

St. Michael's High School

Supporting Students with Medical Conditions



We exist to enable our students to flourish
spiritually, academically, and personally

2024/25
Updated April 2024

1. Introduction

Building on the foundation of Luke 2:52, “Jesus grew in wisdom and stature,” we would like our students to grow spiritually, personally and academically. As a Christian school, our Christian ethos and values are central to all we do. Our values of love, peace, forgiveness, courage and equality support our students and underpin our approach to supporting students with medical needs. The purpose of this policy is to communicate and clarify the ways in which our Christian school encourages students to behave well and work hard. It also states what will happen when students do not behave well.

At St. Michael’s we believe that:

- Every member of our school community has the right to feel included and safe.
- Every member of our school community has the right to be listened to; treated with respect and free from discrimination.
- Every member of our school community has the right to learn in a welcoming and supportive environment.

Our ‘supporting students with medical conditions’ policy protects these rights and is designed to facilitate the school’s ethos of ‘Achievement for all’

To ensure consistency in all our professional practices, this policy should be read in conjunction with other St Michael’s and LDST policies particularly Child Protection, SEND, and Behaviour for Learning. This policy also pays due regard to the Equality Act 2010, the Special Educational Needs and Disability (SEND) code of practice, Keeping Children Safe in Education (KCSIE) guidance and the Children and Families Act 2014.

2. Aims

This policy aims to ensure that:

- Students, staff and parents understand how our school will support students with medical conditions
- Students with medical conditions are properly supported to allow them to access the same education as other students, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of students’ conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support students with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant students
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Chloe Trebble.

3. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting students at their school with medical conditions.

It is also based on the Department for Education (DfE)'s statutory guidance on [supporting students with medical conditions at school](#).

This policy also complies with our funding agreement and articles of association.

4. Roles and responsibilities

4.1 The governing board

The governing board has ultimate responsibility to make arrangements to support students with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

4.2 The head of school and executive headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support students in this way
- Contact the school nursing service in the case of any student 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
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

4.3 Staff

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

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

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

4.4 Parents and Carers

Parents and Carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

4.5 Students

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

4.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a student has been identified as having a medical condition that will require support in school. This will be before the student starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any students identified as having a medical condition. They may also provide advice on developing IHPs.

5. Equal opportunities

Our school is clear about the need to actively support students with medical conditions to participate in school trips and visits, and other educational activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these students to participate fully and safely on school trips, visits and other activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that students with medical conditions are included. In doing so, students, their parents/carers and any relevant healthcare professionals will be consulted.

6. Being notified that a child has a medical condition

When the school is notified that a student has a medical condition, the process outlined below will be followed to decide whether the student requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for students who are new to our school.

See Appendix 1.

7. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for students with medical conditions. This has been delegated to the pastoral team.

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

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

- What needs to be done
- When
- By whom

Not all students with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the executive headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the student's specific needs. The student will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a student has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The student's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the student's educational, social and emotional needs. For example, how absences will be managed, 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, including in emergencies. If a student is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of

proficiency to provide support for the student's medical condition from a healthcare professional, and cover arrangements for when they are unavailable

- Who in the school needs to be aware of the student's condition and the support required
- Arrangements for written permission from parents and the headteacher 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 outside of the normal school timetable that will ensure the student can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/student, the designated individuals to be entrusted with information about the student's condition
- What to do in an emergency, including who to contact, and contingency arrangements

8. Managing medicines

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

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

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

For further information on the processes for the administration of paracetamol and anti-histamines, see appendix 2.

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

Anyone giving a student any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medication will be stored at student services, unless otherwise specified in the student's IHP or EHCP.

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

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

parents/carers are not contactable (e.g. if a student has left), the school will liaise with the school health service to ensure safe disposal.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

Controlled drugs are kept in a secure cupboard in student services and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Students managing their own needs

Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures – however medications (except for emergency medication such as inhalers, insulin and EpiPens) should be stored at student services and accessed by students as and when needed. This will be discussed with parents/carers and it will be reflected in their IHPs.

