

MANSTON PRIMARY SCHOOL



MEDICAL CONDITIONS (INCLUDING ASTHMA) POLICY

Manston Primary is committed to safeguarding and promoting the well-being of all children and expects our staff and volunteers to share this commitment.

Policy reviewed by: James Clay and Kirsty Thorpe

Approved by: Full Governing Body Committee [June 2024]

Date: June 2024 Review Date: September 2026



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Responsible Department: SEND

Policy Applies to: Pupils

This policy has been written after consultation with parents, the governing body and pupils. We understand that certain medical conditions, like asthma, are serious and potentially life threatening, particularly if poorly managed or misunderstood. We also understand the importance of medication being given as directed by healthcare professionals and parents.

This policy is based on advice taken from:

The Department for Education and Skills, the Department of Health Guidance on the use of emergency asthma inhalers in schools dated September 2014, the National Asthma Campaign, the School Nursing Service, Leeds Teaching Hospital Trust, Education Leeds Health Initiatives Team, Education Leeds Health and Safety Team.

We are an inclusive school community that welcomes and supports all children and young people with asthma and other medical conditions, and we provide all children and young people with asthma the same opportunities as others at school. All relevant staff understand the medical conditions that affect pupils at our school. We also make sure all our staff understand their duty of care to children and young people in the event of them requiring medical intervention.

The named member of our staff responsible for this policy and its implementation is James Clay [Head Teacher].

The asthma policy is reviewed evaluated and updated bi-annually.

1. Introduction

The Children and Families Act 2014 places a duty on schools/academies to make arrangements for supporting pupils with medical conditions. Pupils with special medical needs have the same right of admission to school as other pupils and cannot be refused admission, or excluded from school on medical grounds alone. Teachers and school staff in charge of pupils have a common law duty to act in the place of the parent (in loco parentis) and may need to take swift action in an emergency. This duty also extends to teachers/adults leading activities taking place off the school site. This could include a need to administer medicine. The prime responsibility for a pupil's health lies with the parent, who is responsible for the pupil's medication and should supply the school with all the necessary information.

Medical needs may be broadly summarised as being of two types:

- Short term - affecting participation in school activities because a course of medication has been prescribed
- Long-term - potentially limiting their access to education and requiring extra care and support (e.g. SEN/Additional Needs).

Some pupils with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, the school will comply with their duties under that Act.

Some pupils may also have Special Educational Needs and/or Disability (SEND) and may have an Education, Health and Care Plan (EHP) which brings together health and social care needs, as well as special educational provision. For pupils with SEND, this guidance should be read in conjunction with the SEND Code of Practice 2015.

If a pupil is deemed to have a long-term medical condition, the School aims to ensure that arrangements are in place to support them and that such pupils can access and enjoy the same opportunities at school as any other pupil. The School, health professionals, parents/carers and other support services will work together to ensure that pupils with medical conditions receive a full education, unless this would not be in their best interests because of their health needs. In some cases, this will require flexibility and involve, for example, personalised programmes of study that rely on part-time attendance combined with alternative provision arranged by the Local Authority and health professionals. Consideration will also be given to how pupils will be reintegrated back into the School after a long period of absence.

Staff must not give prescription medicines or undertake health care procedures without appropriate training. We recognise that a first aid certificate does not constitute appropriate training in supporting pupils with medical conditions. Healthcare professionals, including a School Nurse (where applicable), will be asked to provide any necessary training and subsequent confirmation of the proficiency of staff to carry out a medical procedure, or in providing medication.

2. Roles and Responsibilities (as detailed in the statutory guidance)

2.1 The Governing Body:

- Must make arrangements to support pupils with medical conditions in the School, including making sure that the policy for supporting medical conditions is implemented;
- Should ensure that pupils with medical conditions are supported to enable maximum participation in all aspects of school life;
- Should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support pupils with medical conditions. They should also ensure that any members of staff who provide support to pupils with medical conditions are able to access information and other teaching support materials, as needed

2.2 The Head Teacher:

- Must ensure that the School's policy is developed and effectively implemented;
- Should ensure that all staff members are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- Should ensure that all staff members who need to know are aware of the pupil's condition;
- Should ensure that sufficient trained numbers of staff are available to implement the policy and deliver all Individual Healthcare Plans, including in contingency and emergency situations;
- Has the overall responsibility for the development of Individual Healthcare Plans;
- Should make sure that staff are appropriately insured and are aware that they are insured to support pupils in this way;
- Should ensure that contact is made with the School Nursing Service in the case of any school age pupil who has a medical condition that may require support, which hasn't yet been notified to the school.

2.3 School staff:

- Any member of staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although they are not obliged to do so;
- Although administering medicines is not part of teachers' professional duties, they should consider the needs of the pupils they teach who have medical conditions;
- Staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support pupils with medical conditions;
- Any member of staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

2.4 A School Nurse (if applicable):

- Is responsible for notifying the School when a pupil has been identified as having a medical condition;

- May support staff with implementing a pupil's Individual Healthcare Plan and provide advice and liaison, (e.g. training);
- Can liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs.

2.5 Other healthcare professionals, including GPs and paediatricians:

- Should notify the school when a pupil has been identified as having a medical condition that will require support during the school day;
- May provide advice on developing Individual Healthcare Plans;
- May be able to provide support for pupils with particular conditions e.g. asthma, diabetes, epilepsy.

2.6 Pupils with medical conditions (where appropriate for their age):

- Are often best placed to provide information about how their condition affects them;
 - Should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their Individual Healthcare Plan.

2.7 Parents:

- Should provide the School with sufficient and up-to-date information about their child's medical needs;
- Should be involved in the development and review of their child's Individual Healthcare Plan and may be involved in its drafting;
- Should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times;
- Must ensure all medicines (including over the counter (OTC) products) are prescribed by a healthcare professional, i.e. their GP. If a pupil requires an OTC medicine on a regular basis, it must be prescribed by a GP and will then be managed as part of a short-term medical requirement.
- Provide in-date medication to school and take responsibility for disposal of out-of-date medication.

Please note:

- o Antihistamines will not be administered at school unless prescribed by a GP;
- o All prescribed medicines must be supplied to the School in the original packaging, with a pharmacy label containing the pupil's details, including dosage etc. The medicine must be in date and any contents also labelled with a pharmacy label (e.g. inhalers).

2.8 Local Authorities:

- Are commissioners of school nurses;
- Under section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, clinical commissioning groups and NHS England, with a view to improving the wellbeing of pupils with regard to their physical and mental health and their education;
- Should provide support, advice and guidance, including suitable training for School staff, to ensure that the support specified within Individual Healthcare Plans can be delivered effectively;
- Should work with schools/academies to support pupils with medical conditions to attend full time;
- Where a pupil would not receive suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements;
- Statutory guidance for local authorities, ensuring a good education for pupils who cannot attend school because of health needs, sets out that they should be ready to make arrangements under this duty when it is clear that a pupil will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

3. Procedures

- 3.1 As part of the induction process, parents/carers are required to provide information regarding their child's health including any long term or short-term medical needs. If a long-term medical need is identified, an Individual Health Care Plan will be drawn up and facilitated by the School Nurse. Staff will be informed and the School will make every effort to ensure that arrangements are put in place as soon as possible.
- 3.2 If the pupil requires the administration of medication of any kind, a consent form must be completed by the parents/carers and supplied (together with the medication in its original packaging), with the dosage regime clearly printed on the outside, together with the pupil's name. In making the arrangements, the school will consider that many of the medical conditions that require support will affect quality of life and may be life threatening.
- 3.3 Some medical conditions will be more obvious than others. The School will therefore aim to ensure that the focus is on the needs of each individual pupil and how their medical condition impacts on their school life. The School will endeavour to make sure that arrangements give parents/carers and pupils confidence in our ability to provide effective support for medical conditions. The arrangements will demonstrate an understanding of how medical conditions impact on a pupil's ability to learn, as well as increase their confidence and promote self-care. The School will ensure that staff members are properly trained to provide the support that is required.
- 3.4 The School will ensure that arrangements are clear and unambiguous about the need to support pupils with medical conditions to participate in off-site visits or in sporting activities and not prevent them from doing so, unless it would not be in their best interest owing to their health needs. The School will make arrangements for the inclusion of pupils in such activities, with any adjustments, as required; unless evidence from a clinician such as a GP states that this is not possible.
- 3.5 In line with safeguarding duties, the School will ensure that a pupil's health is not put at unnecessary risk from, for example, infectious diseases. The School will therefore not accept a pupil in school at times where it would be detrimental to the health of that pupil and others.
- 3.6 The School does not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide, based on the available evidence. This would normally involve some sort of medical evidence and consultation with parents/carers. Should there be a conflict of evidence, a degree of challenge may be necessary to ensure that the right support can be arranged. The Head Teacher/SGWO/School Nurse/ SENDCo will usually lead on this. Following the discussions, an Individual Health Care Plan may be put in place.
- 3.7 Where a pupil has an Individual Health Care Plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff members are aware of emergency symptoms and procedures. Other pupils should know what to do in general terms, such as informing a teacher immediately if they think help is needed. It may be necessary to make special arrangements for a pupil on reintegration, following illness; or whenever a pupil's needs change, including arrangements for any staff training and support.
- 3.8 If a pupil with a long-term medical condition transfers to another school/college, arrangements will be made, in consultation with the parents/carers, to ensure that all the relevant information is communicated to the new provision.
- 3.9 A Personal Emergency Evacuation Plan (PEEP) drawn up by the Headteacher, in consultation with SENDCo and SGWO, must be in place for all pupils whose long-term medical needs mean

