. clinical psychologist, specialist nurse.

Where specific medical evidence, such as that provided by a medical practitioner, is not readily available, we will liaise with other medical professionals such as child's GP and consider other evidence to ensure suitable provision can be arranged as soon as possible. We will keep in contact with the child and maintain connection and relationship via arranged home visits or phone calls, letters or Team calls.

Request for Involvement

In the event that the child or young person's school can no longer independently support their health needs and provide a suitable education, the school will contact the Local Authority to consider about putting interim provision in place.

We will make a request for interim provision by completing the Request for Involvement form.

Schools will be informed of the outcome of the Panel within 5 working days of the Panel meeting.

Making Provision

Once the Panel has agreed that support should be provided for a child, a partnership meeting will be arranged by the school

The meeting will include the school, the appropriate council officer, health partners, the parents and the child or young person as appropriate.

At the meeting, a Medical - Student Support Plan detailing the support arrangements required by the child or young person will be agreed.

The plan will outline the amount of education and health provision that will be made that is consistent with the child's needs and any additional support that the family and child or young person will need. Dates of review meetings and how progress will be reviewed will be agreed at this partnership meeting.

Ensuring children in Surrey with medical needs have a good education, where support is agreed, Access 2 Education (A2E) teachers will oversee the provision

for pupils in alternative suitable venues, or, where appropriate, in the pupil's home.

Before it is agreed that support can take place in the home, it will be necessary to conduct appropriate risk assessments. This would typically be completed by the Surrey County Council's Access to Education (A2E) service.

Roles of respective parties in supporting children who have long-term medical needs

We will:

- Work with health professionals to maintain a child's attendance and participation at school.
- Maintain an up-to-date Medical Student Support Plan or Individual Healthcare Plan with health professionals that identifies any reasonable adjustments that can be made to maintain attendance and participation at school.
- Where necessary request up to date medical advice from the parent/carer when it is clear a child or young person's health condition is preventing them from attending and participating in school regularly.
- When it is clear a child or young person's health condition is preventing them from attending and participating in school, complete a request for involvement form and providing supporting evidence for the Local Authority to consider making Alternative Provision, host and chair regular review meetings (normally every six weeks); produce action plans and distribute notes of these meetings.
- Provide materials for an appropriate programme of work and work plans.
- Maintain a Medical Student Support Plan or Individual Healthcare Plan (IHP), which records progress made towards a supported return to school.
- To agree and make reasonable adjustments to support maintaining a child's attendance at school.
- Ensure all staff are kept informed of any reasonable adjustments made.
- Ensure the parents/carer are kept informed and included in all decision making around support and provision.
- Ensure the child is kept informed and supported to be involved in all decision making of plans and future planning, in a way that is accessible for their age, ability, aptitude, any special educational needs they may have.
- ensure appropriate arrangements, including entry and invigilation for all examinations are made.
- Provide the child's academic attainment levels including entry and invigilation for all examinations are made.

- Make arrangements with the child for SATs or examinations
- Assess coursework with the child
- Provide a named teacher with whom each party can liaise
- Provide a suitable, appropriate and inclusive working area within the school, where appropriate/necessary
- To request the Local Authority, provide alternative provision where it is clear that the support provided by the school has not secured regular attendance or participation at school. Be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration back into school.
- Ensure that children who are unable to attend school, stay in touch with school via digital learning platforms, school newsletters, school social media about school social events and are given opportunities to participate, for example, in homework clubs, study support
- Encourage and facilitate liaison with peers, for example, through visits and videos.

Where able the child or young person's role is to:

- fully engage with support provided
- help school and professionals understand the help they might require to attend school
- be prepared to communicate their views
- attend necessary meetings if appropriate
- prepare to participate in learning at the earliest opportunity.

The parents/carers' role to:

- engage with a plan of reintegration back to education and learning at the earliest opportunity
- access and share medical evidence or advice from Health Professionals with the school regarding the child or young person's medical condition.
- be willing to work together with all professionals involved in the child's care.
- provide early communication if a problem arises or support is needed
- maintain communication at school.

The Local Authority role is to:

- Keep a record of all CYP's with long term medical needs that have been notified to the council.
- Ensure that children or young person's needs are channelled through the appropriate professional support pathways to, for example, Area SEN Teams and Early Help Services

- Ensure that an appropriate professional is assigned to each child or young person, to act as the case co-ordinator.
- To consider referrals from school for children or young people who are medically unfit to attend school.
- To make education provision for children or young people who are medically unfit to attend school.
- To support reintegration back into an educational placement.

The health professional's role is to:

- Outline the support required being provided to the child to meet their medical needs – information will detail any diagnoses, treatment plan, detail of all health professionals working with the child or young person, detail of further referrals to Specialist Health Services to support the child or young person, named professional overseeing child or young person's care.
- Contribute to development of child or young person's Individual Health Plan.
- Contribute to the decision making around the support required to support children or young people into interim alternative provision.
- Contribute to and provide updated evidence to support the review of child or young person's provision.
- Provide training to school staff in a timely manner / sign off competencies, where appropriate.

Other agencies role:

Any services working with the child or young person and family would be expected to contribute to the support planning. Services will do this by:

- Attending review meetings if possible
- Providing written reports where necessary
- Give appropriate advice and support

The Designated Clinical Office (DCO) Team support schools and parents in coordinating with appropriate health providers to facilitate the development of individual healthcare plans and Student Support Plans.

Pupils with Chronic Conditions

For pupils with conditions such as Myalgic Encephalopathy (ME)/chronic fatigue syndrome, (CFS) Juvenile Arthritis. Sickle Cell, Crohn's Disease (please note that this is not an exhaustive list), or pupils diagnosed with similar conditions, the provision put in place will be guided by the medical advice provided by relevant professionals.

This may include, for example, periods of school attendance, periods of rest, periods of 1:1 tuition at home or on-line learning.

Pupils with Mental Health Concerns

We recognise that a pupil's mental health can have a significant impact on their attendance, wellbeing, engagement and ability to access learning. We will work closely with the child or young person, their family and relevant professionals to identify any reasonable adjustments, support strategies or adaptations that may help them access education successfully.

Where appropriate, we will adopt a flexible and person-centred approach to support engagement, attendance and reintegration into school. Support plans will be developed in partnership with parents/carers and relevant services, such as Mindworks, CAMHS, the School Nursing Service and the Educational Psychology Service, to ensure that individual needs are understood and effectively supported.

The school will promote early identification of emerging mental health needs and will work collaboratively with families and professionals to implement appropriate support. Where a pupil's mental health is impacting on their ability to access learning, an individual support plan, risk assessment or reasonable adjustments may be considered to help maintain participation, wellbeing and educational progress.

Any mental health concerns that raise safeguarding concerns will be managed in line with the school's Safeguarding and Child Protection Policy and associated procedures.

Emotionally Based School Non-Attendance (EBSNA)

In Surrey, EBSNA is a term used to describe the difficulty children and young people experience in attending school due to emotional reasons, such as stress, anxiety and / or feeling overwhelmed. This can result in prolonged periods of absence from school.

At the earliest opportunity, we will work with the child and parents or carers to identify any adjustments that could be made to support maintaining regular attendance at school.

We will consult with our linked Primary Mental Health Worker in the first instance, as well as their School Nurse, for advice and support to guide us on what we can do to help and support the child and/or family.