Staff will not force a student to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the student's IHP, but it is generally not acceptable 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 parents/carers
- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively

- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their student, 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, or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask students to administer, medicine in school toilets

9. Emergency procedures

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

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

10. Training

Staff who are responsible for supporting students with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to students with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the students
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

11. Record keeping

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

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

12. Liability and indemnity

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

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

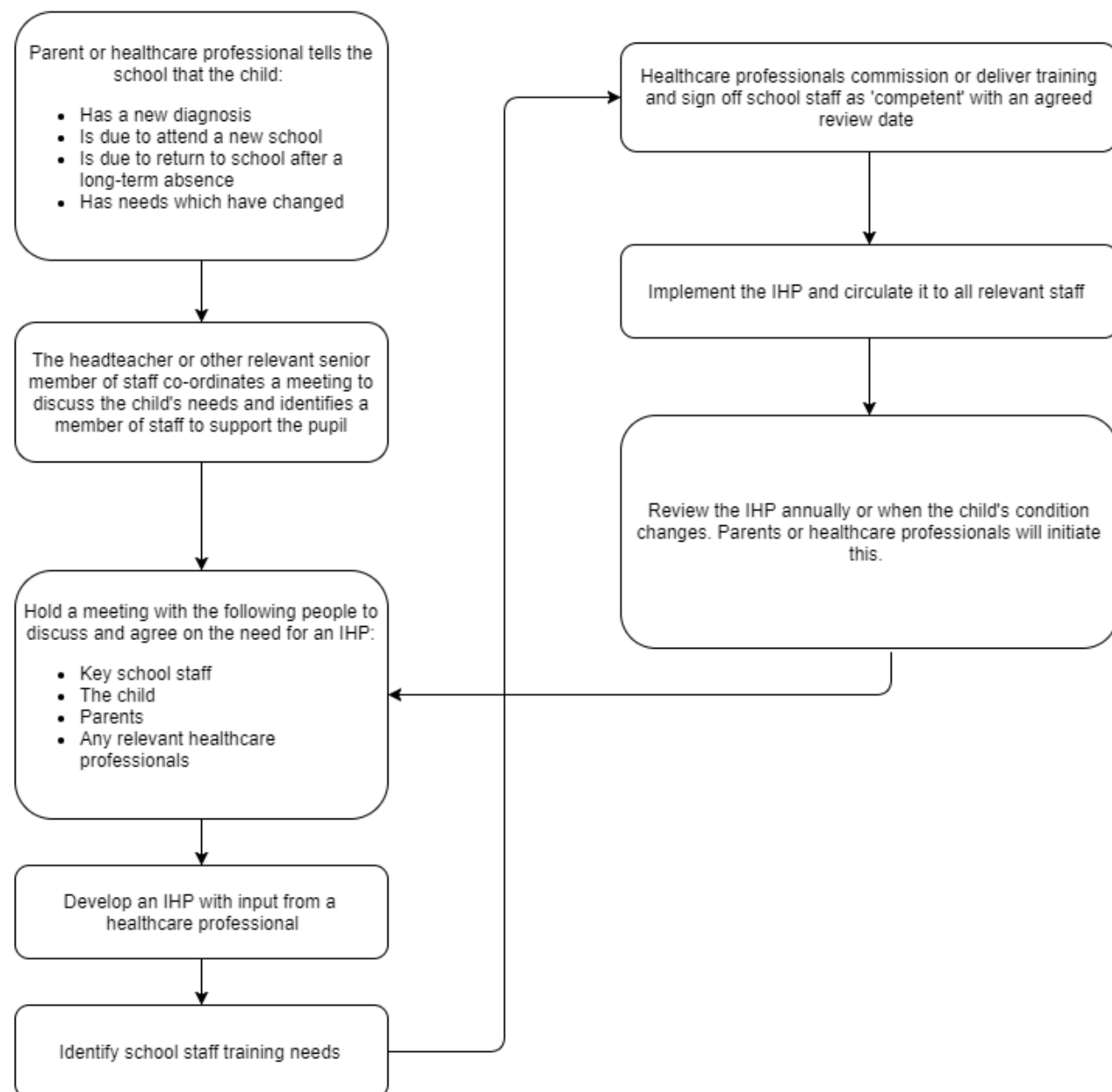
13. Complaints

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

14. Monitoring arrangements

This policy will be reviewed and approved by the governing board every year.

Appendix 1: Being notified a child has a medical condition



Appendix 2 – Administration of Paracetamol and Antihistamines

Occasionally paracetamol will be administered to students suffering from things like migraine and period pain.

Occasionally antihistamines will be administered to students suffering from mild allergies such as hay fever.

St. Michael's C of E High School keeps its own stock of paracetamol and antihistamine tablets or suspension fluid. These will be stored securely at Student Services. This reduces the risk of students carrying medicines and avoids confusion over what may and may not be administered. Students should not bring paracetamol or antihistamines to school to self-administer.

Before giving the student paracetamol or antihistamines:

1. The person on duty at student services may recommend the student get some fresh air, have something to eat/drink etc as appropriate if they think that this may reduce the need for medication.
2. There must be written parental consent given (usually at the start of the year). This information is stored on Ed:Gen.
3. Only standard paracetamol/antihistamines may be administered. Combination drugs, which contain other drugs besides paracetamol/antihistamines, must not be administered. Aspirin must never be given.

Administering paracetamol/antihistamines:

1. The staff administering should ensure that parents/carers have first authorised the school, to provide paracetamol/antihistamines occasionally to children.
2. The staff administering should then contact a person with parental responsibility to confirm that no other medication has been taken on the same day.
3. The child should be made aware that paracetamol/antihistamines should only be taken when absolutely necessary, and that great care should be taken to avoid overdosing (including consideration of other paracetamol/antihistamine containing medication such as cold and flu).

****Antihistamines should not be taken by anyone also taking some anxiety, depression, epilepsy and sleep medications. If in any doubt, refer to the medication instructions insert, and clarify this with the parent/carer. Record any relevant details/checks on CPOMS.****

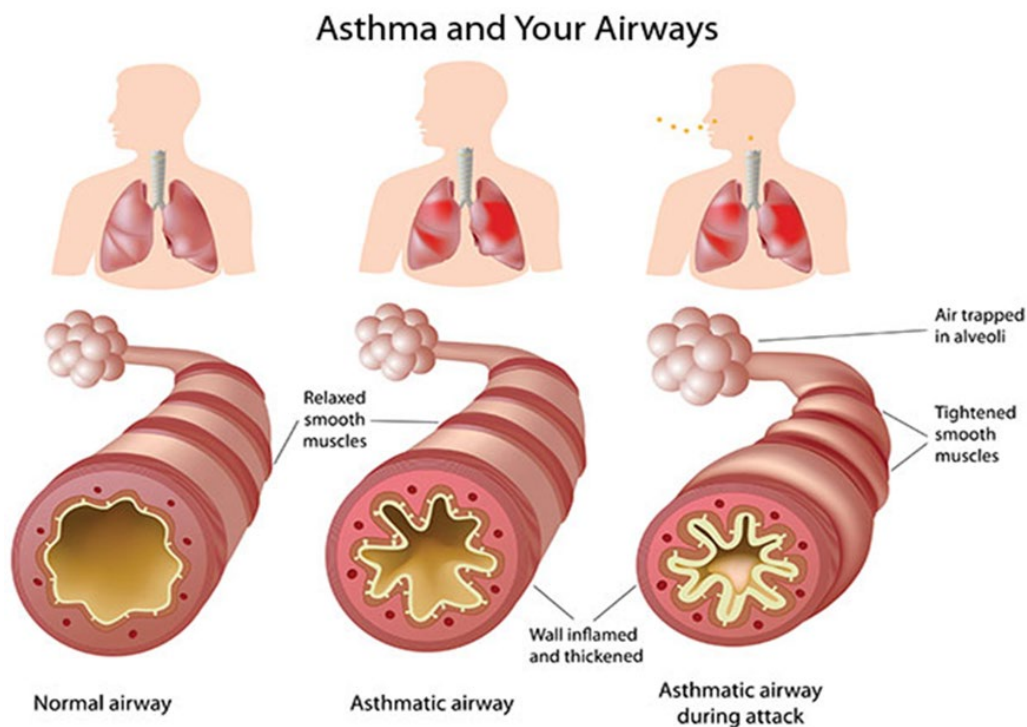
4. Children can only be given one dose of paracetamol/antihistamines every 4-6 hours. The member of staff responsible for giving medicines must witness the child taking the medication and make a record of it on CPOMS.
5. Children should be told to report to a member of staff if they develop a rash following administration of paracetamol.
6. Staff should stick the administered paracetamol/antihistamine label in the student's planner on the day, stating the date and time and the amount of the dose.
7. After giving the child paracetamol: Send the child back to their class to continue learning.

