St Mary’s Church of England Primary School

Supporting Pupils with Medical Conditions Policy (including the allergy policy and the asthma policy)

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SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

1. AIMS OF THIS POLICY STATEMENT

- To ensure all pupils are properly supported, in terms of physical and mental health, so that they have full access to education, including school trips and physical education, and are able to achieve their full potential.
- To ensure that arrangements are in place at school to support pupils with medical conditions so that they can enjoy the same opportunities as any other child.
- To support regular attendance of all pupils.
- To ensure staff understand their roles and responsibilities in administering medicines and know when to consult health and social care professionals.
- To ensure parents understand their responsibilities in respect of their children's medical needs.
- To ensure medicines are stored and administered safely.

2. DEFINITION

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

- Short-term affecting their full participation in school activities during periods in which a course of medication is required.
- Long-term potentially limiting their access to education and require extra care and support. Some children with long-term medical conditions may be considered to be disabled under the Equality Act 2010. Where this is the case, the school will comply with its duties under that Act. Some children may also have special educational needs (SEN) and for those children, this policy should be referred to in conjunction with the school's SEN policy.

3. ADMISSIONS AND ATTENDANCE

- Pupils with medical conditions are entitled to a full education and have the same rights of admission to school as other children. No child will be denied admission to school on medical grounds alone.
- However, in line with the school's wider safeguarding duties, a child would not be admitted into school at times where it could be detrimental to the health of that child or that of others to do so. Where children are unwell and not fit to be in school, and where they are still suffering from an infection that may be passed to others, children should remain at home to be cared for and looked after. Even if they have improved, children may not return to school for at least 48 hours into a course of antibiotics.
- The school is sensitive to the needs and circumstances of pupils returning after significant periods of absence and will support the smooth reintegration of pupils both academically and socially. In such circumstances the school works with parents, carers and pupil towards an agreed reintegration plan, which may include opportunities for counselling and feedback, peer support and mentoring and an agreed review period.
- Procedures should also be in place to cover any transitional arrangements between schools, the process to be followed upon reintegration or when pupils' needs change, and arrangements for any staff training or support.
- For children starting at a new school, arrangements should be in place in time for the start of the relevant school term. In other cases, such as a new diagnosis or children moving to a new school mid-term, every effort should be made to ensure that arrangements are put in place within two weeks.

- Schools do 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 form of medical evidence and consultation with parents. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place.

4. PRESCRIPTION MEDICINES

- Medicines should only be brought to school when essential (where it would be detrimental to the child's health if the medicine were not administered during the school day).
- In the case of antibiotics, parents or carers should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medication should not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school and at bedtime. It should normally only be necessary to give antibiotics in school if the dose needs to be given **four times a day**, in which case a dose should be given at lunchtime.
- All medicines should be taken directly to the School Office by a child's parent or carer.
- Medicines will only be accepted in the original container as dispensed by a pharmacist and with the prescriber's instructions for administration.
- The medicine should be clearly marked with the child's name and class number.
- The appropriate dosage spoon should be included with all medicines sent to school.
- Any medicine administered will be recorded by the staff member in the Medication Book in the School Office.
- **Medicines will only be accepted for administration in school on completion of the Parental Agreement Form by a parent or carer. Verbal instructions will never be accepted.**

5. NON-PRESCRIPTION MEDICINES

- The school will also administer non-prescription medicines where it would prove detrimental to the child's health not to. They must be handed in at the School Office by a parent or carer and they will not be given to children without prior written permission from parents as above.
- They should be clearly marked with the child's name and class number and dosage/application instructions must be included.
- Children must not carry medicines themselves for self-administration during the day. The medicine must be collected from the office and taken under the supervision of an adult.
- Any non-prescription medicine administered will also be recorded in the Medication Book in the School Office.
- We will not give paracetamol (in the form of Calpol or otherwise) or ibuprofen routinely as their primary use is to control raised temperature for which a child should be at home.
- We do not allow cough sweets in school.
- **Medicines will only be accepted for administration in school on completion of the Parental Agreement Form by a parent or carer. Verbal instructions will never be accepted.**

6. SAFE STORAGE OF MEDICINES.

The school is responsible for ensuring that all medicines are stored safely.

- Medicines should be stored in the supplied container, clearly marked with the child's name, dose and frequency of administration.
- Medicines are stored in the School Office under adult supervision in a clearly marked place;

- No medicine is kept in a locked cupboard to ensure swift and easy access.
- Where medicines need to be refrigerated they will be kept in the office fridge in a clearly marked container.

7. ROLES AND RESPONSIBILITIES OF SCHOOL STAFF

- The **Head of School** has overall responsibility for the implementation of this policy. This duty includes the following:
  a) ensuring that sufficient staff are suitably trained to fully support children with medical conditions both at school and during school trips;
  b) ensuring that all relevant staff are made aware and kept up-to-date with any medical condition that a child has. A photographic list of children who have individual health care plans and/or may require special medical assistance from time to time will be displayed both in the School Office and Staffroom;
  c) ensuring that supply teachers and contractors are fully briefed where their role necessitates this;
  d) monitoring Individual Healthcare Plans; and
  e) making contact with the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.
- Staff are expected to do what is reasonable and practical to support the inclusion of all pupils. This will include administering medicines or supervising children in self-administration. Staff will not give prescription medications or undertake healthcare procedures without appropriate training. However, as they have no legal or contractual duty, staff may be asked, but cannot be directed, to do so.
- All medicines (including Asthma reliever inhalers and Epipens) are stored securely in the School Office with access only for staff.
- Staff must complete the 'Supporting Children at School with Medical Conditions' file kept in the School Office each time medicine is administered within school time.
- All relevant school staff have been trained in basic paediatric first aid including the administration of Epipens. Staff training needs will be reviewed annually.
- Where a child refuses medication, staff are unable to forcibly administer the medication. This will be recorded in the 'Supporting Children at School with Medical Conditions' file kept in the School Office.
- The school will also work closely with the School Nurse and other agencies such as GPs and Pediatricians, the Local Authority, pupils and parents.
- School nurses can liaise with lead clinicians locally on appropriate support for the child and associated staff training needs, e.g., asthma, epilepsy, anaphylaxis training.
- Where older children can manage their own health needs and medicines, this will be stated on the Individual Healthcare Plan (IHCP) alongside the dosage, e.g., a KS2 child self-administering their inhaler using a spacer under the supervision of school staff.

8. PARENTS' AND CARERS' RESPONSIBILITY

- In most cases, parents or carers will administer medicines to their children themselves out of school hours, but where this is not possible, parents or carers of children in need of medication must ensure that the school is accurately advised about the medication, its usage and administration. Parents must complete the Parental Agreement Form kept in the School Office before a medicine can be administered by staff.
- Primary school children may be able to manage their own medication, under adult, supervision but again, only with parental agreement given through the appropriate paperwork as above.

- Parents are responsible for ensuring that all medication kept in school are kept up to date and for arranging the safe disposal of any medication that has expired.
- Parents are responsible for notifying the school if there is a change in circumstances e.g. if a child is deemed to be no longer asthmatic.

9. RECORD KEEPING

- The 'Supporting Children at School with Medical Conditions' file, copies of Parental Agreement Forms and Individual Healthcare Plans will be kept in the School Office. The 'Supporting Children at School with Medical Conditions' file will contain a weekly record of all medicines administered to children.

10. EMERGENCY PROCEDURES

- If a child needs to be taken to hospital, a member of staff will stay with the child until the parent or carer arrives, or accompany a child taken to hospital by ambulance.
- All pupils should be told what to do in an emergency situation, such as informing an adult immediately if they think help is needed.
- Spare inhalers and auto-injectors will be always be available in the planning for emergencies 'grab bag'.

11. LONG-TERM AND COMPLEX NEEDS – INDIVIDUAL HEALTHCARE PLANS

- Where a child has significant or complex health needs parents should give full details on entry to school or as the child first develops a medical need. Where appropriate, an Individual Healthcare Plan (IHCP) may be put in place involving the parents and relevant health care professionals.
- ICHPs should be reviewed annually.
- Together, the school, healthcare professional and parent should agree, based on evidence, whether an IHCP is appropriate or proportionate. Please see Annex A for a flow chart for identifying and agreeing the support that a child needs.
- An IHCP ensures that the school effectively supports the pupil with their medical condition/s and provide clarity about what needs to be done, when and by whom.
- IHCPs will be developed with the child's best interests in mind and ensure that the school assessed and manages risks to the child's education, health and social wellbeing, and minimises disruptions.
- Where a child also has SEN but does not have an Education, Health and Care Plan (EHCP), their special educational needs should be mentioned in their IHCP.
- Formation and review of an IHCP may be initiated, in consultation with the parent or carer, by a member of school staff or healthcare professional involved in providing care to the child. IHCPs will be reviewed annually.
- Pupils with medical conditions will often be best placed to provide information about how their condition affects them. They should be involved as much as possible in discussions about their medical support needs.

12. MANAGING MEDICINES ON SCHOOL TRIPS

On school visits the class teacher is responsible for taking the appropriate first aid kit and any medicines needed by specific children in that class with them. They may agree to take temporary responsibility for administering medicine e.g. antibiotics, following the above procedure. Spare adrenaline devices, salbutamol inhalers and spacers will be packed in the first aid bag. Pupils

will not be prevented from attending school trips due to their medical condition unless it would detriment their health to do so. School will make reasonable adjustments where possible to enable children with medical needs to participate safely on trips. This will form part of the trip risk assessment. Spare inhalers and auto-injectors will be taken on all school trips.

13. UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is, generally, unacceptable practice to:

- prevent children from easily accessing their inhalers or medication and administering their medication when necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch (unless this is specified in their IHP),
- if the child becomes ill, send them to the school office without someone suitable accompanying them;
- penalise children for their attendance record if their absences are related to their medical condition, e.g., hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks when they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating, in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

14. LIABILITY AND INDEMNITY

The school will ensure that the appropriate level of insurance is in place and appropriately reflects the level of risk. The school's insurance covers staff providing support to pupils with medical conditions. Details of which are available to those staff providing support.

15. COMPLAINTS

Please refer to the school's Resolving Concerns and Complaints Policy, which sets out how to make a complaint and how such complaints concerning the support of pupils with medical conditions will be handled.

This policy will be reviewed annually and will be made readily available to parents and school staff.

ALLERGY POLICY

Allergy safety

Allergy is a medical condition in which the body reacts to normally harmless substances, such as a food, insect sting, contact allergen (e.g. nickel) or an airborne allergen such as pollen. Many individuals with allergies to food or insect stings are at risk of anaphylaxis, a reaction that can progress rapidly and may cause death. Anaphylaxis typically affects the airway/Breathing/Circulation ("ABC"). It is essential that schools, colleges and early years settings take steps to reduce the risk of individuals being exposed to their known allergens, in order to reduce the risk of a reaction. Around one in five children and young people with allergy have their first allergic reaction while in their school, college or early years setting. Therefore, it is not sufficient only to organise allergy safety measures around children and young people with known allergy. All staff in schools, colleges and early years settings must be able to recognise anaphylaxis and know how to treat it. Schools, colleges and early years settings must have robust emergency response plans. This should include being able to administer adrenaline while awaiting the arrival of emergency services. Schools (though not colleges or early years settings) are permitted to stock "spare" adrenaline devices for emergency use, and should do so.

Common allergic conditions include:

- **Hay Fever (Allergic Rhinitis)**, triggered by allergens carried in the air ("aeroallergens"), such as pollen, house dust mite, animal fur/feathers, or mould. Symptoms include sneezing, a runny or stuffed nose, itchy or watery eyes.
- **Skin allergies** (e.g. eczema, contact dermatitis, contact urticaria/hives) caused by contact with allergens including house dust mite, pollen and substances like nickel, latex and some chemicals. Symptoms include itching, hives and dry, flaky skin. Reactions can be delayed, occurring many hours after contact.
- **Food allergy**, which can cause symptoms ranging from mild itching in the mouth to "whole body" reactions including anaphylaxis (see below). Some food allergies do not cause immediate reactions, but result in delayed gastrointestinal symptoms (e.g. stomach pain, vomiting, diarrhoea) some hours later, sometimes occurring with an eczema flare. While 90% of food allergic reactions are caused by peanut/tree nuts, cow's milk, egg, wheat, fish/seafood and sesame, any food can cause an allergic reaction.
- **Asthma** in children is usually allergic in nature, meaning that it may be triggered by airborne allergens such as e.g. dust mite, animal dander or

pollen. On average, there are two or three children with asthma in every classroom in the UK.

- Less common allergic conditions in children include allergy to **insect stings** (e.g. bee, wasp) and **medicines**.

Allergic reactions vary in severity: from mild local reactions (e.g. mild hay fever) to "whole body" reactions (common with food allergy) to more serious reactions like anaphylaxis. In general, most allergic reactions are not severe. Even for food allergy, most allergic reactions do not affect the Airway/Breathing/Circulation ("ABC") and can be treated with a non-drowsy oral antihistamine (available over-the-counter for those aged over 6 years) or local treatments such as nose sprays or eye drops. However, some children and young people are at risk of anaphylaxis and require emergency medication (e.g. self-administered adrenaline).

The most common causes of "whole body" allergic reactions – including anaphylaxis – are:

- food allergens;
- insect stings (e.g. bee, wasp);
- medication (e.g. antibiotics, pain medicines such as ibuprofen);
- latex (e.g. rubber gloves, balloons, swimming caps).

Even for food allergy, the vast majority of anaphylaxis reactions require the person to have eaten the food, although less severe allergic reactions can happen through skin or other contact. Anaphylaxis reactions due to skin contact are very rare.

Rarely, anaphylaxis may occur without obvious exposure to an allergen, for example, after exercise or in people with an underlying "mast cell" disorder such as mast cell activation syndrome (MCAS). Such individuals should have a personalised plan provided by a healthcare professional to assist the school/educational setting.

Types of Allergy

Allergy is a spectrum of different allergic diseases. Reactions occur when a susceptible person is exposed to something (an "allergen") they are allergic to. Asthma, food allergy, eczema and seasonal rhinitis (hay fever) are all forms of allergy. Schools, colleges and early years settings will need to consider what arrangements should be put in place to support children and young people with allergy, for example:

• Children and young people with food allergy
• Children and young people at risk of anaphylaxis (usually allergic to food or bee/wasp sting)
• Children and young people with allergic rhinitis (hay fever), allergic eye disease or eczema, who may need to be given treatments for their condition in school (e.g. eczema creams, nasal sprays, eye drops), particularly if they have more severe allergic disease or need adaptations e.g. with sport
• Children and young people with eczema or asthma, who may need additional precautions (e.g. avoiding sand pits, some swimming pools)
• Children and young people with more severe allergy to animal fur, who may need to take avoidance measures (e.g. exposure to pets in school, visits to petting zoos) Some children and young people have medically recognised sensitivities or triggers which may not meet the clinical definition of allergy but may nonetheless result in serious or potentially life-threatening reactions (for example mast cell disorders or other systemic hypersensitivity conditions). Any known trigger with the potential to cause significant harm should be identified and managed. In such scenarios, the relevant

healthcare professional should provide them with a medical letter explaining potential triggers to be avoided, and how to manage any reaction.

Coeliac disease

Coeliac disease is an autoimmune condition where the small intestine (gut) is hypersensitive to gluten in wheat and other gluten-containing grains (e.g. rye, barley). It is not an intolerance. Consuming gluten can cause significant illness (including abdominal pain and vomiting shortly after eating) which may be prolonged and result in absence from school for several days. Repeated exposure to gluten carries serious long term health risks. However, such events are not "allergic" and should not be treated as an allergic reaction. Coeliac disease cannot cause anaphylaxis, although anaphylaxis can occur in some with coeliac disease if they also have an allergy. Effective management of coeliac disease depends on strict and consistent avoidance of gluten and robust cross-contamination controls – similar to the measures needed for a child or young person with food allergy to wheat. Schools, colleges and early years settings need to support children and young people with coeliac disease, normally through dietary avoidance. This will be arranged as part of the school, college or setting's wider medical conditions policy and would not fall in scope of the allergy safety policy.

Food intolerances

Food intolerance is a non-immune system reaction where the body struggles to digest specific foods, causing symptoms like abdominal pain, bloating and diarrhoea for hours or days after eating. Unlike food allergies, intolerances cannot cause anaphylaxis. They are usually managed by identifying specific triggers, for example lactose intolerance or non-coeliac gluten sensitivity. Schools, colleges and early years settings need to support children and young people with food intolerance, normally through dietary avoidance. This will be arranged as part of the school, college or setting's wider medical conditions policy and would not fall in scope of the allergy safety policy.

Anaphylaxis

Anaphylaxis reactions to food usually begin within 30 minutes of eating the trigger food, but can sometimes occur 4-6 hours later (e.g. allergy to mammalian meat). They typically affect the breathing (**A** and **B**, i.e. mimic an asthma attack) rather than the **C**irculation (blood pressure).

Once started, anaphylaxis reactions progress quickly. Investigations into fatal anaphylaxis show that **there is only a 20–30-minute window of opportunity during which steps can be taken to prevent death**. Giving emergency adrenaline **immediately** and calling Emergency Services (999) is essential. **Anaphylaxis always requires an emergency response**.

Anaphylaxis can occur without any other signs (such as a skin rash) being present. **Always consider anaphylaxis in someone with a known food allergy who has sudden difficulty in breathing.** Giving adrenaline in this context is very safe and may be lifesaving.

Recognise the signs of anaphylaxis

A (AIRWAYS)
- Tightening of the throat
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B (BREATHING)
- Sudden wheezing
- Difficult or noisy breathing
- Persistent cough

C (CIRCULATION)
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

If any one (or more) of these signs are present: **Don't delay**

1. **Lie flat with legs raised** (if breathing is difficult, allow to sit)

2. **Give adrenaline device without delay**
(use the school's spare device if needed)

Scan this dose for instructions on how to use adrenaline devices

3. **Immediately dial 999** for ambulance
and say ANAPHYLAXIS (ana-fill-axis)

After giving adrenaline:

- Stay with person until ambulance arrives, do NOT stand them up.
  - Keep them lying down, even if things seem to be getting better.
- Phone parent/emergency contact.

5:00 minutes

If no improvement after 5 minutes, give another dose of adrenaline using a second device, if available.

Commence CPR at any time if there are no signs of life

ALWAYS GIVE ADRENALINE DEVICE FIRST if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice). **THEN SEEK MEDICAL HELP. Anaphylaxis can occur without skin symptoms**

Allergy Awareness and Allergy Policy Awareness
Allergy awareness training for staff will take place at least annually and will include this policy and emergency response training. This will happen each September as part of safeguarding training. In addition, the school nurse will provide whole-school staff training in the administration of auto-injectors. Both these sessions will include all school staff, including senior leaders, teachers and teaching assistants, office staff and premises staff.

Allergy training will include the following:

Schools must have regard to this statutory guidance in fulfilling their duty to produce an allergy safety policy. First aid training is not sufficient. We expect that allergy awareness training should ensure all staff:

- Have an **awareness** of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on **allergy triggers**;
- Can identify the range of **symptoms** of allergic reactions;
- Understand and can recognise **anaphylaxis**;
- Know how to respond in an **emergency**, including:
    - calling emergency services and informing parents;
    - how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    - training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the **impact** allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's **allergy safety policy**;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their **responsibilities** in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to **report** an allergic reaction or case of anaphylaxis (whether an incident or a "near miss").

Wellbeing of pupils with allergies
Pupils in the school with allergies will be supported with their wellbeing – if necessary the SENDCO will meet the pupil and parents to discuss their needs (and possible anxiety) regarding their medical condition and complete a referral to the school nurse if the family need further support. School staff are aware that bullying due to a pupil having an allergy is possible and will manage and report this in line with the school's Behaviour and Anti-Bullying Policy.

Minimising risk of exposure to known allergens

This school follows the nominated catering company's allergy/diet policy. When using food during food technology day, special cultural celebrations/workshops or during other events such as Christmas parties, teachers will conduct a risk assessment and discuss with a senior leader regarding provision for pupils with allergies. We are a 'nut aware' school, as this is the most effective approach and does not create a false sense of security.