Food-Related Needs and Eating Difficulties

Gosden House School recognises that some children may experience difficulties with eating, food acceptance, or mealtimes due to a range of factors, including medical conditions, neurodivergence, sensory differences, trauma, attachment needs, and emotional wellbeing. [1](#)

Avoidant/Restrictive Food Intake Disorder (ARFID) is a recognised medical condition and will be supported through partnership working between the school, parents/carers and relevant healthcare professionals. Support strategies will be informed by professional advice and, where appropriate, documented within an Individual Healthcare Plan. [1](#)

Children with food-related needs associated with autism, sensory processing differences, trauma, attachment difficulties, or emotional wellbeing will be supported through individual planning, reasonable adjustments, and person-centred approaches. The school will work in partnership with parents/carers and relevant professionals, using the **Surrey Autism and Social Communication Guidance** where appropriate, to ensure children can access safe, positive, and inclusive mealtime experiences. [1](#)

Where a child would benefit from additional support around eating and drinking, the school will work collaboratively with parents/carers and, where appropriate, relevant professionals to identify and implement reasonable adjustments. This may include completion of the **Reasonable Adjustment Form – Supporting Eating and Drinking Differences in Education Settings** to record agreed strategies, adjustments, and support arrangements. Once agreed, this document will become the child's **Food Passport** and must be followed by all staff working with the child.

Catering staff will also be informed of and expected to follow any agreed reasonable adjustments, Food Passports, dietary requirements, feeding protocols, allergen management plans, and other support arrangements relevant to their role. The school kitchen team will work in partnership with teaching staff, parents/carers, and relevant professionals to ensure that children can access meals safely and in accordance with their identified needs.

This approach ensures that support for eating and drinking differences is consistent across all areas of the school day and that all staff involved in food preparation, serving, and mealtime support understand and implement the agreed strategies/ reasonable adjustments

Automated External Defibrillators (AEDs)

We have two defibrillators on site. These are open for community use and are registered through Circuit. One is stored in the entrance to the school via the main playground. The other is stored in the labelled cupboard in the kitchen of the KS4 (Junior House) building.

The battery of the Defibrillator is checked regularly, and the pads are in date.

We have a Defibrillator protocol in place which has been shared with staff shown in Appendix 15

Cardiac arrest

A cardiac arrest is a life-threatening emergency where a person's heart has suddenly stopped pumping blood around the body. The person will be unconscious, unresponsive and will not be breathing normally or not breathing at all. It is essential to call 999 immediately for an ambulance.

Heart attack

A heart attack happens when a blood clot blocks an artery around the heart...[the person does] not usually lose consciousness and continue breathing. It is vital that you call an ambulance immediately as this is a life-threatening situation. If the person is still conscious, this means their heart is still beating and CPR and/or the use of a defibrillator is not appropriate.

A defibrillator is only appropriate when the heart has stopped beating. If the heart attack deteriorates to a cardiac arrest, then it is appropriate to start CPR and use a defibrillator.

Recording an Injury

Staff will record all injuries on CPOMS.

Injuries will be recorded under the category First Aid, and illness or medical information will be recorded under the category Medical.

Each class has an Accident, Incident, and Illness Register. Staff will record first aid incidents on the report slips and share them with parents. The member of staff administering the first aid will ensure that the counterfoil is completed showing who witnessed the incident and the name of who completed the slip. Each report slip has a number, which will be included in the CPOMS report. It is the responsibility of the person completing the form to ensure that all sections of the form are completed.

Staff Training

First Aid and Medical Training form part of the Continuing Professional Development (CPD) programme at Gosden House School. The school is committed to ensuring that all staff are appropriately trained, competent and confident in supporting pupils with medical needs. A central training record is maintained to monitor staff training, renewal dates, competency assessments and statutory requirements.

The Medical Lead is responsible for ensuring that all medical training remains relevant to the needs of the pupil cohort and reflects current legislation, guidance,

risk assessments and individual healthcare plans. Training arrangements are reviewed regularly and updated in response to changes in pupil need.

Whole-School Medical Training

All staff, including supply staff where applicable, are expected to complete annual medical training and refresher updates. This includes:

- Administration of Medication
- Epilepsy Awareness and Buccal Midazolam
- Asthma Awareness and Management
- Allergy and Anaphylaxis Awareness, including the use of Adrenaline Auto-Injectors (AAls)
- Infection Control
- Defibrillator Awareness
- Safeguarding updates relating to medical needs
- Manual Handling and Intimate Care procedures where required.

Administration of Medication

All new staff receive medication awareness training as part of their induction programme and are required to successfully complete the school's medication competency assessment. This enables staff to act as a **second signatory** when administering medication.

Teachers are required to complete an annual refresher in **Administration of Medication** through the National College. An annual **opt-in/opt-out declaration** is completed each September. Teachers who have opted in and successfully completed the required training are authorised to act as **first signatories** when administering medication.

Epilepsy Training

All new staff are required to complete epilepsy awareness training through the National College as part of their induction programme.

All staff receive annual Epilepsy and Buccal Midazolam training each September. Wherever possible, this training is delivered by the Royal Surrey Hospital Epilepsy Team. Where this is not possible, refresher training will be completed through the National College or another suitable provider. Training includes epilepsy awareness, seizure recognition, emergency procedures and the administration of Buccal Midazolam.

Staff should also refer to the school's **Epilepsy Risk Assessment (Page 28)** and relevant Individual Healthcare Plans for additional guidance regarding seizure management, staff responsibilities and control measures.

Asthma Training

All new staff are required to complete Asthma Awareness training as part of their induction programme. Annual refresher training is provided to all staff and includes the recognition of asthma symptoms, emergency response procedures, and the

safe use of inhalers and spacers. Training is supported by National College resources and school risk assessments.

Staff should refer to the school's **Asthma Risk Assessment** (Page 34)

Individual Healthcare Plans and Asthma Action Plans for further guidance regarding the management of asthma and emergency response procedures.

Allergy and Anaphylaxis Training

All staff receive annual Allergy and Anaphylaxis training and new members of staff complete this as part of their induction programme. Training includes the recognition of allergic reactions, anaphylaxis management, and the safe administration of Adrenaline Auto-Injectors. Staff must also read and follow the school's Allergy and Anaphylaxis Policy, associated risk assessments and individual healthcare plans.

Individualised Medical Training

Where a pupil has a specific medical condition requiring specialist support, appropriate staff will receive bespoke, condition-specific training from a healthcare professional. This training will be linked to the pupil's Individual Healthcare Plan (IHP) and may include, but is not limited to:

- Diabetes management
- Tube feeding
- Shunt training
- Complex medical needs
- Severe allergies
- Other long-term or specialist conditions.
-

Monitoring and Record Keeping

The school maintains a central training register which records:

- Staff names
- Training completed
- Training providers
- Dates of completion
- Renewal and refresher dates
- Competency assessments where required.

This system enables the school to demonstrate that staff are appropriately trained, competent and confident in supporting pupils with medical needs and ensures continued compliance with statutory guidance relating to supporting pupils with medical conditions.

Medical Errors and 'near misses'

To reduce the risk of medical errors happening, we have a robust medical training programme in place.

Medical information and health care plans are reviewed annually, and before if there is a change of advice or update.

Children's medical information and health care plans are shared with the Class Teachers, Office based First Aid Trainers and the Medical Team.

This Medical Policy is available on the school website and Staff Share and forms part of the school's mandatory induction programme. All new staff are required to read the policy, sign to confirm that they have read and understood it, and adhere to the procedures and responsibilities outlined within it. Evidence of completion will be maintained as part of the school's training and compliance records.

The Senior Leadership Team regularly reviews any injury, illness, and medical information recorded on CPOMS.

The school has clear protocols, procedures, and relevant risk assessments in place.

The school's medical procedures, practices and protocols are reviewed on an ongoing basis by the Medical Lead and Senior Leadership Team. Lessons learned from medical incidents, near misses, staff feedback, training updates and policy reviews are used to strengthen practice and reduce the likelihood of future errors.

In the event of an error, the staff knows they should:

- Stay calm.
- Check all the information again to be clear on what the error is.
- Ask the first aider to come and check the pupil.
- Report the error to a member of SLT.
- Contact the pupil's parent/ carer to inform them of the error and agree on the next steps.
- Arrange for advice to be sought from the pupil's GP or emergency services.
- Document the error on the Medication Administration Record (MAR).
- Complete a medical incident report – Appendix 7
- If at any point after the medication has been administered the pupil starts to show signs of being unwell, staff should call 111 for immediate advice and support.
- If the pupil loses consciousness, experiences difficulties breathing or shows any other signs of serious illness staff should call 999

Following a medication error or near-miss, the incident will be reviewed and any lessons learned will be used to improve practice, strengthen procedures and reduce the risk of similar incidents occurring in the future.

Complaints

Parents/carers who have concerns about their child's medical care should discuss these with the Class Teacher in the first instance. If concerns remain unresolved, they should contact the Medical Lead and, if necessary, the Headteacher. Any unresolved concerns may be addressed through the Gosden House School Complaints Procedure.

Gosden House School

Whole School Epilepsy Risk Assessment

Area: Whole School

Assessed by: Emily Mainwaring

Date: May 2026

Review Date: Annually or following any epilepsy-related incident or near miss

Whole School Epilepsy Awareness

Gosden House School promotes a whole-school approach to epilepsy awareness and safety.

Staff, pupils and visitors are encouraged to support the school in maintaining a safe environment for pupils with epilepsy. This includes:

- being aware of pupils with epilepsy and their individual needs
- understanding how to recognise and respond appropriately to a seizure
- ensuring emergency medication and care plans are accessible
- informing staff immediately if a pupil feels unwell or if there are concerns about seizure activity

Through staff training, clear procedures and effective communication, the school aims to minimise risk and ensure pupils with epilepsy are supported to participate fully and safely in school life.

Purpose

This risk assessment outlines the procedures and control measures in place at Gosden House School to reduce the risk of harm to pupils with epilepsy and to ensure an effective response in the event of a seizure.

The school recognises that some pupils may have epilepsy requiring daily management, monitoring, and in some cases emergency intervention including rescue medication such as buccal midazolam. Appropriate precautions and emergency procedures are implemented to protect pupils and staff and to ensure a safe learning environment.

Risk Rating Summary

Risk Level	Description
Low	Risk adequately controlled through existing procedures
Medium	Some additional monitoring or reminders required
High	Immediate action required to reduce risk

Following the implementation of the control measures outlined in this document, the overall residual risk is considered **LOW**, provided that procedures are followed, healthcare plans are up to date, and any prescribed emergency medication is available.

Current Epilepsy Profile of the School

At the time of writing this risk assessment, the school currently has:

11 pupils with epilepsy

3 pupils with prescribed rescue medication (e.g. buccal midazolam)

This information is reviewed regularly by the Medical Lead to ensure that procedures, staffing and training remain appropriate for the needs of the school community.

Key Control Measures

Identification and Information Sharing

Pupils with epilepsy are identified on the school's medical boards, with photographs and key medical information available to relevant staff on a need-to-know basis.

Each pupil with epilepsy has an **Individual Healthcare Plan (IHP)** outlining their condition, known triggers, presentation, seizure type, usual duration, recovery pattern, and emergency procedures.

Individual Healthcare Plans are:

- shared with the class teacher and office-based named first aiders
- stored in the pupil's class file
- kept easily accessible at all times
- referred to during off-site visits and activities

It is the responsibility of the class teacher to ensure that the class team is aware of the pupil's epilepsy and knows where the IHP and SIMS medical information are stored.

Staff Training

All staff receive induction and annual refresher training in epilepsy awareness.

Teaching staff are trained, where required, to administer emergency medication including **buccal midazolam**, in accordance with the pupil's Individual Healthcare Plan and specific training.

The school maintains a record of staff trained in epilepsy awareness and a separate record of staff trained to administer buccal midazolam. A list of staff trained in administering buccal midazolam is included in **Appendix 6** of the Medical Policy.

Staff who join the school after the start of the academic year are required to complete online medical training as part of induction, including epilepsy awareness. Annual refresher training helps ensure knowledge remains current and supports a safe environment for pupils.

Individual Healthcare Plans and Seizure Response

Every pupil with epilepsy will have an Individual Healthcare Plan, informed by parents/carers and healthcare professionals where appropriate.

The plan will include:

- type and description of seizures
- known triggers or warning signs
- usual seizure duration
- what support is required during and after a seizure

- when emergency medication should be given
- when emergency services should be called
- post-seizure care and recovery guidance

In the event of a seizure, staff will follow the pupil's Individual Healthcare Plan.

Emergency Medication

Where prescribed, rescue medication such as **buccal midazolam** must be:

- provided by parents/carers
- in date
- clearly labelled
- stored safely but accessible to trained staff
- available at all times, including during off-site activities and transport where required

Medication must be in its original packaging with the pharmacy label and full administration instructions. If the medication becomes **damaged, opened, used, or expired**, parents/carers must **replace it promptly** to ensure that an effective dose is always available for their child while in school. The school will notify parents when medication is approaching expiry, but responsibility for replacement remains with parents/carers.

Medication is stored in accordance with the school's medication procedures. Emergency medication accompanying a pupil off-site must be recorded on the school log-out/log-in sheet and included in visit paperwork and risk assessments.

Seizure Management in School

If a pupil has a seizure, staff will:

- remain calm
- protect the pupil from injury
- remove nearby hazards where possible
- maintain the pupil's dignity and privacy
- note the time the seizure starts and ends
- follow the guidance in the pupil's Individual Healthcare Plan
- monitor the pupil's recovery carefully

Staff will not restrain the pupil unless necessary to prevent immediate harm, and they will continue to reassure and supervise the pupil during recovery. The pupil must not be left unattended if there are concerns about recovery or safety.

When to Call Emergency Services

Emergency services will be called where required, including if:

- the seizure lasts longer than the time stated in the Individual Healthcare Plan
- the pupil has repeated seizures without regaining consciousness
- the pupil is injured during the seizure
- there are concerns about breathing or recovery
- staff are unsure or concerned at any stage

Where an ambulance is required, a member of staff will accompany the pupil and remain with them until a parent/carer arrives. Parents/carers will be notified as soon as reasonably practicable.

Educational Visits, Transport and Off-Site Activities

All educational visits involving pupils with epilepsy will be included in the trip risk assessment.

Control measures include:

- review of the pupil's Individual Healthcare Plan before the visit
- ensuring emergency medication accompanies the pupil where prescribed
- ensuring at least one appropriately trained member of staff is present
- maintaining access to medical information throughout the visit
- recording medication taken off-site on the appropriate log sheets

Emergency medication, including rescue medication, may also need to accompany pupils on school transport to ensure it is available during journeys to and from school in accordance with the pupil's needs and school procedures.

Activities, PE and the School Environment

Pupils with epilepsy will be supported to participate fully in school life wherever possible. Reasonable adjustments will be made according to individual need and medical advice.

Risk will be reduced by:

- ensuring relevant staff know the pupil's triggers and support needs
- adapting activities where necessary
- ensuring close supervision for higher-risk activities
- carrying emergency medication where required
- including epilepsy considerations in class and trip risk assessments

The school's approach is that pupils with medical conditions should have full access to the curriculum unless specific restrictions are identified within the Individual Healthcare Plan.

Recording, Reporting and Monitoring

Any seizure activity, administration of medication, first aid intervention, or emergency response will be recorded in line with school procedures.

This may include:

- recording on the **Medication Administration Record (MAR)** where medication is administered
- recording on **CPOMS** under the relevant category
- informing parents/carers
- completing a medical incident record where appropriate

Any epilepsy-related incident, near miss, medication error, or change in presentation should be reviewed by the relevant staff and used to inform future planning and risk reduction.