8. If this does not relieve the symptoms, contact the parent/carer or the emergency contact.

Appendix 3 – Asthma

Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.



As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all students with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- an asthma register
- an asthma lead
- all students with immediate access to their reliever inhaler at all times,
- an emergency salbutamol inhaler
- ensure all staff have regular asthma updates
- promote asthma awareness to students, parents/carers and staff

Asthma Register

Information on medical conditions is stored on our MIS. We ask parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that this information is added to our MIS, and that:

- The child brings their reliever (salbutamol/terbutaline) inhaler to school each day,
- We have permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost

Asthma Lead

This school has an asthma lead Chloe Trebble. It is the responsibility of the asthma lead to ensure that all children with asthma are registered on the MIS, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015), and ensure measures are in place so that children have immediate access to their inhalers.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Medication and Inhalers

All children with asthma should always have immediate access to their reliever (usually blue) inhaler. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the student is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

Students are required to carry their reliever inhaler with them.

School staff are not required to administer asthma medicines to students however many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training and/or administering medication training and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will advise parents/carers to arrange a review with their GP/nurse.

Staff training

Staff will need regular asthma updates. This training can be provided by the school nursing team and/or Compliance Education. These will form part of staff briefings.

School Environment

The school does all that it can to ensure the school environment is favourable to students with asthma. Smoking and vaping are strictly prohibited on school site. Student's asthma triggers will be monitored in school, and where possible, steps will be taken to reduce contact with known triggers.

We are aware that triggers can include:

- *Colds and infection*
- *Dust and house dust mite Pollen, spores and moulds*
- *Feathers*

- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes, cigarette smoke, vapes*

As part of our responsibility to ensure all children are kept safe on trips and visits, a risk assessment will be performed by the trip leader which will take into account all known medical conditions, including asthma.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all students. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which students have asthma from the school's MIS.

Students with asthma are encouraged to participate fully in all activities. PE teachers will remind students whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. If a student needs to use their inhaler during a lesson they will be encouraged to do so.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that the school involve students with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

When asthma is affecting a student's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that asthma is impacting a student's life, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the student needs an asthma review, to review inhaler technique, or a medication review, to improve their symptoms. However, the school recognises that students with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Common 'day to day' symptoms of asthma

We recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per Department of Health Document, they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support students with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

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

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

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

In the event of an asthma attack, staff should:

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good seal, or place the spacer mask securely over the nose and mouth.
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.(1 puff to 5 breaths)
- If there is no improvement, repeat these steps* up to a maximum of 10 puffs

- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better.
- If you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

References

- Asthma UK website School Policy Guidelines
<https://www.asthma.org.uk/advice/child/life/school/>
- BTS/SIGN asthma Guideline
<https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/>
- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf
- Early Years Foundation Stage Statutory Guidance effective 1st September 2021
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

Anaphylaxis

Anaphylaxis is a severe and often sudden allergic reaction which may be life-threatening and must be treated immediately. Allergic reactions occur when a person's immune system responds inappropriately to a food or substance that it wrongly perceives as a threat.