Examples of reducing the risk of allergen exposure:

Reducing the risk of allergen exposure in children with food allergy

- Bottles, other drinks and lunch boxes provided by parents or the school for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- **School caterers** must provide information on food allergens to parent/carers, and have this available for the child to be able to check independently. Catering staff should be available to meet with parents/carers to discuss provision of allergen safe meals.
- **Leaders** need to be aware of, and engage with, caterers to understand the controls in place to ensure that food service conforms with legislation.
- Where food is provided by the school, **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.
- Where food is not directly provided by the school (e.g. brought in as treats or to celebrate birthdays) parental engagement and permission should be sought in advance to ensure inclusion and safety for children with allergy.
- Implement policies to avoid trading and sharing of food, food utensils or food containers.
- Unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary ("may contain") labelling suggesting a risk of contamination with allergen. This applies to foods used within the classroom curriculum (e.g. cooking) as well that from the school kitchen or canteen.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and alternatives used when needed.
- In arts/craft, an appropriate alternative ingredient should be substituted (e.g. wheat-free flour for play dough or cooking). Food containers (egg cartons, yoghurt pots etc) can also be contaminated with food: use alternative, non-food containers for craft activities, where possible. If essential to the activity, e.g. junk modelling, ensure that all materials used are free from any allergens that might pose a risk for a specific child.
- When planning out-of-school activities such as sporting events, excursions (e.g. restaurants and food processing plants), school outings or camps, think early about the catering requirements of the child with food allergies and emergency planning (including access to emergency medication and medical care).

Food Allergy Management
This school follows the nominated catering company's allergy/diet policy, which includes identified pupils following an allergy aware menu, once the parent/carer has submitted the necessary catering company's medical forms. When reasonable adjustments need to be made, these are also recorded in an Individual Healthcare Plan. The medical photoboard, including identifying pupils with known allergies, is displayed in the school kitchen. School staff are also made aware of pupils who have allergies. We discourage certain allergens in pupil packed lunches, e.g. nuts, being brought on site, however school staff must remain actively aware that this risk could still happen as parents pack lunches at home. Pupils entitled to free school melas should have reasonable adjustments made if they have allergies so they can still access this entitlement.

Identification and Individual Healthcare Plans

Children and young people should have an Individual Healthcare Plan (IHP) if:

- they have an allergy which has a functional impact on them in their school, college or setting;
- they are at risk of harm as a result of their allergy **and**
- they require arrangements which are additional to or different from those made generally.

The IHP will set out the additional and/or different arrangements that will be in place in the school, college or early years setting for supporting the child or young person with their medical condition or allergy, including in emergency situations.

The Allergy/Asthma Care Plan or Allergy from the hospital/doctor/healthcare professional will be attached to the Individual Healthcare Plan that the parent/carer has completed. These plans include allergy triggers and allergy response/management and medication. These plans are reviewed at least annually. If the pupil has prescribed medication as part of their Care Plan, then the IHP will state what is prescribed, by whom and when and whether and when parental consent was received for administering the medication.

Sometimes allergies are under investigation and there will not be a Care Plan from a medical professional at an early stage. In this case, the parent must complete a school Individual Healthcare Plan, providing any medical evidence so far, and then a senior leader must complete a school nurse referral so they can liaise with other healthcare professionals/the pupil's GP regarding updates.

Information-sharing
Individual Healthcare Plans should be accessible to all those who need to refer to them, whilst preserving confidentiality. They must also be shared with any new education setting as part of pupil transition arrangements.

Prescribed adrenaline and spare adrenaline devices (auto-injectors)

People at risk of anaphylaxis are usually prescribed self-administered adrenaline for use in an emergency. Currently two types of adrenaline devices (ADs) are licensed for use: an adrenaline auto-injector (AAI) and a non-injectable nasal adrenaline device. Clinical advice recommends that people at risk of anaphylaxis **carry two devices with them at all times**, regardless of the type of device, since two doses of adrenaline may be required.

Pupils who have prescribed auto-injectors have rapid access to their device at all times. These devices are held centrally in each school office/medical room, which is unlocked and accessible. Adrenaline should be administered within 5 minutes. Whilst out on trips, these medicines are held with a school staff member at all times. A copy of the individual pupil's Allergy Action Plan is to be kept alongside their medication. The additional copy is kept in the 'supporting pupils with medical needs' file.

Medicine expiry dates will be recorded on a central spreadsheet and checked by the office staff at regular intervals. Parents/carers will be informed when a medicine is close to expiry so they can replace pupil's medicine in good time. Once used, auto-injectors will be disposed of in the school sharps bin (and bin taken to the pharmacy/collected by clinical waste management company).

Spare auto-injectors

Spare auto-injectors will also be kept in pairs centrally in each school office/medical room and packed for each school trip. Parents/carers will be asked to sign a consent form regarding use of emergency auto-injectors. Once used, spare auto-injectors will be disposed of in the school sharps bin (and bin taken to the pharmacy/collected by clinical waste management company). As in the case for prescribed adrenaline devices, medicine expiry dates will be recorded on a central spreadsheet and checked by the office staff at regular intervals. Once used, 'spare' auto-injectors will be disposed of in the school sharps bin (and bin taken to the pharmacy/collected by clinical waste management company).

This means that most schools will need to obtain two pairs of "spare" AAIs:

School type	**AAIs for children under age 6 years** (150 micrograms) e.g. EpiPen Junior, Jext 150	**AAIs for individuals over 6 years of age** (300 micrograms) e.g. EpiPen, Jext 300
State-funded nursery school	One pair of "spare" AAIs	n/a
Primary school	One pair of "spare" AAIs	One pair of "spare" AAIs
Secondary school	n/a	One or two pairs of "spare" AAIs *
Special school	One pair of "spare" AAIs	One pair of "spare" AAIs

* Secondary schools with large sites should consider having two pairs of "spare" AAIs, so that a pair of "spare" AAIs are available within five minutes of wherever they may be needed.

Where schools operate across more than one site, they should ensure there are spare AAIs of the appropriate dosage on each site as required.

'Spare' auto-injectors are readily accessible in the central school office/medical room and not locked away. They are stored in pairs as per the dosages above. Their expiry date is recorded on the central record of medicines held in school. These devices are clearly labelled as 'spare', alongside 'spare'

asthma inhalers and spacers. For further guidance regarding 'spare' inhalers, please refer to the Asthma Policy.

If the child, young person or individual has their own prescribed adrenaline devices, these should be used in the first instance. If the child, young person or individual does not have prescribed adrenaline devices, "spare" adrenaline devices can be used. If the child, young person or individual's prescribed adrenaline devices are not available or misfire, "spare" adrenaline devices can be used.

Using "spare" ADs in an emergency situation without prior consent

The Human Medicines (Amendment) Regulations 2017 do not require consent to have been obtained for "spare" adrenaline devices to be used in an emergency. It is good practice for the school, college or setting to obtain advance consent from parents or the young person for "spare" adrenaline devices to be used, so that in an emergency, consent can be assumed to be in place. However, in an emergency situation anyone may take reasonable action to save a life without checking whether prior consent has been given, in order to avoid delays in treatment.

Visits and visitors

Any pupils with known allergies should be identified on a risk assessment when planning a school trip and their medication plus 'spare' auto-injectors packed as part of trip planning. The medicine and first aid bag is to remain with a school staff member at all times. When visitors sign in to the school, office staff must ask them if they have an allergy and let the senior leader on site know.

Serious incidents and 'near misses'

In line with this principle, **schools, colleges and early years settings should approach serious incidents and "near misses" in a "no blame" spirit of seeking to learn lessons** and address any issues which the incident identified, so that children and young people are better protected in the future.

- A **serious incident** is any event relating directly to a medical condition (including allergy) in which a child, young person, member of staff or visitor with a medical condition or allergy is harmed or is placed at an immediate and significant risk of harm, including situations requiring emergency medication, urgent clinical intervention or attendance by emergency services.
- A "**near miss**" is an event relating directly to a medical condition (including allergy) that did not result in harm but had the clear potential to do so, for example, where an error, omission, or system failure could reasonably have led to a serious incident had circumstances been only slightly different.

Incident recording

Schools, colleges and early years settings should ensure any serious incident or near miss involving a child, young person, member of staff or visitor with a medical condition or allergy is recorded as soon as is feasible. The incident should be recorded in the Accident book. A report should set out:

- **Who** was affected;
- **What** happened, **when** and **where**;
- **Why** the incident occurred (as far as is known);
- **How** staff and students responded; **what** was done to support the individual; whether **emergency services** were called;
- **How** the incident concluded.

Reports do not need to be long or complicated. It may be more important to capture key information quickly, while it is fresh in the minds of those involved.

Incident reporting

The parents or carers of a child aged up to sixteen should be notified of the incident or "near miss" as soon as possible. In the case of a young person (CYP) aged over sixteen, the school or college should confirm that they agree that their parents or carers should be informed.

The report should be shared with the child's parents, the young person or the individual involved. They should be given the opportunity to discuss what happened and to contribute their views to the consequent lessons learned review. The school, college or setting should then confirm what it has learned from the incident and should outline any actions it is taking as a result.

The report should always be shared with school, college or setting's designated leader responsible for medical conditions and/or allergy. They will need to consider what lessons to learn and whether changes are required to the school, college or setting's medical conditions and/or allergy safety policies and/or to the arrangements in the child or young person's Individual Healthcare Plan. Any learning should be shared appropriately with staff so they can act on them, reducing the chance of an incident reoccurring.

In addition, it may also be necessary to share the report with other agencies.

- Schools, colleges and early years settings acting as food businesses must report any allergen-related food safety incidents to their local authority (Report a food safety issue).

- Schools, colleges and early years settings must report incidents which arose directly from the way they undertook a work activity which resulted in death or immediate hospitalisation to the Health and Safety Executive (RIDDOR – incident reporting in schools (accidents, diseases and dangerous occurrences)).
- In the event that the incident or "near miss" related to the delivery of a care plan or action plan issued by a healthcare professional, the relevant healthcare professional should be notified.

Reporting allergen-related food safety incidents

The Food Standards Agency works to ensure that food is safe and what it says it is. It is responsible for aspects of food policy, including allergen labelling, and provides guidance and oversight in relation to food incidents, including supporting product withdrawals and recalls.

Schools, colleges and early years settings that operate as food businesses should record and review all allergen incidents and near-misses and, where appropriate, seek advice from their local authority environmental health team or Primary Authority. A legal duty to notify competent authorities arises where a food business has reason to believe that unsafe food (for example, food that is injurious to health, such as food containing an undeclared allergen) has left its immediate control and may pose a risk to consumers, in line with Article 19 of Regulation (EC) 178/2002.

In practice, this will depend on whether there is potential for wider consumer exposure beyond a single, contained incident. Where an issue is isolated and there is no ongoing risk to other consumers, formal notification is unlikely to be required. For example, this may include situations where a meal is provided in error but is immediately identified and contained.

If a child or young person is given food which is clearly labelled as containing an allergen, this would not usually be considered unsafe food and would not typically require notification, as the allergen has been properly declared. These events should be treated as serious incidents or "near misses" and therefore be recorded and reviewed. Where proportionate, they could be discussed with the local authority environmental health team or Primary Authority as part of good practice and continuous improvement. Larger catering providers may handle this through their Primary Authority arrangements, while smaller in-house or local operators may seek advice from their local authority environmental health team.

Further information can be found at Report a food safety issue.

Investigating serious incidents: HSE

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) require employers such as schools, colleges and early years settings to report certain accidents, diseases and dangerous occurrences arising out of or in connection with work to the HSE. This also applies in education settings, regardless of whether an accident happens to a child or young person, member of staff or visitor.

Schools, colleges and early years settings are **only** required to report incidents which arose out of or in connection with a work activity which resulted in death or being taken directly to hospital for treatment, for example where a child or young person had been given their allergen by a member of staff and suffered harm. There is no need to report incidents where individuals are taken to hospital purely as a precaution, when no injury is apparent.

Many of the common incidents that cause injuries to children and young people in a school, college or early years setting will not be reportable under RIDDOR, as they do not arise directly from the way the school, college or setting undertakes a work activity. HSE's guidance on Incident reporting in schools (accidents, diseases and dangerous occurrences) is clear that a child or young person being taken to hospital because of a medical condition (e.g. an asthma attack or epileptic seizure) would not be reportable, as it did not result from a work activity.

Reporting issues to healthcare professionals

Where there is a serious incident or "near miss" relating to the delivery of a care plan or action plan issued by a healthcare professional, the school, college or early years setting should notify the relevant healthcare professional or team, providing a copy of the report. The healthcare professional may wish to provide further information or instructions or to review the care plan. If necessary, the local authority's Designated Clinical Officer / Designated Medical Officer may be able to help engage the relevant healthcare professionals.

Medical conditions and safeguarding

The statutory guidance on Working together to safeguard children is clear that preventing the impairment of children's mental and physical health or development forms part of safeguarding and promoting the welfare of children.

The primary focus of DfE's statutory guidance (Keeping children safe in education) on safeguarding children in schools and colleges is to provide guidance on the policies and procedures they should, or must, have in place to respond to incidents

Learning lessons from incidents and "near misses"

Schools, colleges and early years settings should **approach serious incidents and "near misses" in a "no blame" spirit, seeking to learn lessons** and address any issues which the incident identified, so that children and young people are better protected in the future.

The report should be submitted to the school, college or setting's designated leader responsible for allergy. The designated senior leader and any staff involved in supporting the child or young person with their allergy should consider:

- Could the school, college or setting reasonably have foreseen an incident of this nature?
- Might the incident or near miss have been avoided through reasonable preventative steps? If so, what steps might have been taken?
- Were the circumstances of the incident covered by a policy (for example a medical conditions policy, allergy safety policy) and/or a plan (for example an Individual Healthcare Plan or a care or action plan issued by a healthcare professional) which set out how to respond to an incident of this nature?
- If so, was the policy and/or plan followed? If the policy and/or plan was not followed, are there staff training, capability or even disciplinary issues to consider?
- Was the policy or plan adequate? If the policy and/or plan was not adequate, what changes might be required?
- Should the school, college or setting's policies be changed as a consequence?

The child or young person and their parents should be involved in reviewing the arrangements made (for example in the Individual Healthcare Plan) to ensure they are robust and appropriate.

Where the incident related to the delivery of a care plan issued by a healthcare professional, they or the relevant team should be involved in reviewing the arrangements to ensure they are robust and appropriate. The designated senior leader should consider whether the incident or near miss indicates that any statutory duties may have been breached, or at significant risk of being breached, and whether there were weaknesses in the design or delivery of the relevant policies, the Individual Healthcare Plan and/or any care or action plan. If so, they will need to ensure steps are taken to review and where necessary amend the relevant policies or practice.

"Near misses" are particularly important in this respect, since they highlight weaknesses or risks and offer an opportunity to learn lessons without causing actual

harm to a child, young person, member of staff or visitor. Some settings have used simulated drills, active training and role play to test out how staff would respond to a medical emergency or case of anaphylaxis, without putting individuals at risk.

A serious incident or "near miss" is therefore a prompt to consider whether the school, college or setting's policies should be reviewed and revised. It is not expected that policies should be revisited after every single incident, if they are considered to be fit for purpose.

The governing body, proprietor or management committee of the school, college or early years setting should receive periodic reports on serious incidents and "near misses". When the school, college or setting reviews its allergy safety policy, all recent serious incidents and "near misses" which have occurred should be considered, since they will indicate potential areas for improvement.

Complaints

The governing body, proprietor or management committee of the school, college or early years setting should ensure that their complaints processes permit complaints to be raised and investigated following a serious incident or "near miss" relating to a child or young person's allergy. This includes complaints arising from a prolonged failure to put arrangements in place or to deliver arrangements agreed (whether through an allergy safety policy or an Individual Healthcare Plan).

Serious incidents and specialist providers

The frequency or rarity of serious incidents or "near misses" involving medical conditions or allergy will depend on the circumstances of the school, college or early years setting. Mainstream settings may not experience any serious incident for several years. Specialist settings (for example special schools and special post-16 institutions) may experience a much higher rate of incidents, where a significant proportion of the children and young people they support have complex medical conditions including allergy. This may be no reflection on the school, college or setting or the quality of its support, but simply a consequence of the higher risks posed by the cohort of children and young people.

The school, college or setting's approach to serious incidents and "near misses" should reflect this. The fact that a specialist setting experiences such incidents relatively frequently does not mean they are any less significant for the child or young person or the staff involved, and so they should not be treated with any less gravity. It is important that serious incidents and "near misses" should be reported and recorded as set out above.

The higher likelihood and frequency of serious incidents and “near misses” may mean that specialist providers need to keep their medical condition and/or allergy safety policies under more active review. In some cases, it may be more proportionate to consider the cumulative lessons learned from a number of incidents (for example over the course of a term) rather than expecting to respond to each one individually.

Child deaths

The death of a child or young person with a medical condition while in school, college or an early years setting is a rare and tragic event. Further information on child death reviews can be found in the statutory guidance Working together to safeguard children. Schools, colleges and early years settings should be aware of the Child death review: statutory and operational guidance (England).

The unexplained death of a child or young person may be subject to investigation by the police and a Coroner’s inquest. Schools, colleges and early years settings should be aware that materials such as residues of food consumed or handled or samples of fluids may constitute evidence, which may need to be seized and retained.

Schools, colleges and early years settings should consider how to support children and young people and their own staff following a child’s death. They should also consider how they can support the grieving family, and in particular any siblings. Support can be found through organisations such as Child Bereavement UK and the Child Death Helpline.

ASTHMA POLICY

Policy Statement:
This policy has been compiled in collaboration with school staff, parents, School Nurses and Governors to ensure that the individual needs of pupils with asthma, are being met.

This policy: Recognises the needs of pupils with asthma.

- Ensures that children with asthma participate as fully as possible in all aspects of school life, including, for example, Physical Education, visits, outings and field trips.
- Ensures staff are trained in how to deal with an asthma attack.

The school recognises that asthma is a widespread, serious but controllable condition affecting many pupils at the school. The school encourages pupils with asthma to achieve their potential in all aspects of school life by having a clear policy that is understood by school staff, parents and pupils.

Guidance:
In order to achieve the above:

- All staff are given basic awareness training on an annual basis about asthma and the use of inhalers.
- All staff have a clear understanding of procedures to follow when a child has an asthma attack.
- Reliever inhalers for pupils are always accessible.
- The school maintains a register of pupils with asthma and each individual pupil with asthma has an asthma care plan which details triggers and relevant information.

Asthma:
Asthma is a condition that affects the airways – the small tubes that carry air in and out of the lungs. When a child or young person with asthma encounters an asthma trigger, the muscles around the walls of the airways tighten so that the airways become narrower. The lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus can be produced. All these reactions cause the airways to become narrower and irritated – leading to the symptoms of asthma.

Children and young people with asthma have airways that are almost always red and sensitive (inflamed). These airways can react badly when they come into contact with something that irritates them (an asthma trigger). The usual symptoms of asthma are:

- Coughing,
- Shortness of breath,
- Wheezing,
- Tightness in the chest,
- Being unusually quiet,
- Difficulty speaking in full sentences,
- Sometimes younger children will express a tight feeling in the chest as a tummy ache.

A trigger is anything that irritates the airways and causes asthma symptoms. There are many asthma triggers. Everybody's asthma is different, and everyone will have different triggers. Common triggers may include viral infections (colds and flu), house-dust mites, pollen, cigarette smoke, furry and feathery animals, exercise, outdoor air pollution, laughter, excitement and stress.

Management of Asthma in school:
Early administration of the correct reliever treatment will cause the majority of asthma attacks to be completely resolved. As immediate access is vital to early administration of the inhaler, it should be

stored in an easily accessible area in school.

All inhalers for children are securely stored in the school office. For each child with asthma, parents/carers should provide a self-management plan along with their child's inhaler with the dose to take in the event of an attack. It is also their responsibility to inform school of any changes to their child's treatment. Parents should provide the plan for school.

A parent/carer should supply the inhaler in its original packaging with the expiry date clearly labelled. School will take a copy of all children's expiry dates and contact parents when their child's inhaler needs replacing. Inhalers will be sent home at the end of the academic year.

School staff may aid a child in administering asthma medications to pupils although they are not required to do so.

Emergency inhalers in school:
School keeps an emergency inhaler and spacer for use when a child's inhaler is not available or the inhaler they have provided school with has expired.

Emergency salbutamol inhalers and spacers for use in an emergency are kept along with a register of children who have prescribed inhalers and their parental consent information in the school office.

Asthma Medicines:
At school, most pupils with asthma will only need to take reliever inhaler medicines.

1) Reliever Inhalers:
Every child with asthma should have a reliever inhaler (usually blue). Relievers are medicines that can be taken immediately when asthma symptoms start as they work within minutes. They work by relaxing the muscles surrounding the narrowed airways. This allows the airways to open wider, making it easier to breathe again.

- Relievers are essential in **treating asthma attacks**, pupils using their reliever inhalers two – three times a week will be advised to seek medical assistance
- Reliever inhalers are usually blue.
- It is very important that a pupil with asthma has a reliever inhaler that they can use reliably and effectively.
- Relievers are a very safe and effective medicine and have very few side effects. Sometimes children do get an increased heart rate and may feel shaky if they take a lot, however, children cannot overdose on reliever medicines and these side effects pass very quickly.
- All inhalers have an expiry date. Parents/carers should be responsible for ensuring that all their child's asthma medicines are within the expiry date. Reliever inhalers and preventers usually last about two years. In addition, a named member of staff should be checking the inhalers of every pupil with asthma in school every six months.

2) Preventer Inhalers:
Preventers protect the lining of the airways. They help to calm the swelling in the airways and stop them from being so sensitive. Taking preventer medicines means that a child with asthma is less likely to react badly when they come into contact with an asthma trigger. Preventer inhalers contain a small amount of steroid that reduces inflammation in the lungs and prevents asthma. Preventer inhalers must be taken every day even when the child's asthma is ok.

- Preventers are usually prescribed for children who are using their reliever inhaler at least two - three times a week.
- Preventers reduce the risk of severe attacks.
- Preventer inhalers are usually brown.

- The protective effect of preventer medicines builds up over time, so preventers need to be taken every day (usually morning and evening), even if the child is feeling well.
- Children should not normally need to take the preventer inhaler during school hours. If they are needed, they may need to be reminded to take them. This should be written on the asthma care plan.

3) Spacers:
A spacer is a plastic or metal container with a mouthpiece at one end and a hole for an aerosol inhaler at the other end. Spacers are used to help deliver medicines to the lungs. They make inhalers easier to use and more effective. Spacers are used with aerosol inhalers.

- Spacers may often be needed and used at school, especially by pupils under the age of 12.
- Each pupil, who has been prescribed a spacer by their doctor or asthma nurse, should have their own individually labelled spacer. This should be kept with their inhaler.

In the event of an asthma attack

- Ensure that the reliever is taken immediately. Whenever possible, allow medication to be taken where the attack occurred.
- Stay calm and reassure the child. Stay with the child until the attack is resolved.
- Help the child to breathe by encouraging them to breathe as slowly and deeply as possible.
- After the attack, and as soon as they feel better, the child can return to normal school activities.
- The child's parent/carer must be informed of the attack by phone call.

In all emergencies, follow the traffic light system:

MILD	*If the child:* Requires using their inhaler (reliever) regularly throughout the day for cough or wheeze but is not breathing quickly and is able to continue their normal day-to-day activities.	• Ask the parents to make contact with their GP to be seen the next day. • Always inform parents as to how frequently their child has had to use their inhaler during the day.
MODERATE	*If the child is:* Wheezing, coughing, breathless and not responding to usual reliever treatment.	• Immediately contact parents to collect the child from school and advise that the child is taken to see the GP that day. • Advise parents also to contact 111 for 24-hour advice if unable to contact the GP.
SEVERE	*If the child is:* • Drowsy or unable to respond • Frightened • Unable to speak in sentences	• Ring 999 • Inform them you need immediate help. • Follow the school emergency asthma plan.

	• Breathless with heaving of the chest	• Give 10 puffs of reliever inhaler using the spacer every 15mins until the ambulance arrives.

All staff should be clear that when calling for an ambulance in an emergency situation that a Paramedic is requested.

Implementing the Policy
The Head of School is responsible for the policy for asthma in school. The delegated member of staff responsible for implementing the policy in school is the Asthma Lead. This is the SENCO, who is also a senior leader.
Asthma awareness training is carried out by the School Health team on an annual basis for all school staff.

A register of all children with asthma is kept electronically by the Office Manager in a secure file on the school system. All classes have a medical file which contains a copy of the school's asthma register. A copy of the asthma register is also kept in the First Aid cupboard.

Parents and carers are encouraged to keep the school and the School Nursing teams informed of changes in their child's plan.

Record Keeping
At the beginning of each school year, or when a child joins the school, parents/carers are asked if their child has any medical conditions.

If a child has asthma, school will request that parents provide the most recent/ **up to date asthma care plan** to inform the school of:

- Reliever treatment
- Signs and indications
- Triggers
- Other medication

School will ask parents/carers to ensure that their child's inhaler is:

- Correctly labelled
- In good working order
- In-date
- Cleaned at least once per term

Schools will also ask parents to provide a spacer for their child's use in school. This is particularly important if the child is having an asthma attack.

It is the responsibility of the school to keep parents/carers informed of any differences in their child's condition and treatment and to record this for future reference. **School Nurse will be informed if a child is constantly using their reliever inhaler more than twice a week as this is sign of poorly controlled asthma. Parents will be advised to arrange an asthma review with the child's General Practitioner**.

A list of expiry dates for all inhalers is kept in a central file by the Office Manager.
The asthma register is updated by the Office Manager on a termly basis and when a child is newly diagnosed.

Exercise and Activity
Taking part in games, sports and activities is an essential part of school life for all pupils. All teachers know which children in their class have asthma and this information will be shared with other members of staff who may be present teaching or supporting teaching in the classroom.

Pupils with asthma are encouraged to participate fully in all PE lessons. **Staff, who are delivering the PE lesson, will need to observe/ monitor pupils, whose asthma is triggered by exercise, and support/ encourage them to take their reliever inhaler during the lesson if and when needed**. If a pupil needs to use his/her inhaler during a lesson, they will be encouraged to do so. Class teachers follow the same principles as described above for games and activities involving physical activity.

Visits, Outings or School Trips
When pupils are taken out on school trips or on residential visits, it is the responsibility of school staff to ensure that inhalers are taken along for each pupil with asthma. The same principles are used as for exercise where outdoors activities are involved.
A mobile phone should always be available for any emergency situations.

The School Environment
The school will do all it can to ensure the school environment is favourable to pupils with asthma. The school does not keep any furry or feathered animals and has a no-smoking policy. The school will work to ensure that it does not use any chemicals in products that are potential triggers for pupils with asthma.

Annex A: Process for developing and Individual Healthcare Plan

A CYP comes onto roll of school, college or EY setting. Parents or the young person identify they have allergy. Advice and instruction from relevant healthcare professionals (e.g. Allergy Action Plan) is provided.

OR

A CYP already on the roll of the school, college or EY setting is identified as having a allergy (including a new diagnosis) or develops an allergy.

↓

School, college or setting considers the advice or instruction provided by relevant healthcare professionals. They meet the CYP and their parents to discuss the circumstances, the impact of the allergy and consider whether an Individual Healthcare Plan (IHP) is required. If necessary, the school, college or setting seeks advice from relevant healthcare professionals.

↓

If the allergy has a functional impact on the CYP or poses a risk to them, the school, college or EY setting should discuss what supportive arrangements may be required with the CYP and their parents and should draw up an IHP to specify them.

If healthcare professionals have provided advice or instruction (e.g. an Allergy Action Plan, their IHP will refer to it.

↓

IHP is shared with the CYP, their parents and those staff who need to be aware of its contents.

↓

School, college or setting delivers the arrangements set out in the IHP.

↓

IHP is reviewed at least annually. Any serious incident, "near miss" or change in circumstances (including changes in instructions or advice from relevant healthcare professionals such as changes to care plan, action plan or medication) should prompt review of the IHP.

↓

Amended IHP is shared with the CYP, their parents and those staff who need to be aware of its contents. School, college or setting delivers the revised arrangements.

Figure 3: flow chart for creating and reviewing Individual Healthcare Plans

Annex B1: Individual Healthcare Plan (parent to complete)

(For example for children who are epileptic, asthmatic and have allergies). ***This list is not exhaustive.***

This document should be kept in the 'Supporting Children at School with Medical Conditions' file.

XXXXXX Primary School
Individual Healthcare Plan

Child's name	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name (1)	
Phone no. (work)	
(home)	
(mobile)	
Name (2)	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

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

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

Daily care requirements:

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

Who is responsible in an emergency *(state if different for off-site activities):*

to be completed by school

Who is responsible for providing support in school/arrangements for off-site activities:

to be completed by school

Specific support for the pupil's educational, social and emotional needs:

to be completed by school

Staff training needed/undertake – who, what, when:

to be completed by school

Where medication is kept in school:

to be completed by school

Annex B2: Individual Healthcare Plan for Allergy (school to fill in with parent)

(For children who have food allergies). ***This list is not exhaustive.***

This document should be kept in the 'Supporting Children at School with Medical Conditions' file.

XXXXXX Primary School Individual Healthcare Plan for Allergy (school to complete with parent)	
Name: **Date of birth**: **Year:** **Staff who need to be aware**:	Current photo
Allergy: *Note what allergy the child or young person has.* *Note any known allergens.* *Note whether the child or young person is likely to be aware that they are having an allergic reaction and whether they can alert others.*	
How the allergy is managed: *Note any care or action plans or prescribed medication issued by healthcare professionals.* *If the allergy can be partly or wholly managed by practical adjustments (for example avoidance of known allergens), note them here.* *Note the extent to which the child or young person is able to take responsibility for managing their allergy.*	
Impact on education: *Indicate the potential harm which might come to the child or young person if their allergy is not managed properly.* *Indicate how the allergy may impact on the child or young person's learning.* *Indicate how the allergy may impact on the child or young person's emotional wellbeing.* *If relevant, note any interaction between allergy and SEN.*	
Arrangements for support: *Give details of the specific support or adaptations which the school, college or early years setting will put in place, within its educational remit.* *Outline measures to reduce the risk of contact with known allergens.* *Give details of the specific support or adaptations to manage food allergy at meal and snack times.* *Note arrangements for maintaining educational progress where absence or missed learning occurs due to allergy.*	

Visits and trips: *Give details of any arrangements or procedures which may be required for school trips or other activities outside of the normal timetable that will ensure the child can participate.* *Note any requirement for a risk assessment and prompts for specific issues which should be considered.*	
Emergency response: *Where an Action Plan issued by a healthcare professional covers emergency response, refer to it and ensure it is attached.* *Otherwise summarise the signs or symptoms which would indicate an emergency.* *Set out what to do in an emergency, including whom to contact.* *If relevant, note where "spare" adrenaline devices are located.*	

Last discussed with parents:	**Date**
Issued by:	**Date**:
Next planned review:	**Date**:

Annex C: Parental Agreement Form (long term use)

(For example for children who have an inhaler, epipen, long term medicine etc).

This list is not exhaustive.

This document should be kept in the 'Supporting Children at School with Medical Conditions' file

XXXXXXX CE Primary School

Parental agreement form to administer medicine for long term use

Medicines will only be accepted for administration in school on completion of this form by a parent or carer. Verbal instructions will never be accepted.

Date for review:	
Name of child	
Date of birth	
Year	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to a member of the school office team. The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform

the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Name:_____Signature: _____Date:_____

Medication and form received by:_____ Date: _____

Annex D: Record of medicine administration (long term use)

This document should be kept in the 'Supporting Children at School with Medical Conditions' file

Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date	Time given	Dose given	Staff member	Staff initials

Date	Time given	Dose given	Staff member	Staff initials

Annex E: Parental Agreement Form (short term use)

(For example for children who are taking medication in a limited period – eg antibiotics, calopl etc).

This list is not exhaustive.

This document should be kept in the 'Supporting Children at School with Medical Conditions' file

XXXXXXX CE Primary School

Parental agreement form to administer medicine for short term use

Pupils may not bring in prescribed or non-prescribed medication into school.

Parents may visit the school in the lunch break to bring and administer prescribed or non-prescribed medication themselves, by prior arrangement.

In the event that this may not be possible, parents are asked to provide written consent (see DCSF Managing Medicines in Schools 2005) to authorise the self-administration (under supervision) of medication.

Where pupils have medical needs, parents must give us details of the child's condition and medication. Parents will bring the medication to school in a secure, labelled container. Records will be kept of all medication given and received.

Date medicine brought to school	
Name of Child	
Year group / class	
Medicine to be administered	
Instructions for administering the medicine	
Signature of parent / carer	
Print name	
Staff member	

Date	Time given	Dose given	Staff member	Staff initials

Annex F: Specialist staff training record – administration of medicines

This document should be kept in the ‘Health and Safety’ training file.

Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated on [date].

Trainer’s signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Annex G: St Mary's CE Primary School: Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number: **02073726565 CE Primary School phone number**

2. your name

3. your location as follows: **St Mary's Primar, Quex Road CE Primary School address**

4. provide the exact location of the patient within the school

5. provide the name of the child and a brief description of their symptoms

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

7. provide child's name, date of birth, address, any relevant medical information and name and number of child's parent/carer. **These details can be found in class registers which are kept in the office.**

Annex H: Emergency Inhaler Consent Form

St Mary's CE Primary School
Emergency Inhaler Consent Form

Dear Parent/Carer,

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler.

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day and the school also holds a spare inhaler prescribed for my child.

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

Signed:	
Date:	
Parent Name (Print)	
Child's Name:	
Class:	

Annex I: Emergency Adrenaline Auto-injector Consent Form

St Mary's CE Primary School
Emergency Epi-pen Consent Form

Dear Parent/Carer,

Our school can now hold spare adrenaline auto-injector (EPI-pens) devices, to use in emergencies. This will be for any pupil who holds both medical authorisation and parental consent for an Epi-Pen to be administered. The Epi-Pens can be used if the pupil's own prescribed Epi-Pens are not immediately available (for example, because they are broken, out of date, have misfired or been wrongly administered).

In the event of your child displaying symptoms of anaphylaxis and their Epi-Pen is not available or is unusable: please sign below if you consent for the school to administer the spare Epi-Pens that is held in school for such an emergency.

If you consent to XXXXXXXXX using one of the Epi-Pens for your child then your child's anaphylaxis care plan will need to be signed by both yourself as a parent and also from the medical professional that overseas your child's care plan.

Please feel free to contact us if you have any questions.

I consent for the school to administer the spare Epi-Pens that are held in school for such emergencies.

Signed:	
Date:	
Parent Name (Print)	
Child's Name:	
Class:	