that they may require additional support to evacuate the building or require their medication to be available in case of evacuation. An emergency inhaler will be taken out of the building by office staff (where this presents no risk to staff safety) in the event of a fire or evacuation.

3.10 A list of children with medical conditions is stored (adhering to GDPR regulations) in the staff room, so that all staff have easy access to this and can check it.

3.11 If a new pupil starts school, all staff are made aware by the staff meeting agenda if they have a medical condition or not – this is shared by the head teacher to all staff.

4. Individual Health Care Plans (IHCPs)

4.1 Responsibility:

The responsibility for overseeing the support for pupils with medical conditions has been delegated to the SENDCo and Safeguarding and Welfare Officer, working alongside the Head Teacher. This duty is carried out in conjunction with the parents/carers, the School Nurse and any other Healthcare Professionals involved in providing care to the pupil. Whenever appropriate, the pupils should also be involved. It is the responsibility of **all** members of staff supporting the individual pupil to ensure that the Individual Health Care Plan is followed.

The Class Teacher will remain responsible for the pupil's educational development, ensuring that their medical condition is supported at the School and that the advice on the Individual Health Care Plan is adhered to. This will involve keeping all staff members, including support or cover staff, informed about the needs of a pupil with medical needs.

4.2 Individual Health Care Plans:

- Will capture key information and actions that are required to support the pupil effectively;
- Will vary in detail from pupil to pupil, depending on the complexity of the condition and the level of support required;
- Provide clarity about what needs to be done, when and by whom;
- Are essential in cases where conditions fluctuate or where there is a high risk that means emergency intervention may be needed;
- Are helpful in other cases where intervention may be needed or where medical conditions are long term and complex;
- Should mention if a pupil has, in addition, Special Educational/Additional Needs;
- Will be easily accessible to all who need to refer to them, while preserving confidentiality;
- Should be taken on all off-site activities;
- Are reviewed annually, or when a pupil's needs change.

Not all pupils with medical conditions will require an Individual Health Care Plan. The School, healthcare professionals and parents/carers should agree, based on evidence, when a plan would be inappropriate or disproportionate. If consensus cannot be reached, the healthcare professional is best placed to take a final view.

5. Following Notification of a Short-term Medical Condition

Occasionally, pupils have a short-term medical condition such as earache or a sore throat and are well enough to attend school, but may still be taking a course of medication. Where possible, medication should be administered at home (including antibiotics prescribed 3 times a day) The administration of medicine is the responsibility of parents/carers. There is no absolute requirement on teachers or support staff to administer medicines. However, they may volunteer to do so.

If medication is required during the school day, then a parent/carer will be required to complete a consent form at the same time as handing in the medicine to the administration office/reception area for secure storage.

Prescribed medication should only be accepted if it is in date, in the original dispensed container with clear instructions for dose and storage. It should be clearly labelled with the pupil's name.

It is the parent's/carer's responsibility to collect and supply each day, as necessary.

6. Managing Asthma at the School

The school:

- Recognises that asthma is a condition affecting many children
- Welcomes all pupils with asthma to the school community
- Encourages children with asthma to manage their own condition safely and effectively
- Ensures that pupils with asthma have the confidence to ask for support from the school when required.

The school believes that the inclusion of asthma within this policy will:

- Promote increased attendance, participation and achievement for pupils with asthma;
- Enable all pupils to understand, appreciate and encourage the achievements of people with asthma;
- Enable all school staff to understand and assist pupils with asthma when necessary and appropriate; and
- Enable appropriate opportunities for studying asthma as part of the National Curriculum.

The school has a regular programme of training and staff consultation which covers all the medical conditions, including asthma, of children in their care. Regular training and updates are given for new staff, trainee teachers and other temporary staff. All staff are made aware of when and where to ask for support in dealing with medical conditions.

All staff receive and complete asthma and epi-pen training every two years and we have received accreditation for being an asthma friendly school from Leeds City Council's Health and Wellbeing team for all the work that we do to promote and support children effected by asthma.

6.1 *Using Inhalers and Responsibilities*

6.1.1 The school understands that immediate access to reliever inhalers is vital. Pupils are allowed to carry and use their own inhalers as soon as parent/carer, doctor, school nurse and class teacher agree that they are mature enough to do so.

6.1.2 Younger children's inhalers are stored safely in the classroom and are available for use on request or when indicated.

6.1.3 It is the parent/carer's responsibility to ensure that the child has a labelled inhaler in school, with the issue date and child's name. It is also the parent/carer's responsibility to provide a spacer for their child's inhaler.

6.1.4 It is the parent/carer's responsibility to ensure that inhalers in daily use by their child are checked termly and renewed when necessary and it is the parent/carer's responsibility to ensure that inhalers are fit for current use.

6.1.5 Parent/carers must supply the school with a spare inhaler for use if the child's Inhaler is lost, runs out or is forgotten. Spare inhalers must also be checked/ renewed annually.

6.1.6 We are formally advised by Asthma UK that reliever inhalers are inherently safe medicines. (Clearly pupils should not be allowed to use each other's inhalers as it is illegal and increases the risk of spreading infection.)

6.1.7 Trained staff are insured to assist children with inhalers and nebulisers when acting in accordance with this policy.

6.1.8 Staff are not required or able to supervise the administration of, or to administer any other medication associated with asthma.

School do have spare Salbutamol and Ventolin inhalers in school, which can be used in emergencies. These are stored and kept in the school office.

6.2 Triggers for Asthma

The school endeavours to do all that it can to ensure the school environment is favourable to children or staff with asthma or other respiratory conditions.

Actions taken include:

- A no smoking policy throughout the school.
- Housing of and access to school pets and animals will be managed to minimise the risk of asthma attacks.
- Alternatives will be used to chemicals or art material which may trigger asthma. Where this is not possible, an alternative lesson activity will be provided.
- Where building works may create a dusty environment, remedial action will be taken to prevent asthma attacks.

6.3 Minor attacks

6.3.1 Minor attacks should not interrupt a child's involvement in school. A short rest period may be indicated.

6.3.2 The child's parent/carer will be told about attacks which are minor but frequent.

6.3.3 The child's class teacher is expected to have sufficient information to comment on the general nature of the condition and the effect it has on the pupil's educational progress.

6.3.4 The school does not undertake to keep definitive records of all asthma attacks.

7. PE/Sport/Off-site activities

7.1 The school seeks to take all practical steps to encourage and enable pupils with a medical condition or asthma to take part in PE.

7.2 All staff are aware that pupils must use their inhalers when they need to and will give appropriate support to children to take their inhaler or relevant medication before the lesson and/or warm up before exercise.

7.3 The school is working towards pupils confidently managing their own medical condition (where appropriate) and asthma condition and pupils can request opportunities to use their medicine/inhaler and to warm-up prior to PE lessons.

7.4 When classes take place off-site or away from classrooms, the school will require pupils who need them to have their medication/inhalers and make arrangements for the safe transport and storage of said medication/inhalers when it is not practical for the pupil to carry his or her own.

7.5 On extended/residential trips the school will require pupils who require medication/inhalers to bring an appropriate supply.

8. Managing Medicines at the School

The School has a policy for the managing of medicines based on the following points:

- Medicines should only be administered at the School when it would be detrimental to a pupil's health or attendance not to do so;
- No pupil under 16 should be given prescription or non-prescription medicines without their parent's/carer's written consent;
- Parents must sign a consent form (short or long term) and medicines must be labelled and given in at the administration office/reception area;
- Inhalers will be kept in an accessible place in the child's classroom and should be taken out for PE and on all outings. Spare inhalers and spacers are kept in a labelled cupboard;
- Epipens will be kept in an accessible place in the child's classroom and should be taken out for PE and on all outings. Spare Epipens are clearly labelled and stored in the medical locker in the administration office/reception area;
- Should a short-term medicine (such as an anti-biotic) require refrigeration, it will be placed in the chiller;
- The supervising adult will sign the appropriate sheet when a medicine has been administered.

9. What To Do in an Emergency:

9.1 Medical conditions (not asthma)

Request an ambulance - dial (9) 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked:

- Telephone number
- Your name
- Your location
- State the postcode
- Provide the exact location of the patient within the School setting
- Provide the name of the pupil and a brief description of their symptoms

Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient.

9.2 Asthma attacks: action to take

The school follows the following procedure which is appropriately displayed in School:

1. Ensure that the reliever inhaler is taken immediately, and the child's individual health care plan is followed.
2. Stay calm and reassure the child – never leaving the child unattended.
3. Help the child to breathe by ensuring that tight-fitting clothing is loosened
4. The child's parent/carer is called immediately.
5. If no contact can be made or the child is in extreme distress, school will **call an ambulance immediately**.

Emergency procedure/Severe attacks

A severe attack is defined as:

- the inhaler has no effect after five to ten minutes,
- the child is distressed or unable to talk,
- the child is becoming exhausted,
- the child shows signs of rapid deterioration,
- there is any doubt at all about the child's condition,

The procedure is:

Call an ambulance!

Repeat the reliever inhaler every few minutes or as per the child's health care plan until help arrives. A member of staff will escort the child to hospital if no parent/carer available.

10. Display of Action and Emergency Procedures

The school will prominently display the information given in points 8.1 and 8.2 above and in particular the instructions for dealing with a severe asthma attack. The display will be in every child's individual health care plan, as well as in the school office. (See guidance (Appendix 1) on the use of emergency salbutamol inhalers in schools).

11. When a child is falling behind in lessons

If a child is absent from school because of medical condition or asthma, or is tired in class because of disturbed sleep due to the condition, the class teacher will initially talk to the parent/carer.

If appropriate, the class teacher will consult Safeguarding and Welfare Officer and/or SENDCO, who will liaise with the school nurse regarding any action to be taken.

The school recognises that children with medical conditions or asthma may have special education needs because of their condition.

12. Recording of medical conditions

We have clear procedures on:

- record keeping,
- providing care and support,
- administering medication,
- the storage of medication and equipment,

All of the above are specific to individual children, and all are detailed in the child's Individual Health Care Plan which is shared with all relevant staff.

12.1 In the event of a pupil having a severe asthma attack (or similar etc linked to medical condition), it is the responsibility of the school to inform the parent/carer.

12.2 Severe attacks (or similar etc linked to medical condition), will be recorded through the school's normal procedure for recording medical incidents (on CPOMS).

12.3 It is the responsibility of the parent/carer to give the school contact telephone numbers in case of needing to be contacted. These should consist of primary parent/carer workplace and home telephone numbers, plus a further contact number (which could be other parent or relative) in case they are not reachable at workplace or home. School also endeavour to have the contact number for each child's GP, which can be found on the school's MIS System (Arbor) and on the child's IHCP. It is the responsibility of parent/carers to ensure their details are up-to-date on the Arbor app.

12.4 Emergency salbutamol and Ventolin inhalers are kept in school in the school office. (See Guidance (Appendix 1) on the use of emergency salbutamol inhalers in schools)

13. Monitoring

The effectiveness of this policy will be monitored in line with the school's monitoring and reviewing of school policy procedures.

14. Unacceptable Practice

Although School staff should use their discretion and judge each case on its merits with reference to the pupil's Individual Health Care Plan, it is not generally acceptable practice to:

- a. Assume that every pupil with the same condition requires the same treatment;
- b. Ignore the views of the pupil or their parents/carers, or ignore medical evidence or opinion;
- c. Send pupils with medical conditions home frequently or prevent them from staying for normal School activities, including lunch, unless this is specified in their plan;

- d. If the pupil becomes ill, send them to the school office unaccompanied or with someone unsuitable;
- e. Penalise pupils for their attendance record if their absences are related to their medical condition e.g. hospital appointments; While school would record absences as M they would take medical needs into account before undertaking attendance interventions.

Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to, in order to manage their medical condition effectively.

Any concerns about any of the above should be dealt with in accordance with the schools safeguarding and child protection policy and/or complaints policy. Both can be found on the school website.

Appendix 1

Guidance on the use of emergency salbutamol inhalers in schools

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

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

Signs of an asthma attack include:

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)

- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE IN THE CHILD'S HEALTH CARE PLAN WITHOUT DELAY

Responding to signs of an asthma attack

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward.
- Use the child's own inhaler – if not available, use the school's emergency inhaler.
- Remain with child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately.
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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 give another 10 puffs in the same way**
- **The child's parents or carers should be contacted after the ambulance has been called.**
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler should be recorded on CPOMS, and a parent or carer will be informed. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils requires written records to be kept of medicines administered to children.