What causes an anaphylaxis reaction?

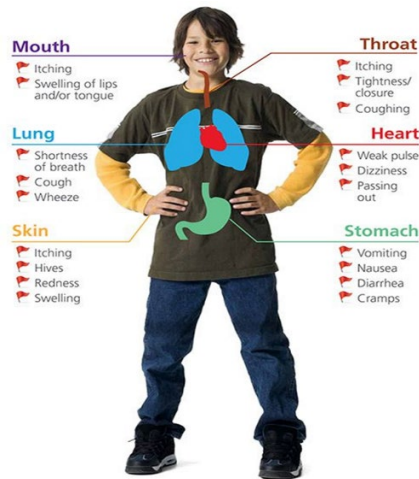
The common causes of allergies and anaphylaxis among children include:

- Peanuts
- Fish/seafood
- Milk
- Eggs
- Tree nuts (such as almonds, walnuts, cashew nuts, brazil nuts)
- Wheat
- Kiwifruit
- Less commonly, other foods

Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other medicines.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves a difficulty in breathing or affects the heart rhythm or blood pressure. Any one or more of the following symptoms may be present. These are often referred to as the ABC symptoms:

A irway	B reathing	C onsciousness/Circulation
Persistent cough Vocal changes (hoarse voice) Difficulty in swallowing Swollen tongue	Difficult or noisy breathing Wheezing (like an asthma attack)	Feeling lightheaded or faint. Clammy skin Confusion Unresponsive/unconscious (due to a drop-in blood pressure)



This school welcomes all students with allergies/anaphylaxis and aims to support these children in participating fully in school life, which could include ensuring that a child with a food allergy is able to eat a school lunch. We recognise the seriousness of this condition, but with accurate and comprehensive information we feel their condition can be managed.

We endeavour to do this by ensuring we have:

- ✓ an up-to-date allergies and anaphylaxis healthcare plan for students with severe allergies
- ✓ Accurate information regarding allergies stored on our MIS.
- ✓ an allergies and anaphylaxis lead,
- ✓ all students with immediate access to their adrenaline auto-injectors at all times,
- ✓ an emergency adrenaline auto-injector
- ✓ ensure all staff have regular anaphylaxis and adrenaline training
- ✓ promote anaphylaxis awareness students, parents/carers and staff.
- ✓ practical measures to eliminate or reduce the allergen in school.

Anaphylaxis Healthcare Plan

To comply with our statutory duty to support students with medical conditions, the school will complete a Healthcare Plan with all students known to suffer from Anaphylaxis or who have been prescribed an Adrenaline Auto-injector.

The school Healthcare Plan ensures the school is effectively supporting a student's medical condition by providing clarity about the child's condition, what the child is allergic to, recognising the first signs of allergic reaction and what to do in an emergency.

Students, parents/guardians, relevant staff, and if necessary, healthcare professionals will be consulted.

Our Healthcare Plan includes the following information:

- The child's details
- Contact details – Telephone and mobile numbers of parent or guardian and any other emergency contact details.
- Contact details of family GP
- The child's allergies – A list of the specific allergies and what to avoid

- A list of possible symptoms
- Prescribed Medication
- Details of Emergency Procedure – Including an assessment of symptoms, when and how to administer medication, contact numbers and the ambulance procedure
- Who can help? – A list of staff members who have been trained
- Consent and agreement – A parent or guardian must give written consent for staff to take responsibility for administering medication.

Anaphylaxis Register

Information on medical conditions is stored on our MIS. We ask parents/carers if their child is diagnosed has allergies. When parents/carers have confirmed that their child has allergies we ensure that this information is added to our MIS, and that:

- We have an up-to-date copy of their individual healthcare plan,
- their adrenaline auto-injectors (Epi-Pen, Jext, Emerade) is with them in school,
- permission from the parents/carers to use the emergency Epi-Pen, Jext, Emerade adrenaline auto-injector if they require another dose before the emergency services arrive

Anaphylaxis Lead

This school has an anaphylaxis lead Chloe Trebble. It is the responsibility of the anaphylaxis lead to ensure information about allergies on the MIS is accurate, manage the emergency Epi-Pen, Jext, Emerade adrenaline auto-injector (please refer to the Department of Health Guidance on the use of adrenaline auto-injectors in schools, September 2017), and ensure measures are in place so that children have immediate access to their adrenaline auto-injector.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Access to a child's Adrenaline Auto-injector

All children with anaphylaxis should always have immediate access to their adrenaline auto-injector. The adrenaline auto-injector medication acts on the whole body to block the progression of the allergic response. It constricts the blood vessels, leading to increased blood pressure, and decreased swelling.

School staff are not required to administer adrenaline auto-injector to students however the school understands that in an emergency a failure to administer the child's medication could end in hospitalisation or even death.

Therefore, the school will ensure an adequate number of staff have had adrenaline auto-injector training and/or administering medication training and are happy to support children.

Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:

Persistent cough
Hoarse voice
Difficulty swallowing, swollen tongue

BREATHING:

Difficult or noisy breathing
Wheeze or persistent cough

CONSCIOUSNESS:

Persistent dizziness
Becoming pale or floppy
Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs are present:

1. Lie child flat with legs raised:
(if breathing is difficult, allow child to sit)
2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS



***** IF IN DOUBT, GIVE ADRENALINE *****

After giving Adrenaline:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

School trips including sporting activities

Schools should conduct a risk-assessment for any student at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safeguarding etc.

Students at risk of anaphylaxis should have their Adrenaline Auto-injector with them, and there should be staff trained to administer Adrenaline Auto-injector in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare Adrenaline Auto-injector obtained for emergency use on some trips.

Staff training

Severe anaphylaxis is an extremely time-critical situation: Delays in administering adrenaline have been associated with fatal outcomes. Therefore, it is important that as many of our staff are trained in how to administer an Adrenaline Auto-injector.

School Environment

The school does all that it can to ensure the school environment is favourable to students with anaphylaxis. Student's anaphylaxis triggers will be monitored and the school will endeavour that student's will not come into contact with their triggers, where possible.

As part of our responsibility to ensure all children are kept safe in school and on trips and visits, a risk assessment will be performed by the anaphylaxis lead (for in school) and the trip leader (for trips and visits).

Food prepared on site - Lunch

All food and drink provided in our school meet the national food standards in England. All school lunches are cooked/provided by our school caterers.

Our school caterers comply with School Food Standards to ensure that food provided to students in school is nutritious and of high quality; to promote good nutritional health in all students; protect those who are nutritionally vulnerable; and promotes good eating behaviours.

Reasonable adjustments are made to the menu to reflect medical, dietary, and cultural needs of our students.

To comply with the EU Food Information for Consumers Regulation information is made available listing all allergenic ingredients contained within the food and drinks we serve.

References

- Department of Health Guidance on the use of adrenaline auto-injectors in school
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf
- Department of Education Allergy Guidance for schools 17th November 2020
<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

- Department of Education Supporting Students with Medical Conditions at School
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-students-at-school-with-medical-conditions.pdf
- Department of Education School food in England
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788884/School-food-in-England-April2019-FINAL.pdf
- Department of Education School Food Standards
<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools>
- Anaphylaxis Campaign
<https://www.anaphylaxis.org.uk/information-training/our-factsheets/>
- Early Years Foundation Stage Statutory Guidance effective 1st September 2021
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf