Supporting Students with Medical Conditions Policy

The Folkestone School for Girls Academy Trust is known as "the school" in this policy.

This policy is written in line with the requirements of:-

- Children and Families Act 2014 - section 100.
- Supporting students at school with medical conditions - statutory guidance for trustees of maintained schools and proprietors of academies in England, DfE Dec 2015
- 0-25 SEND Code of Practice, DfE 2014.
- Mental Health and behaviour in schools: DfE Nov 2018.
- Equalities Act 2010.
- Schools Admissions Code, DfE 1 Feb 2010.

Definitions of Medical Conditions

Students medical needs may be broadly summarised as being of two types:-

Short-term affecting their participation at school because they are on a course of medication perhaps or have a temporary injury;

Long-term potentially limiting access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances. It is important that parents/carers feel confident that the school will provide effective support for their child's medical condition and that students feel safe.

Some students with medical conditions may be considered disabled. Where this is the case trustees **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEND) and may have a statement or Education Health and Care Plan (EHCP).

Roles and Responsibilities

The Local Authority is responsible for:

- Providing such education as soon as it is clear that a student will be away from school for 15 days or more, whether consecutive or cumulative.
- Liaising with the appropriate medical professionals to ensure minimal delay in arranging appropriate provision for the student.
- Ensuring the education students receive is of good quality, allows them to take appropriate qualifications, prevents them from falling behind their peers in school, and allows them to reintegrate successfully back into school as soon as possible.
- Addressing the needs of individual students in arranging provision.
- Having a named officer responsible for the education of children with additional health needs and ensuring parents know who this is.
- Having a written, publicly accessible policy statement on their arrangements to comply with their legal duty towards children with additional health needs.

- Reviewing the provision offered regularly to ensure that it continues to be appropriate for the child and that it is providing suitable education.
- Giving clear policies on the provision of education for children and young people under and over compulsory school age.

The Board of Trustees (BoTs) is responsible for:

- Fulfilling its statutory duties under legislation.
- Ensuring that arrangements are in place to support students with medical conditions.
- Ensuring that students with medical conditions can access and enjoy the same opportunities as any other student at the school.
- Ensuring that, following long-term or frequent absence, students with medical conditions are reintegrated effectively.
- Ensuring that the focus is on the needs of each student and what support is required to support their individual needs.
- Instilling confidence in parents and students in the school's ability to provide effective support.
- Ensuring that key members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed.
- Ensuring that no prospective students are denied admission to the school because arrangements for their medical conditions have not been made. However, the school is not yet DDA compliant and with an expansive site, several separate buildings and some seven stories of classroom accommodation, wheelchair access is currently not yet possible. Students with restricted mobility, similarly, may not be able to access a full, broad and balanced curriculum, as many of our specialist teaching rooms simply cannot be accessed easily. The school has worked to increase physical access around the site. Sherlock and its skywalk to Prospect and the ground levelling works around Penfold are recent examples. The school has a duty to continue to plan strategically to further increase physical access over time and to provide effective learning opportunities for all students, but as yet wheelchair or limited mobility access around the full site are not possible.
- Ensuring that students' health is not put at unnecessary risk. As a result, the BoTs holds the right to not accept a student into school at times where it would be detrimental to the health of that student or others to do so, such as where the child has an infectious disease.
- Similarly, that other students' mental health & well-being should not be put under unnecessary risk or duress from supporting peers with any mental health challenges they might face; no child should be used as a de facto carer for another – beyond the normal bonds of support within friendships.
- Ensuring that policies, plans, procedures and systems are properly and effectively implemented.

The Principal is responsible for:

- The overall implementation of this policy.
- Ensuring that this policy is effectively implemented with stakeholders.
- Ensuring that all staff are aware of this policy and understand their role in its implementation.
- Ensuring that a sufficient number of staff are trained and available to implement this policy and deliver against all Individual Healthcare Plans (IHCP), including in emergency situations.
- Considering recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported.
- Having overall responsibility for the development of IHCPs.
- Ensuring that staff are appropriately insured and aware of the insurance arrangements.
- Notifying the Local Authority when a student is likely to be away from the school for a significant period of time due to their health needs.

Parents are responsible for:

- Notifying the school if their child has a medical condition, and/or if that condition changes.
- Providing the school with sufficient and up-to-date information about their child's medical needs,
- Being involved in the development and review of their child's IHCP, if required.
- Carrying out any agreed actions contained in the IHCP.
- Ensuring that they, or another nominated adult, are contactable at all times.

Students are responsible for:

- Being fully involved in discussions about their medical support needs, where applicable.
- Contributing to the development of their IHP, if they have one, where applicable.
- Being sensitive to the needs of students with medical conditions.

School staff are responsible for:

- Providing support to students with medical conditions, where requested, including the administering of medicines, but are not required to do so.
- Taking into account the needs of students with medical conditions in their lessons when deciding whether or not to volunteer to administer medication.
- Receiving sufficient training and achieve the required level of competency before taking responsibility for supporting students with medical conditions.
- Knowing what to do and responding accordingly when they become aware that a student with a medical condition needs help.

Policy Implementation

The statutory duty for making arrangements for supporting students at school with medical conditions rests with the BoT's. They have conferred the following functions of the implementation of this policy to the staff below. However, they remain legally responsible and accountable for fulfilling the schools statutory duty.

The overall responsibility for the implementation of this policy is given to the **Assistant Principal (Student Development & Pastoral Care).** They will also be responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover to ensure that someone is always available and on-site with an appropriate level of training.

Directors of Pastoral Care i/c of the student support team will be responsible in conjunction with parents/carers, health professionals, for drawing up and implementing individual healthcare plans for each student that requires them and making sure relevant staff are aware of these plans. Admin staff will liaise with parents to review these annually, but it is for parents to notify us as soon as possible to any changes required should a condition deteriorate or indeed improve.

Vice Principal (Personal Development) - with responsibility for educational visits will be responsible for preparing risk assessments for school visits and other school activities outside of the normal timetable which duly reflect and consider any individual student need as laid out in individual healthcare plans.

All members of staff are expected to show a commitment and awareness of student's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

Procedure to be followed when notification is received that a student has a medical condition

For students being admitted to the school for the first time, with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a student moving into the school mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

We will make sure that, where it is possible, no student with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, as described previously, full access around the site is challenging and we are currently unable to ensure that they can access and enjoy the same opportunities at school as any other student. The school has worked hard to increase physical access over time and has a duty to continue to do so - but it remains ongoing.

In making the arrangements, we will take into account that very few of the medical conditions that require support at school will affect quality of life and even fewer will be severe or life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual student and if, or how, their medical condition impacts on their school life. We aim to ensure that parents/carers and students can have confidence in our ability to provide effective support for students with medical conditions in school.

We maintain a number of first aid qualified staff who are able to provide first aid, but it should be noted that **a first aid certificate does not constitute appropriate training in supporting students with medical conditions.**

Most students manage their own conditions at secondary age but should a student with a specific medical condition join the school, or an existing student develop a medical condition that would require specific knowledge and support at school, the school would seek to identify and train, or possibly recruit, staff to offer that level of support. That may take longer than two weeks to arrange. For mental health conditions, as per national guidance "**school staff cannot act as mental health experts, should not try to diagnose conditions and nor are they qualified to perform mental health interventions**"

We will be, and are, clear and unambiguous about the need to actively support students with medical conditions to participate in school trips and visits, or in sporting activities and not prevent them in doing so. Well-being and inclusion in school activities are of utmost importance to us but there are, rightly, other considerations that will factor into decision making if there is a concern about our ability to keep a child safe - as laid out in our school trips policy.

The school does not have to wait for a formal diagnosis before providing support to students. However, in cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide, if any, based on available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that any required support identified can be put in place. These discussions will be led by **Assistant Principal (Student Development & Pastoral Care).** Following such discussions, an individual healthcare plan may be required to be put in place.

Individual Healthcare Plans (IHCPs)

Individual healthcare plans will help to ensure that the school effectively supports students with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. They are likely to be helpful in the majority of other cases where medical conditions are long-term and complex. However, not all children will require one. The school, healthcare professional and parent/carer should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. If consensus cannot be reached, the **Assistant Principal (Student Development)** is best placed to take a final view.

Individual healthcare plans will be easily accessible to all who need to refer to them, while preserving confidentiality. Plans will capture the key information and actions that are required to support the student effectively. The level of detail within the plan will depend on the complexity of the condition and the degree of support needed. This is important because different children with the same health condition may require very different support.

Individual healthcare plans (and their review) should be drawn up in partnership between the school, parents/carers and a relevant healthcare professional who can best advise on the needs of the student. Students should also be involved whenever appropriate. **The aim should be to capture the steps which the school should take to help manage their condition and overcome any potential barriers to getting the most from their education.** Partners should agree who will take the lead in writing the plan, normally the school, but it is for all parties to contribute.

The school will liaise with parents/carers to review individual healthcare plans annually or earlier, if evidence is presented that the students' needs have changed. They will be developed and reviewed with the students' best interests in mind and ensure that the school assesses and manages risks to the student's education, health and social wellbeing and minimises disruption. Where a student is returning to school following a period of hospital education, or alternative provision, we will work with the LA and education provider to ensure that the individual healthcare plan identifies the support the student will need to reintegrate effectively.

The individual healthcare plan should include the following information:

- The medical condition, its triggers, signs, symptoms and treatments.
- The students resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues e.g. crowded corridors, travel time between lessons.
- Specific support for the students educational, social and emotional needs - for example, how absences will be managed, any requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions.
- The level of support needed (some students will be able to take responsibility for their own health needs) including in emergencies. If a student is self-managing their medication, as is the norm at secondary age, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the student's medical condition from a healthcare professional and cover arrangements for when they are not available.
- Who in the school needs to be aware of the student's condition and the support required.

- Arrangements for written permission from parents/carer for medication to be administered by a member of staff or self-administered by the student during school hours.
- Separate arrangements or procedures required for school trips or other school activities, such as FSGBacc or those outside of the normal school timetable that will ensure the student can participate eg: risk assessment.
- Where confidentiality issues are raised, the designated individual to be entrusted with the information about the student's condition and what to do in an emergency, including whom to contact and contingency arrangements. Some students may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Students with health needs who cannot attend school

The school will provide support to students who are absent from school because of illness for a period shorter than 15 days. This may include providing students with relevant information, curriculum materials and resources. Normally, their health during the absence may mean that they are simply not well enough to engage with work

In accordance with the Department for Education's statutory guidance, the academy will notify the local authority as soon as it becomes clear that a student will be absent from school for 15 days or more due to health needs, whether consecutively or cumulatively over the school year.

Following this notification, the local authority will:
• take responsibility for arranging suitable full-time education for that student; and
• arrange for this provision to be in place as soon as it is clear that the absence will last for more than 15 days.

The school will collaborate with the local authority, relevant medical professionals, relevant education provider, parents and, where appropriate, the student, to identify and meet the student's educational needs throughout the period of absence and to remain in touch with the student throughout.

When a student is considered well enough to return to full time education at the school, the principal, or someone designated by them, will develop a reintegration plan in partnership with the appropriate individuals/organisations.

Staff Training and Support

Most students manage their own conditions at secondary age but should a student with a specific medical condition join the school, or an existing student develop a medical condition that would require specific knowledge and support at school the school would seek to identify and train, or possibly recruit, staff to offer that level of support.