Responsibilities

School Responsibilities

The school will:

- maintain up-to-date medical records and Individual Healthcare Plans
- ensure staff receive epilepsy awareness training and refresher training
- ensure appropriately trained staff administer emergency medication where required
- share epilepsy information with relevant staff on a need-to-know basis
- ensure emergency medication is accessible and accompanies pupils when required
- include epilepsy needs in trip and activity risk assessments
- record incidents, medication administration and concerns appropriately
- liaise with parents/carers and health professionals where needed

Parent / Carer Responsibilities

Parents/carers are responsible for:

- informing the school if their child has epilepsy
- providing an up-to-date Epilepsy Care Plan / Individual Healthcare Plan
- informing the school promptly of any changes to the child's condition, treatment or emergency protocol
- providing prescribed rescue medication where required
- ensuring medication is in date, undamaged, clearly labelled and replaced before expiry
- ensuring the school has current emergency contact information
- working collaboratively with the school to support safe participation in school life

Staff Responsibilities

Staff are responsible for:

- familiarising themselves with relevant pupils' Individual Healthcare Plans
- attending training as required
- responding appropriately in the event of a seizure
- following the pupil's plan and school procedures
- seeking help immediately if concerned
- recording and reporting incidents accurately

Monitoring and Review

This risk assessment will be:

- reviewed annually
- reviewed following any epilepsy-related incident, near miss, or medication error
- updated where there is a change in a pupil's medical needs, medication, or professional guidance

The Medical Lead will monitor the implementation of this risk assessment alongside the school's wider medical procedures.

Approval and Sign-Off

Role	Name	Signature	Date
Medical Lead			
Headteacher			
Governing Body Representative			

Gosden House School

Whole School Asthma Risk Assessment

Area: Whole School

Assessed by: Emily Mainwaring

Date: May 2026

Review Date: Annually or following any asthma-related incident

Whole School Asthma Awareness

Gosden House School promotes a whole-school approach to asthma awareness and safety.

Staff, pupils and visitors are encouraged to support the school in maintaining a safe environment for pupils with asthma. This includes:

- being aware of pupils diagnosed with asthma
- recognising the signs and symptoms of asthma symptoms or an asthma attack
- ensuring inhalers are accessible where required
- informing staff immediately if a pupil feels unwell or experiences breathing difficulties

Through staff training, clear procedures and effective communication, the school aims to minimise risks and ensure pupils with asthma are supported to participate safely in school life.

Purpose

This risk assessment outlines the procedures and control measures in place at Gosden House School to reduce the risk of harm to pupils with asthma and to ensure an effective response if a pupil experiences asthma symptoms or an asthma attack. The school recognises that asthma is a common long-term medical condition affecting the airways and that pupils may require immediate access to their inhaler to relieve symptoms. Appropriate precautions and emergency procedures are implemented to protect pupils and ensure a safe learning environment.

Risk Rating Summary

Risk Level Description

- | | |
|--------|--|
| Low | Risk adequately controlled through existing procedures |
| Medium | Some additional monitoring required |
| High | Immediate action required to reduce risk |

Following the implementation of the control measures outlined in this document, the overall residual risk is considered **LOW**, provided procedures are followed and inhalers are available where required.

Current Asthma Profile of the School

At the time of writing this risk assessment, the school currently has:

18 pupils diagnosed with asthma

Where required, pupils will have:

- an Asthma Care Plan completed with parents/carers and healthcare professionals where appropriate
- access to their prescribed inhaler
- parental consent for use of the school emergency inhaler where applicable

This information is reviewed regularly by the Medical Lead.

Identification and Information Sharing

Pupils with asthma are identified through medical information provided by parents/carers and recorded on the school's medical system.

Where appropriate:

- pupils with asthma are identified on medical information board in the office and available to relevant staff
- asthma information is recorded on **SIMS medical records**
- pupils with more significant asthma will have an **Asthma Care Plan**

The **Asthma Care Plan** outlines:

- the pupil's usual asthma symptoms
- known triggers
- medication required
- how to recognise worsening symptoms
- actions staff should take if symptoms escalate

It is the responsibility of the class teacher to ensure that the class team is aware of pupils with asthma and knows where the **Asthma Care Plan** and SIMS medical information are stored.

Staff Training and Awareness

All staff receive medical awareness training as part of induction and regular refresher training.

Training includes:

- recognising symptoms of asthma

- responding appropriately to breathing difficulties
- supporting pupils to use inhalers
- understanding when emergency services should be contacted

This ensures that staff are confident in supporting pupils who experience asthma symptoms during the school day.

Access to Inhalers

Pupils with asthma should have access to their **prescribed inhaler** when required. Depending on the pupil's age and needs, inhalers may be:

- carried by the pupil (where appropriate)
- stored safely within the classroom

Inhalers must be:

- provided by parents/carers
- clearly labelled with the pupil's name
- within the expiry date
- in working condition

Storage and Use of the Emergency Asthma Inhaler

Gosden House School holds an emergency salbutamol inhaler and spacers for use in the event of an asthma emergency. These are stored in the main office in a clearly labelled and easily accessible location known to staff.

The emergency inhaler is intended for use by pupils who have been diagnosed with asthma and for whom parental consent has been provided.

The emergency inhaler may be used when:

- a pupil is experiencing asthma symptoms and their own inhaler is not available, empty, lost, or ineffective, or
- a pupil is experiencing an asthma attack and requires immediate treatment

The emergency inhaler is stored alongside:

- appropriate spacers suitable for pupil use
- a record sheet to document when the inhaler is used

The emergency inhaler and spacers will be maintained in accordance with school procedures. This includes:

- checking the inhaler regularly to ensure it is within expiry date
- ensuring spacers are clean and available for use

- ensuring staff are aware of the location of the inhaler and spacers in the main office

The emergency inhaler is not a replacement for a pupil's own inhaler, and parents/carers remain responsible for ensuring their child has an in-date inhaler available in school.

Following use of the emergency inhaler:

- the incident will be recorded in accordance with school procedures
- parents/carers will be informed as soon as reasonably possible
- the pupil will continue to be monitored by staff

If a pupil's symptoms do not improve after using the inhaler, or if staff are concerned about the pupil's condition, emergency services will be contacted immediately. Parents/carers must provide written consent for their child to use the school's emergency inhaler.

Asthma Management in School

If a pupil experiences asthma symptoms, staff will:

- remain calm and reassure the pupil
- help the pupil sit upright and remain calm
- support the pupil to take their inhaler
- monitor their breathing and response to medication
- remain with the pupil until symptoms improve

Staff will follow the pupil's Asthma Care Plan where one is in place.

Asthma Attack – Emergency Procedure

If a pupil appears to be having an asthma attack:

1. Help the pupil sit upright and remain calm
2. Help the pupil use their inhaler (usually 2 puffs of a reliever inhaler)
3. Encourage slow, steady breathing
4. If there is no improvement, additional puffs may be given according to guidance
5. Monitor the pupil closely

Emergency services must be called if:

- the pupil's breathing does not improve
- the pupil becomes exhausted or distressed

- the inhaler does not relieve symptoms
- the pupil becomes pale, blue, or collapses
- staff are unsure or concerned at any stage

Parents/carers will be contacted as soon as reasonably possible.

Educational Visits and Off-Site Activities

Asthma must be considered in risk assessments for educational visits.

Control measures include:

- ensuring inhalers accompany the pupil
- ensuring staff supervising the pupil are aware of their asthma
- ensuring medical information is accessible during the visit
- Inhalers must accompany pupils on school transport and trips.

Surrey School Transport

Asthma During School Transport

Where pupils travel to and from school using school transport, it is important that their medical needs are considered.

Where required:

- pupils should have access to their prescribed inhaler during transport
- transport staff or escorts should be aware that the pupil has asthma
- inhalers accompanying pupils on transport should be clearly labelled and easily accessible

At the point of applying for school transport, parents/carers are responsible for informing Surrey County Council if their child has asthma or any other medical condition that may require support during transport.

In line with Surrey County Council transport guidance, it is the responsibility of parents/carers to ensure that appropriate arrangements are in place for their child to carry a separate inhaler on school transport where required. This ensures that medication is available during journeys to and from school.

Where necessary, the school will liaise with parents/carers and the Surrey transport team to ensure that appropriate information is shared and that pupils' medical needs are considered within transport arrangements.

Staff will ensure that pupils' medical needs are considered as part of transport arrangements and risk assessments where applicable.

Physical Activity and PE

Pupils with asthma should be encouraged to participate in physical activity wherever possible.

Risk is reduced by:

- ensuring inhalers are accessible during PE
- allowing pupils to take medication before activity if required
- monitoring pupils for signs of breathing difficulty
- allowing pupils to stop activity if symptoms develop

Reasonable adjustments may be made where required based on individual medical advice.

Where a pupil requires more frequent use of their inhaler than outlined in their Asthma Care Plan, or there is a noticeable change in their symptoms or presentation, the class team will inform parents/carers so that the pupil's asthma management can be reviewed if necessary.

Inhaler usage should be recorded on CPOMS under the Medical category in line with school procedures.

Common Asthma Triggers in School

Asthma symptoms can be triggered by a range of environmental and physical factors. Staff should be aware of common triggers and take reasonable steps to reduce exposure where possible.

Common asthma triggers that may occur in the school environment include:

- physical activity or exercise, particularly in cold weather
- respiratory infections such as colds or flu
- cold air or sudden temperature changes
- pollen or seasonal allergens
- dust or poor air quality
- strong smells, sprays or cleaning products
- emotional stress or excitement
- animal fur or feathers

Staff should be aware of pupils' individual triggers where identified within their Asthma Care Plan.

Where possible, reasonable steps will be taken to reduce exposure to known triggers.

Animals Onsite

Gosden House School has animals onsite as part of the school environment and curriculum. These may include rabbits, guinea pigs and dogs that may be present

within classrooms or other designated areas of the school. Interaction with animals can provide valuable educational and wellbeing benefits for pupils.

However, it is recognised that animal fur, hair or dander may act as an asthma trigger for some individuals. The school therefore takes reasonable steps to ensure that pupils with asthma or known sensitivities are supported appropriately.

To minimise potential risks:

- pupils' Asthma Care Plans will identify if animals are a known trigger
- animals will only be present in school under staff supervision
- pupils will be supported and supervised when interacting with animals
- pupils will be encouraged to wash their hands after handling animals
- areas where animals are kept will be maintained and cleaned regularly to reduce allergens
- staff will be mindful of pupils whose Asthma Care Plans identify animals as a trigger
- reasonable adjustments will be made where necessary to limit or avoid exposure for pupils with asthma or known sensitivities

Where a pupil's asthma is known to be triggered by animals, staff will ensure that appropriate arrangements are made to minimise exposure while supporting the pupil to participate in classroom activities wherever possible.

Recording and Monitoring

Any asthma-related incidents or concerns should be recorded in line with school procedures.

This may include:

- recording medical incidents on CPOMS
- informing parents/carers
- reviewing control measures where required

Where inhalers are administered by staff, this may be recorded on the **Medication Administration Record (MAR)** where applicable.

Responsibilities

School Responsibilities

The school will:

- maintain up-to-date medical records
- ensure staff receive appropriate training
- support pupils with asthma to access their inhalers when required

- ensure inhalers accompany pupils on trips where necessary
- maintain an emergency inhaler where appropriate
- record incidents and communicate with parents/carers

Staff are responsible for:

- familiarising themselves with pupils' medical information and Asthma Care Plans
- recognising asthma symptoms
- supporting pupils to use inhalers
- seeking assistance if symptoms worsen
- recording incidents where required

Parents/carers are responsible for:

- informing the school if their child has asthma
- providing up-to-date medical information and an Asthma Care Plan where required
- providing a prescribed inhaler for school use where required
- ensuring inhalers are clearly labelled with the pupil's name and within expiry date
- replacing inhalers when they are empty, damaged, lost or expired
- providing parental consent for use of the school emergency inhaler, where applicable
- informing the school of any changes to their child's condition, symptoms, or treatment
- informing Surrey County Council at the point of applying for school transport if their child has asthma or any other medical condition that may require support during transport
- ensuring appropriate arrangements are in place for their child to carry a separate inhaler on school transport in line with Surrey County Council transport guidance

Monitoring and Review

This risk assessment will be:

- reviewed annually

- reviewed following any asthma-related incident or near miss
- updated if there are changes to medical guidance or pupil needs

The Medical Lead will monitor the implementation of this risk assessment alongside the school's wider medical procedures.

Approval and Sign-Off

Role	Name	Signature	Date
Medical Lead			
Headteacher			
Governing Body Representative			

Medical Training Overview

There is an internal tracking system that ensure all staff complete training and provides a record of all training in-house, through the national college and through external providers.

Training Area	Information	Training Requirements	Typical Delivery Method
Paediatric First Aid	Full qualification - bank of staff trained on a voluntary basis	Renew every 3 years	External provider / accredited course
St Johns- First Aid in the workplace	Full qualification – bank of staff trained on a voluntary basis	Renew every 3 years	St John's Ambulance
Certificate in First Aid Awareness	Overview of procedures and reporting	New Staff – part of induction training programme	National College
Induction Training - Administration of Medication	Mandatory training for all new staff (safe administration, recording, policy compliance)	Part of induction programme including online test to be completed. This enables trainee to be a second signatory for administering meds	Inhouse with online test
Yearly Refresher of Administration Medication	INSET Training – Teacher only	September INSET Annual refresher – All teachers (opt in/out system in place)	National College & Review of Policy incl. updates.
Certificate in Allergy and Anaphylaxis	Recognition of anaphylaxis and safe use of autoinjector	Autumn Term - training as part of Meeting Schedule - Annual New Staff – part of induction training programme	Inhouse sharing of Risk Assessment & National College National College

Training Area	Information	Training Requirements	Typical Delivery Method
Asthma Management/ Certificate in Asthma Awareness	Recognition of symptoms and inhaler use	Autumn Term - training as part of Meeting Schedule - Annual New Staff – part of induction training programme	Inhouse sharing of Risk Assessment & National College National College
- Diabetes - Shunt training - Tube Feeding - Training is linked to the pupil's Individual Healthcare Plan (IHP)	Not required unless supporting a named pupil	Delivered only if a pupil condition joins the school Training for each year for new class teams	Healthcare professional
Epilepsy Training	All new staff complete National College training on induction	Autumn Term - Annual refresher for all staff where possible this is provided by Royal Surrey if not possible National College	National College & Sharing of Schools Risk Assessment / Healthcare professional
Defibrillator (Defib) Awareness	Introduction to use and location of defibrillators on site	Autumn Term - Annual refresher (awareness + location reminder)	School-based
Manual Handling (People)	Safe handling where required	Annual refresher – Autumn Inset as part of H&S updates	school-based
Intimate Care Procedures	Safe practice and safeguarding	Autumn Term - training as part of Meeting Schedule - Annual	School-based

Training Area	Information	Training Requirements	Typical Delivery Method
Mental Health Awareness	Supporting pupil wellbeing	Trained Mental Health First Aiders in place. Additional Courses available on the National College. Included as an agenda on Meeting Schedule delivered by pastoral team	National College/ Inhouse and external - MHST
Safeguarding (Medical Needs Link)	Includes children with medical needs	September INSET Annual safeguarding refresher	KCSIE UPDATES shared face to face and then National College to be completed.

End of Summer Term - Planning checklist for following academic year

Whole-school annual updates Medication administration

- Allergy including anaphylaxis and Epipen training, asthma, epilepsy
- Infection control
- Safeguarding
- Defibrillator awareness

Induction compliance:

- General First Aid (National College)
- Epilepsy training
- Administering Medication training – secondary signatory only

Statutory checks:

- First Aid certification (3-year cycle)
- St Johns- First Aid in the workplace (3 Year Cycle)
- Manual handling – Yearly
- OPT IN /OPT OUT system for teachers – Every September.

Triggered by pupil need (statutory requirement):

- Diabetes
- Shunt training
- Tube Feeding

Policies Provided to Staff on Induction

To meet statutory expectations, all staff are required to read and understand key policies, including:

- Whole School Medical Policy (includes First Aid, Supporting Pupils with Medical Conditions, Administering medication and School recording systems)
- Health and Safety Policy
- Safeguarding and Child Protection Policy
- Intimate Care and Continence Policy & Guidelines
- Accessibility / Inclusion Policy

Individualised Training

In line with statutory guidance:

- Appropriate staff receive suitable training to support pupils with medical conditions

In practice within school:

- When a pupil with a medical condition is admitted:
 - Relevant staff receive bespoke, condition-specific training immediately
 - Training is linked to the pupil's Individual Healthcare Plan (IHP)

This may include:

- Diabetes (when required)
- Severe allergies (targeted support)
- Shunt training for specific classes
- Any complex or long-term condition

Monitoring and Recording of Training

The school maintains a central training record, including:

- Staff names
- Training completed
- Dates and renewal deadlines
- Training provider and delivery method
- Evidence of competence where required

To ensures:

- Staff are competent and confident
- Training is regularly updated
- The school can demonstrate clear oversight

This framework ensures that all staff are appropriately trained, confident in supporting pupils with medical needs, and that the school remains compliant with statutory requirements.

Appendix 1 – Pupil Medication Administration Record (MAR)

CLASS FORM



The form is used to safely record when prescribed or approved medication is given to a pupil during the school day.

Pupil Medication Administration Record (MAR)

- Medication must be locked away in the classroom medical cabinet.
- Two members of staff must administer the medication and complete the form below.
- **Photocopy the form and return with medication to the Parent/Carer each day when appropriate. Eg. Antibiotics.**
- Record on CPOMS.
- Ensure that this form is always kept with the medication. When the form is completed upload onto CPOMS.
- **If the medication is taken off site during the school day, please record on the Offsite form**

Child's name:		Class:		D.O.B:	
---------------	--	--------	--	--------	--

Name of medicine	Dose	Frequency/times	Expiry date	Storage	Number of tablets received	Completion date of course if known

Date	Time given	Dose	A - Administered R - Refused E - Error	Medication count	Given by: (2 signatures)	Any reaction/side effects	Number left in the small box
					1. 2.		
					1. 2.		
					1. 2.		

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2026-27 Staff Share/MEDICAL/MEDICAL FORMS 09.26/CLASS FORMS/CLASS FORM - Pupil MAR form.docx>
16/09/2026

Appendix 2 – Non-Prescribed Medication Class Record

CLASS FORM



Non-Prescribed Medication Class Record

(Calpol, Paracetamol & Antihistamine)

- Medication must be locked away in the classroom medical cabinet.
- Two members of staff must administer the medication and complete the form below.
- Check parental permission has been given.
- Record on CPOMS
- Inform parents

Non-Prescribed Medication Class Record (e.g. Calpol, Paracetamol and Antihistamines)

*This form is used to record non-prescribed medication given to pupils. One form can be used for multiple children within the same class. **Once completed, it must be stored in the class Medical folder.***

Date	Child's name	Time	Dosage given	Type of Medication given	Reason medication given	Administered by: (2 signatures)	Method that parents were informed T – telephone. E – email. HS8 – Home school book SD – school diary	Any reaction/side effects
						1. 2.		
						1. 2.		
						1. 2.		
						1. 2.		
Date	Child's name	Time	Dosage given	Type of Medication given	Reason medication given	Administered by: (2 signatures)	Method that parents were informed T –	Any reaction/side effects

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2026-27 Staff Share/MEDICAL/MEDICAL FORMS 09.26/CLASS FORMS/CLASS FORM - Non prescribed medication class record.docx>

Appendix 3 – Being Returned Home

CLASS FORM



Form to be used to record the safe transfer of medication being returned home with a pupil. It provides a clear record of the medication handed over, including the date and time of transfer. Signatures are required from both the member of staff and the parent/carer or transport representative receiving the medication to confirm its safe handover and receipt. To be scanned and uploaded onto CPOMS

Medication Sent Home / Returned Log (Single Child)

Child's Name: _____

Medication Name: _____

A copy of the child's MAR form is with this medication: Yes / No



MORNING - RECEIVED INTO SCHOOL				END OF DAY - RETURNED			
Date & Time	Quantity (if relevant)	Received from Parent / transport (print name)	L/A/Teacher (print name and sign)	Time	Quantity (if relevant)	Handed to Parent / transport (print name)	L/A/Teacher (print name and sign)

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2026-27 Staff Share/MEDICAL/MEDICAL FORMS 09.26/CLASS FORMS/CLASS FORM - 'Being returned home' Log out and in form.docx>

Appendix 4 – Parent Permission Sheet for Non-Prescribed and Home Medication Information

ADMIN FORM



PARENT PERMISSION SHEET FOR NON-PRESCRIBED MEDICATION & HOME MEDICATION INFORMATION

Child's name:	Class:	D.O.B:
Parents surname (if different):		
Home address:	Emergency name and contact number:	
GP name, address & telephone number:		
Medical condition/illness/allergies:		

Please tick yes or no	Yes	No
I agree that Paracetamol or Calpol can be administered at school for pain relief or high temperature		
I agree that an antihistamine can be administered to my child to relieve hay fever symptoms		
I understand that it is my responsibility to notify the school of any known reactions to the above medicine		
I understand that it is my responsibility to notify the school of any changes to the above		

Prescribed medication taken at home

Name of medication	Reason for Medication	Dosage	Time & Frequency	Known reactions

Parent/Carer (Print name):

Signature:

Date:

[https://gordenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/Gesara/2026-27 Staff Share/MEDICAL/MEDICAL FORMS 09-26/ADMIN & PARENT FORMS/ADMIN - Medical information collection sheet and permission sheet \(new students and yearly\).docx](https://gordenhouseschool.sharepoint.com/sites/StaffShare/Shared%20Documents/Gesara/2026-27%20Staff%20Share/MEDICAL/MEDICAL%20FORMS%2009-26/ADMIN%20&%20PARENT%20FORMS/ADMIN-Medical%20information%20collection%20sheet%20and%20permission%20sheet%20(new%20students%20and%20yearly).docx)

Appendix 5 – Pupil Medication Request – ADHOC/Anti-biotics



PUPIL MEDICATION REQUEST

For ADHOC /Anti-biotics administration during school hours

Medication must be in the containers that they were originally supplied in, clearly labelled with the child's name, medication name, dosage, expiry date and storage instructions.



Child's name:		Class:	D.O.B:
Home Address:			
Medication for:			
Parent's number:			
GP Name and number:			

☐

I agree to members of staff administering medicines/providing treatment to my child as directed below.

Name of medicine	Expiry date	Dose & Method	Frequency times	Any side effects that we should know about	Storage required	Completion date of course if known

PARENTAL AGREEMENT

- I will ensure that the medicine held by the school has not exceeded its expiry date.
- I understand that the medicine must be handed to a member of SLT on arrival to school by myself or escort/driver, and will be returned to myself or escort/driver at the end of the day if needed.
- This medication needs to be returned home daily yes /no Please highlight

Parent/Carer

Signature: _____ Date: _____

Print name: _____

Appendix 6 – Pupil Medication Request – Every day/Regular medication during school hours



PUPIL MEDICATION REQUEST

For everyday / regular administration during school hours

Medication must be in the containers that they were originally supplied in, clearly labelled with the child's name, medication name, dosage, expiry date and storage instructions.



Child's name:		Class:	D.O.B:
Home Address:			
Medication for:			
Parent's number:			
GP Name and number:			

☐

I agree to members of staff administering medicines/providing treatment to my child as directed below.

Name of medicine	Expiry date	Dose & Method	Frequency times	Any side effects that we should know about	Storage required	Completion date of course if known

PARENTAL AGREEMENT

- I will ensure that the medicine held by the school has not exceeded its expiry date.
- I understand that the medicine must be handed to a member of SLT on arrival to school by myself or escort/driver, and will be returned to myself or escort/driver at the end of the day if needed.
- This medication needs to be returned home daily yes /no Please highlight

Parent/Carer

Signature: _____ Date: _____

Print name: _____

[https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2026-27 Staff Share/MEDICAL/MEDICAL FORMS 09.26/ADMIN & PARENT FORMS/PARENT FORM - Pupil Medication Request \(ongoing\).docx](https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2026-27 Staff Share/MEDICAL/MEDICAL FORMS 09.26/ADMIN & PARENT FORMS/PARENT FORM - Pupil Medication Request (ongoing).docx)

Appendix 7 – Medical Incident Record



Medication Incident Record

Child's name:		Class:	D.O.B:
---------------	--	--------	--------

Date of incident	Time of incident	Reported by (name and title)	Reported to (name and title)

Type of incident (tick if applicable)

☐ Given to incorrect student ☐ Given at incorrect time ☐ Incorrect dose given ☐ Taken incorrectly	Other:
Description of what happened:	

Contacted (please show time of contact)

☐ Parent ☐ GP ☐ 111 ☐ 999	
Advice received:	

Student outcome

☐ Returned to class ☐ Sent home ☐ Parents advised to take to A&E ☐ Ambulance called
--

Appendix 8 – How to recognise an Asthma Attack



HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences, some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

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

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed



<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026/Staffshare/MEDICAL/Medical guidance/What to and How to/How to recognise an asthma attack.docx>

Appendix 9 – What to do in an event of an Asthma Attack



WHAT TO DO IN THE EVENT 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 (**check for permission**)
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is **no immediate improvement**, continue to give **two puffs at a time every two minutes, up to a maximum of 10 puffs**
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- **If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE**
- **If an ambulance does not arrive in 10 minutes given another 10 puffs in the same way.**

Appendix 10 – Consent for Emergency Salbutamol Inhaler Use

ADMIN FORM



CONSENT FOR EMERGENCY SALBUTAMOL INHALER USE

I can confirm that my child has been diagnosed with asthma and has been prescribed a reliever inhaler (usually salbutamol)

My child has a working, in-date inhaler, clearly labelled with their name, which they have with them in school.

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

Parents/carers signature:

Date:

Child's name:

Date of birth:

<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2026-27 Staff Share/MEDICAL/MEDICAL FORMS 09.26/ADMIN & PARENT FORMS/ADMIN - Salbutamol inhaler consent.docx>

Appendix 11 – Child Asthma Plan

My asthma triggers

Tick the triggers that make your asthma worse:

- ☐ Pollen ☐ Air pollution
☐ Exercise ☐ Other (please list here):
☐ Cold/flu
☐ Stress
☐ Weather

“Always keep your blue reliever inhaler and your spacer with you. You might need them if your asthma gets worse.”

Dr Andy Whittamore
Asthma + Lung UK's GP

Book your child's asthma review

You should book an asthma review at least once a year, or more if your child needs it. If your child has been to A&E, or been prescribed steroid tablets or liquid, you should book an asthma review straight away. Remember to bring:

- their action plan, to see if it needs updating
- any inhalers and spacers they have, to check they're using them in the best way
- their peak flow meter if they use one
- any questions about their asthma and how to manage it.

Date of next asthma review:

Healthcare professional contact details:

Asthma and Lung UK is a charitable company limited by guarantee with company registration number 0863614, with registered charity number 105700 in England and Wales, SC038415 in Scotland, and 1077 in the Isle of Man.



Parents and carers

As well as wheezing, coughing and a tight chest, your child might have their own unique symptoms that tell you their asthma is getting worse. You can list them here:

Does your child tell you when they need their asthma inhaler?

- ☐ Yes ☐ No

Does your child need help taking their asthma medicines?

- ☐ Yes ☐ No

Get the most from your child's action plan:

- take a photo and keep it on your phone, and on your child's phone if they have one
- stick a copy on your fridge door
- share your child's action plan with their school, holiday club or grandparents – whoever is caring for your child.

Learn more about what to do during an asthma attack:

www.asthmaandlung.org.uk/asthma-attacks

Get advice, support and information at AsthmaAndLung.org.uk or find us on social media:



Questions about asthma?

Talk to our friendly respiratory nurse specialists for more support.

Call **0300 222 5800**
(Monday to Friday, 9am to 1pm and 2pm to 5pm)

Last reviewed July 2025; next review July 2028. V1.



Child asthma action plan

Fill this in with your healthcare professional

This asthma action plan is for children who use separate preventer and reliever inhalers. If you are on a MART or AIR regime, please use our MART or AIR asthma action plan.

Name and date:

1 My daily asthma routine

I need to take my preventer inhaler every day.

My preventer inhaler is called:

and its colour is:

I take puff(s) in the morning. I take puff(s) at night.

I rinse my mouth out afterwards. I do this every day even if my asthma's okay.

I must remember to use my spacer with my inhaler. If I do not have one, I'll go back to my healthcare professional and ask for one.

Other asthma medicines I take every day:

My reliever inhaler helps when I have symptoms.

My reliever inhaler is called:

and its colour is:

IMPORTANT: If I need my blue reliever inhaler when I do sports or activity, I need to see a healthcare professional.

2 When I feel worse

My asthma is getting worse if I have any of these symptoms:

- I wheeze, cough, my chest hurts, or it's hard to breathe
- I need my blue reliever inhaler 3 or more times a week
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment with my healthcare professional).

If my asthma gets worse, I will:

- take my preventer medicines as normal
- take puff(s) of my blue reliever inhaler every 4 hours if needed
- see my healthcare professional within 24 hours if I do not feel better.

URGENT! If your reliever inhaler is not lasting 4 hours, you need to take emergency action now. **See section 3.**

Other things my healthcare professional says I need to do if my asthma is getting worse:

3 In an asthma attack

I'm having an asthma attack if I have any of these symptoms:

- my reliever inhaler is not helping or it's not lasting 4 hours at a time
- I find it hard to walk or talk
- I find it hard to breathe
- I'm coughing or wheezing a lot
- my chest is tight or it hurts.

If I have an asthma attack, I will:

1. Call for help. Sit up and try to keep calm.
2. Take 1 puff of my reliever inhaler (with my spacer, if I have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If I don't have my reliever inhaler, or it's not helping, or if I'm worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and my symptoms are not improving, repeat step 2.
5. If my symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

IMPORTANT: If you have a MART or AIR inhaler, please tell the responder when you **call 999.**

What to do after your child's asthma attack:

- If the asthma attack was managed at home, contact your GP surgery or call **111**
- If your child was treated in hospital, take them to see a healthcare professional within 48 hours of being discharged.
- Make sure your child finishes any medicine they're prescribed, even if they start to feel better.
- If your child does not improve after treatment, see a healthcare professional urgently.

Appendix 12 - Anaphylaxis



ANAPHYLAXIS

Anaphylaxis is an acute, severe, life threatening allergic reaction to a substance which the body has previously been exposed.

It often develops rapidly and affects the whole body within minutes of exposure to the allergen, however it can take up to 2-3 hours for the body to react.

It requires immediate medical attention. **An emergency is**

- **Difficulty in breathing, speaking or swallowing (due to swelling of the tongue and throat)**
- **Sudden weakness or collapse**
- **Any deterioration**

WHAT TO DO IN THE EVENT OF A SUSPECTED ANAPHYLATIC REACTION **(Emergency)**

- **Stay calm**
- **Identify and remove allergen if possible**
 - **Assess symptoms (ABC)**
 - **Stay with the person and reassure**
- **Lie down with feet elevated unless they have breathing difficulties**
- **DO NOT MOVE THE PERSON.** Standing someone up with anaphylaxis can trigger cardiac arrest.
 - **Send for adrenaline kit**
 - **Call ambulance 999**

MILD REACTION; such as localised rash, itching or slight wheeze:

- **Give antihistamine**
- **Inform parent that allergic reaction has occurred**
 - **Monitor**
- **Any deterioration – proceed as an emergency.**

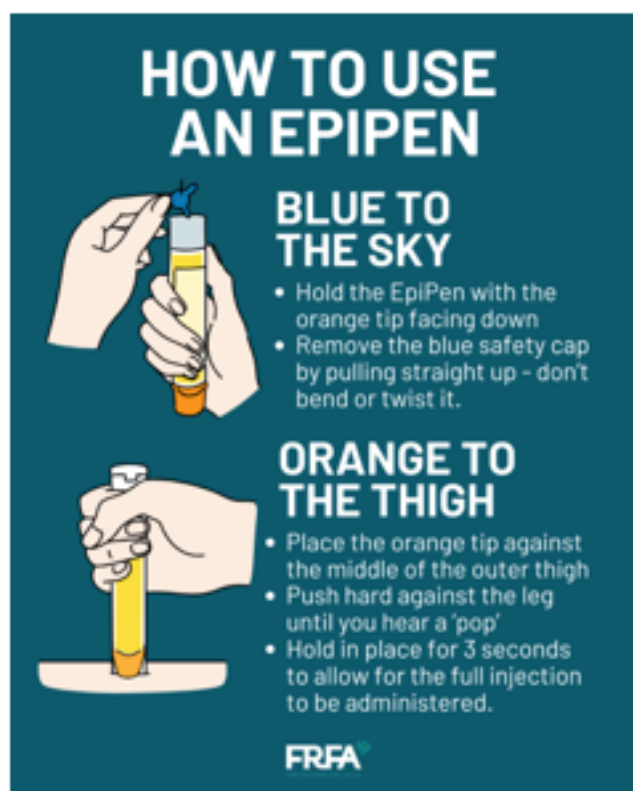


Appendix 13 – How to Administer an Auto-Injector



HOW TO ADMINISTER AN AUTO-INJECTOR

- Cetirizine may be given if slight tingling of the lips occurs following ingestion of possible irritants for nut allergy sufferers. (This is a liquid medicine stored with the auto-injector.)
- If symptoms are more severe, the auto-injector should be given immediately.
- The pen (cap off) should be pushed against the child's thigh, through clothing if necessary.
- The pen should be held for a count of 10 seconds before being withdrawn.
- The area rubbed for the count of 10.
- An ambulance must be called immediately if an auto-injector is given or if a child is showing symptoms of an allergy or anaphylactic shock.



<https://gosdenhouseschool.sharepoint.com/sites/StaffShare/Shared Documents/General/2025-2026 Staffshare/MEDICAL/CLASSROOM POSTER GUIDANCE/How to administer an auto injector.docx>

Appendix 14 - Contact List

Name and contact details of outside agency support:

csn.waverlysn@nhs.net

Tel: 01483 362631

School Nurses
0-19 Team Waverley
Children and Family Health Surrey

Epilepsy Nurse: Steph Lawrence

The image shows two overlapping business cards. The left card is for a 'Children's Epilepsy Nurse Specialist' and includes contact information for Steph Lawrence. The right card is for the 'Royal Surrey NHS Foundation Trust' and includes the address, contact numbers, and website.

Children's Epilepsy Nurse Specialist
Phone: 01483 571122 Ext: 4207
Mobile: 07811 723713
Patient related email: rsch.childrensepilepsynurses@nhs.net
Non-patient related email: nataliebaines@nhs.net
Working Days: Monday 0830-1630; Tuesday 0830-1600; Wednesday 0830-1245

WORLD CLASS CARE FOR OUR COMMUNITY

NHS
Royal Surrey
NHS Foundation Trust

Egerton Road, Guildford, Surrey GU2 7XX
Switchboard: Tel: 01483 571122
Website: www.royalsurrey.nhs.uk

Search royalsurrey

Incontinence Nurse:

Danielle Brennan
Children's Continence Nurse

Children and Family Health Surrey

Children's Continence Service
Leatherhead Hospital
Office: 07713094697
Email: csn.childrenscontinence@nhs.net
Mobile 07738 752871
Hours of work: 8-4 pm Tuesday-Friday
danielle.brennan1@nhs.net
Address: Leatherhead Hospital, Poplar Road, Leatherhead, Surrey, KT22 8SD
For further information visit www.childrenshealthsurrey.nhs.uk

Immunisation Team: Emma Zamboni and Val Whiteway

Emma Zamboni
Immunisation Administrator
Immunisation Team
CSH Surrey
Tel: 01483 362566
emmazamboni@nhs.net

Link chemist: Diana.
Wonersh@paydens.com
Wonersh Surgery
The Street
Wonersh
Surrey GU5 0PE

Appendix 15 – DEFIB Emergency Action Plan and CPR Guidance

Check If the person is:

- Unconscious and unresponsive
- Not breathing or not breathing normally (gaspings) → Suspect cardiac arrest

Shout for help and use your walkie-talkie

Move to Channel 3 to contact the office

If unable to change channel, stay on Channel 4 and ask for help

Say clearly:

“Medical emergency – possible cardiac arrest” and state the location

Ask for:

- 999 to be called
- First aider
- AED to be brought

⚠ Do not leave the casualty unless absolutely necessary

⚠ IMPORTANT – IF THE CASUALTY IS A CHILD

Children often suffer cardiac arrest due to **breathing problems**, so **early breaths are critical**.

If you are **alone**:

1. **Start CPR immediately**
2. Give **about 1 minute of CPR first if possible**
3. Then **call for help / radio the office**
4. Continue **CPR until help arrives**

If **another person is present**, they should **call for help immediately while CPR starts**.

CPR GUIDANCE

1. Place hands in the **centre of the chest**
2. Push **hard and fast (100–120 per minute)**
3. Push down about **5–6 cm**
4. Allow the chest to **fully rise between compressions**

30 compressions : 2 breaths

Rescue breaths

1. Tilt head back and lift chin
2. Pinch nose
3. Seal your mouth over theirs
4. Give 2 breaths until chest rises

If you cannot give breaths, **continue compressions only**.

When the AED Arrives follow step by step instructions

MEDICAL EMERGENCY PROCEDURE
updated Nov 2025

- Call for a First Aider (**Band 4**) saying that **assistance is urgently needed - stating the child's name and location.**
- The office will notify SLT there has been a call out.
- The First Aider or member of SLT will notify the School Office to call 999
- A member of the School Office will use their mobile to call 999 and bring the mobile phone to the First Aider at the scene of the incident
- A member of SLT will notify the Parents/Carers
- The First Aider or member of SLT will direct a member of staff to get any Medical Plans and the SIMS data sheet from the class file ready to share/give to the ambulance team.
- A member of SLT or School Office staff will wait outside to open the gate and direct the ambulance to the incident

The person calling the ambulance will:

Give an outline of the reason for the call and how, if it is an injury, it occurred

Give details of the child's date of birth, address, parent's name, Share other medical information, including any medication details, shown on the child's SIMS data sheet and/or healthcare plan.

Gosden House School, Horsham Road, Bramley, Guildford, Surrey GU5 0AH. Main Office 01483 892008