Training needs will be assessed through the development and review of IHPs, on a termly basis for all school staff, and when a new staff member arrives. Through training, staff will have the requisite competency and confidence to support students with medical conditions and fulfil the requirements set out in IHPs. Staff will understand the medical conditions they are asked to support, their implications, and any preventative measures that must be taken.

Whole-school awareness training will be conducted on an annual basis for all staff and included in the induction of new staff members unless an update is identified as being required sooner. This ensures all medical conditions affecting students in the school are fully understood, and that staff can recognise difficulties and act quickly in emergency situations.

The parents of students with medical conditions will be consulted for specific advice and their views sought where necessary.

The school maintains a comprehensive first aid offer with several members of staff, and at least one in each separate building, trained in basic first aid, and other staff with a more advanced level of knowledge. All staff have had basic training too in the use of AAI. **A first aid certificate does not constitute appropriate training in supporting students with medical conditions though.** We are not medical professionals and due to the context of the school are not required to provide beyond very basic levels of support for students with medical conditions.

Training should be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements set out in individual healthcare plans. They will need a basic understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans).
All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing the policy. **Assistant Principal, Student Development & Pastoral Care,** will seek advice from relevant healthcare professions about training needs, including preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a student will often be key in providing relevant information to school staff about how their needs can be met and parents/carers will be asked for their views. They should provide specific advice.

<u>The students role in managing their own medical needs</u>

If, after discussion with the parent/carer, it is agreed that the student is competent to manage their own medication and procedures, as is normal at secondary age, they will be encouraged to do so. This will be reflected in the individual healthcare plan.

Wherever possible students will carry their own medicines and relevant devices or should be able to access their medication for self-medication quickly and easily; these will be stored in secure locations around the school to ensure that the safeguarding of other students is not compromised. Emergency AAI and Defibrillators are also to be found on the school site in well publicised but secure locations. The school recognises that students who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. This is rare given the age range of the students concerned and the context of the school. If it is not appropriate for a student to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a student refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents/Carers will be informed so that alternative options can be considered.

Managing medicines on school premises and record keeping

At this school the following procedures are to be followed:

- Medicines should only be administered at school when it would be detrimental to a student's health or school attendance not to do so.
- No student under 16 should be given prescription or non-prescription medicines without their parents/carers written consent, except in exceptional circumstances, where the medicine has been prescribed to the student without the knowledge of the parents/carers. In such cases, every effort should be made to encourage the student to involve their parents/carers, while respecting their right to confidentiality.
- **Generally, students are expected to carry, manage and administer medication such as paracetamol/antihistamine themselves. This should be held only in emergency quantities and not in bulk – so a few tablets for occasional use.**
- The school can hold medicines for students should self-storage be an issue. These must be accompanied by written permission from parents/carers and medicines must be in-date, labelled and provided in the full original container/packaging so as to provide clear instruction for administration, dosage, storage and expiry date.
- All medicines held by the school will be stored safely and securely. Students should know where their medicines are at all times and be able to access them promptly.
- Emergency Adrenaline pens are readily available in well publicised locations around the school site – though students are expected to always carry their own.
- During school trips the first aid trained member of staff will carry all medical devices and medicines required – only if it is unsuitable for the student to do so.
- A student who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so. However, passing it to another student for use is an offence. Should we be tasked to hold a controlled drug for a student these will be securely stored and only staff will have access. Controlled drugs should be easily accessible in an emergency. **A record should be kept of any doses used and the amount of the controlled drug held in the school.**
- Staff administering medicines should do so in accordance with the prescriber's instructions. The school will keep a record of all medicines administered to individual students, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted. Records are kept of all medicines administered to students and parents/carers informed when any medication is given. These records offer protection to staff and students and provide evidence that agreed procedures have been followed.
- When no longer required, medicines should be returned to the parent/carer to arrange safe disposal unless the parent wishes us to dispose of these. Sharps boxes should always be used for the disposal of needles and other sharps.
- Staff will not issue medication, of any nature, to students – even when this may seem counter-intuitive. Whilst providing paracetamol for a headache or period pain, anthisan for a wasp sting or antihistamine for hay fever seems 'the right thing to do' we cannot be aware of any allergies that students may have and therefore do not provide any medication as a school or as individual members of staff.

Emergency Procedures

The **Principal** will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a student has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

The school maintains a register of students with potentially life-threatening conditions on the staff intranet and in addition hard copies are located around the site in secure locations. In this way we aim to ensure that all staff are aware of our most 'at risk' students

If a student needs to be taken to hospital, staff should stay with them until the parent/carer arrives, or accompany a student taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

Parental consent with regard to the administration of anaesthetics and the provision of medical information to medical staff shall be obtained prior to a student taking part in an off-site activity or work experience. However, the BoTs support the expectation that staff will act in 'loco parentis' if a student shows symptoms of a serious condition, either directly or by calling assistance. In extreme cases, this could necessitate emergency action (without parental consent) based upon what a reasonable parent/carer would do under the circumstances.

Day Trips, Residential Visits and Sporting Activities

Well-being and inclusion in school activities are of utmost importance to us.

Nonetheless there are, rightly, other considerations that will factor into decision making if there is a concern about our ability to keep a child safe. This is particularly true for residential trips and particularly so for overseas residential trips where access to medical services can be more challenging and distance from home and familiar faces obviously much greater.

Students with serious medical conditions, including mental health conditions, may be required to obtain a fit-to-travel note from a medical practitioner to comply with our school insurance. This may be required upon being selected for a trip, and again, just in advance of departure.

Even so, trip leaders, safeguarding and relevant pastoral staff will convene with the Educational Visits Co-ordinator to discuss their concerns and how this might, or might not, be able to be addressed or minimised and what reasonable adjustments can be made. Parents and the student concerned will also have a chance to respond by sharing what actions and reasonable adjustments they feel able to take to support. They will also consider and contribute to risk assessment processes.

The school may take further advice from the Local Authority and The Outdoor Education Advisers Panel (OEAP). After having had representation from students/parents, the staff panel will reconvene

to reach a decision as to whether reasonable adjustments can be made such that a place on the trip can be offered, or not. All meetings will be minuted.

The final decision will rest with the school and whilst a clear rationale for that decision will be provided, that decision will be final.

Other issues for Consideration

The BoTs have invested in two defibrillators and in staff training. These are located in secure but public and well publicised areas of the school and key staff are trained to use them. Similarly, 3 EpiPens are held by the school for any such emergency. A list of students with very serious, potentially life-threatening conditions, is held, maintained and circulated regularly.

Unacceptable Practice

Although staff should use their discretion and judge each case on its merit, with reference to the students individual healthcare plan, it is not generally acceptable practice to:

- Prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Assume that every student with the same condition requires the same treatment.
- Ignore the views of the student or their parent\carer or ignore medical evidence or opinion (although these may be challenged).
- Send students with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans.
- If a student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalise **or highlight** a student for their attendance record if their absences are related to their medical condition eg: hospital appointments.
- Prevent students from drinking, eating or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- Require parents\carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent/ carer should have to give up working because the school is failing to support their child's medical needs.
- Prevent students from participating in or creating unnecessary barriers for them to participate in any aspect of school life eg: school trips, by requiring parents/carers to accompany the student.

Complaints

Should parents\carers be unhappy with any aspect of their child's care, they must discuss their concerns with the school. This will be with the SDL, Class Teacher or Form Tutor in the first instance, with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to a member of the leadership team, who will, where necessary, bring concerns to the attention of the principal. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the school's complaints procedure.

Appendix 1

Allergy Guidance

Assistant Principal (Student Development/Pastoral Care) is the named staff member responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis. Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

Definition: *Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.*

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes. It is possible to be allergic to anything which contains a protein; however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander. This policy sets out how the school will support students with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

Role and Responsibilities

Parent responsibilities:

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medications.
- Parents are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional eg GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff responsibilities:

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the students in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure the student carries all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.

- The school will ensure that the up-to-date Allergy Action Plan or Health Care Plan is kept with the student's medication if kept by the school.
- It is the parent's responsibility to ensure all medication is in date however the school will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The school keeps a register of students who have been prescribed AAI and a record of use of any AAI(s) and emergency treatment given.

Student responsibilities:
- Students are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Students who are trained to administer their own autoinjectors will be encouraged to take responsibility for always carrying them on their person.

Allergy Action Plans

Allergy action plans will be used to inform and work in conjunction with Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector. The school recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/Allergy Specialist) and provide this to the school.

Emergency Treatment and Management of Anaphylaxis

What to look for:
- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen**:**
- **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **life threatening airway** and/or **breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

If the student has been **exposed to something they are known to be allergic to,** then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?
- It opens up the airways
- It stops swelling
- It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh - through clothing if necessary)
- CALL **999** and state **ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

All students must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

Supply, storage and care of medication

Students will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/ container).

Medication should be stored own container and clearly labelled with the student's name.

The student's medication container should contain:
- adrenaline injectors i.e. EpiPen® or Jext® or Emerade® (two of the same type being prescribed)
- an up-to-date allergy action plan/health care plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Older children and teenagers should, whenever possible, assume complete responsibility for their emergency kit under the responsibility of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage - AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal - AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a specialist collection service. The sharps bin is kept in the main admin office.

'Spare' adrenaline auto injectors in school

The school has purchased spare **adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis,** but their own devices are not available or not working (e.g. because they are out of date). These are stored in a wall mounted rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff.** The school holds 3 spare pens which are kept in the following locations:-

Admin Office;
Staff room;
Penfold Copier room.

The school is responsible for checking the spare medication is in date on a quarterly basis and to replace as needed. Written parental permission for use of the spare AAIs is included in the student's Allergy Action Plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

Staff Training

Assistant Principal (Student Development/Pastoral Care) is the named staff member responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

The school will conduct practical anaphylaxis training at the start of each new academic year.

All staff will complete online anaphylaxis awareness training at the start of each new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) in the event of anaphylaxis - knowing how and when to administer the medication/device

- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

Inclusion and safeguarding

The school is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products. The school menu is available for parents to view termly in advance with all ingredients listed and allergens highlighted on the school website.

The school will inform the Catering Manager of students with food allergies. Parents/carers are encouraged to contact the school to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:
- Bottles, other drinks and lunch boxes provided by parents for students with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The student should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts are discouraged from being brought in to school.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all students with medical conditions, including allergies, carry their medication. Students unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic students and alternative activities planned to ensure inclusion.

Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that PE teachers are fully aware of the situation. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative or their own food. Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Allergy awareness

The school supports the approach advocated by The Anaphylaxis Campaign and Allergy UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect students, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, students and all other staff aware of what allergies are, the importance of avoiding the students' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

Assessment of incoming students

The school will identify any gaps in our systems and processes for keeping allergic children safe for all new joining students with allergies and any students newly diagnosed.

Useful Links

Anaphylaxis Campaign:
https://www.anaphylaxis.org.uk

Allergy Wise training for schools:
https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/

Allergy Wise training for Healthcare Professionals: https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/

Allergy UK: https://www.allergyuk.org

Whole school allergy and awareness management (Allergy UK):
https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement

Spare Pens in Schools:
http://www.sparepensinschools.uk

Official guidance relating to supporting students with medical needs in schools:
http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf

Education for Health:
http://www.educationforhealth.org

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016):
https://www.nice.org.uk/guidance/qs118

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020):
https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834

Guidance on the use of adrenaline auto-injectors in schools (Department of Health 2017):
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf