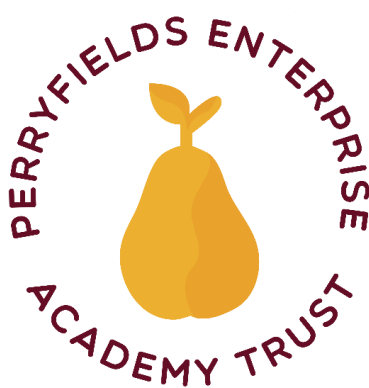


Perryfields Enterprise Academy Trust

Supporting Pupils with Medical Conditions



| Supporting Pupils with Medical Conditions | |
|---|---|
| Adapted From: | TheKey Model policy and DfE Guidance – September 2015 |
| Reviewed: | November 2024 |
| Approved By: | P.E.A.T Board |
| Approved Date: | 4 th December 2024 |
| Review: | Every 3 years |
| Next Review Date: | November 2027 |
| Communicated to Staff | By: Email Date: 6 th December 2024 |
| Published on: | PJS website |

| 1. SUMMARY OF CHANGES – November 2024 | |
|---|---|
| 2. Section | 3. Detail |
| 1 | Renamed 'Aims' |
| 2 | Updated to reflect current legislation |
| 3 | Wording updated |
| 4 | New section |
| 5 | New section |
| 6 | Wording re IHCP's updated. |
| 6 | Removed repeated point about accepting medicines only in original packaging. Updated wording re- controlled drugs. Updated wording surround storage of medicines. |
| 7.2 | Wording tweaked. |
| 8.4 | Wording updated to include "...or accompany the pupil to hospital by ambulance. " |
| 9.1 | Wording updated, additional wording re; preventing pupils from accessing their medications and administering medication in school toilets. |
| 10 | Record keeping – new section |
| 11.1 | Wording updated. |
| 12.1 | Wording tweaked to advise complaints should be raised with the Headteacher in the first instance. |
| 13 | Monitoring arrangements – new section |
| 14 | Links to other policies – new section |
| Sections removed and incorporated into other areas. | Definitions, Training of staff, The role of the child. |

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, 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 pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHCPs)

2. 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 pupils at their school with medical conditions.

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

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

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils 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.

3.2 The 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 (IHCPs), 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 IHCPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way

- Contact the school nursing service in the case of any pupil 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

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils 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 pupils 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 pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/carers

Parents/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 IHCP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHCP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

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

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

4. Equal opportunities

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

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

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

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil 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 pupils who are new to our school.

See [Appendix A](#).

6. Individual Healthcare Plans (IHCPs)

6.1. The headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to the SENDcO.

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

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

- What needs to be done
- When
- By whom

6.4. Not all pupils with a medical condition will require an IHCP. It will be agreed with a healthcare professional and the parents/carers when an IHCP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the 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 pupil's specific needs. The pupil will be involved wherever appropriate.
- IHCPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHCP.

- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher and the SENDcO, will consider the following when deciding what information to record on IHCPs:
 - The medical condition, its triggers, signs, symptoms and treatments
 - The pupil'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 pupil'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 pupil 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 pupil'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 pupil's condition and the support required
 - Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil 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 pupil can participate, e.g. risk assessments
 - Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
 - What to do in an emergency, including who to contact and contingency arrangements
- 6.5. Where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.

7. Managing medicines

- 7.1. Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- 7.2. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form (see [Appendix C](#)).
- 7.3. No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- 7.4. Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- 7.5. No child under 16 years of age will be given medication containing aspirin unless prescribed by a doctor
- 7.6. The school will only accept prescribed medicines that are in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions by the GP. Medicines which do not meet these criteria will not be administered.
- 7.7. A maximum of 4-6 weeks supply of the medication may be provided to the school at one time.
- 7.8. [Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.
- 7.9. A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.
- 7.10. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.
- 7.11. All medicines will be stored safely. Pupils 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 pupils and not locked away.
- 7.12. Any medications left over at the end of the course will be returned to the child's parents.
- 7.13. Written records will be kept of any medication administered to children – stating what, how and how much was administered, when and by whom (see Appendices [D](#) and [E](#)). Any side effects of the medication to be administered at school must be noted.

7.14. Pupils will never be prevented from accessing their medication.

7.15. PEAT cannot be held responsible for side effects that occur when medication is taken correctly.

8. Emergencies

8.1. Medical emergencies will be dealt with under the school's emergency procedures. See [Appendix G](#) regarding information to be provided to the emergency services.

8.2. Where All pupils' IHCPs will clearly set out what constitutes an emergency and will explain what to do.

8.3. Pupils will be informed in general terms of what to do in an emergency, such as telling a teacher.

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

9. Avoiding unacceptable practice

9.1. PEAT and School staff should use their discretion and judge each case individually with reference to the pupil's IHCP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil 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 IHCPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils 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 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 pupil, 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 pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

10. Record keeping

10.1. The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school.

Parents/carers will be informed if their pupil has been unwell at school.

10.2. IHCPs are kept in a readily accessible place that all staff are aware of.

11. Insurance

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

11.2. Full written insurance policy documents are available to be viewed by members of staff who are providing support to pupils with medical conditions. Those who wish to see the documents should contact the Headteacher.

12. Complaints

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

13. Monitoring arrangements

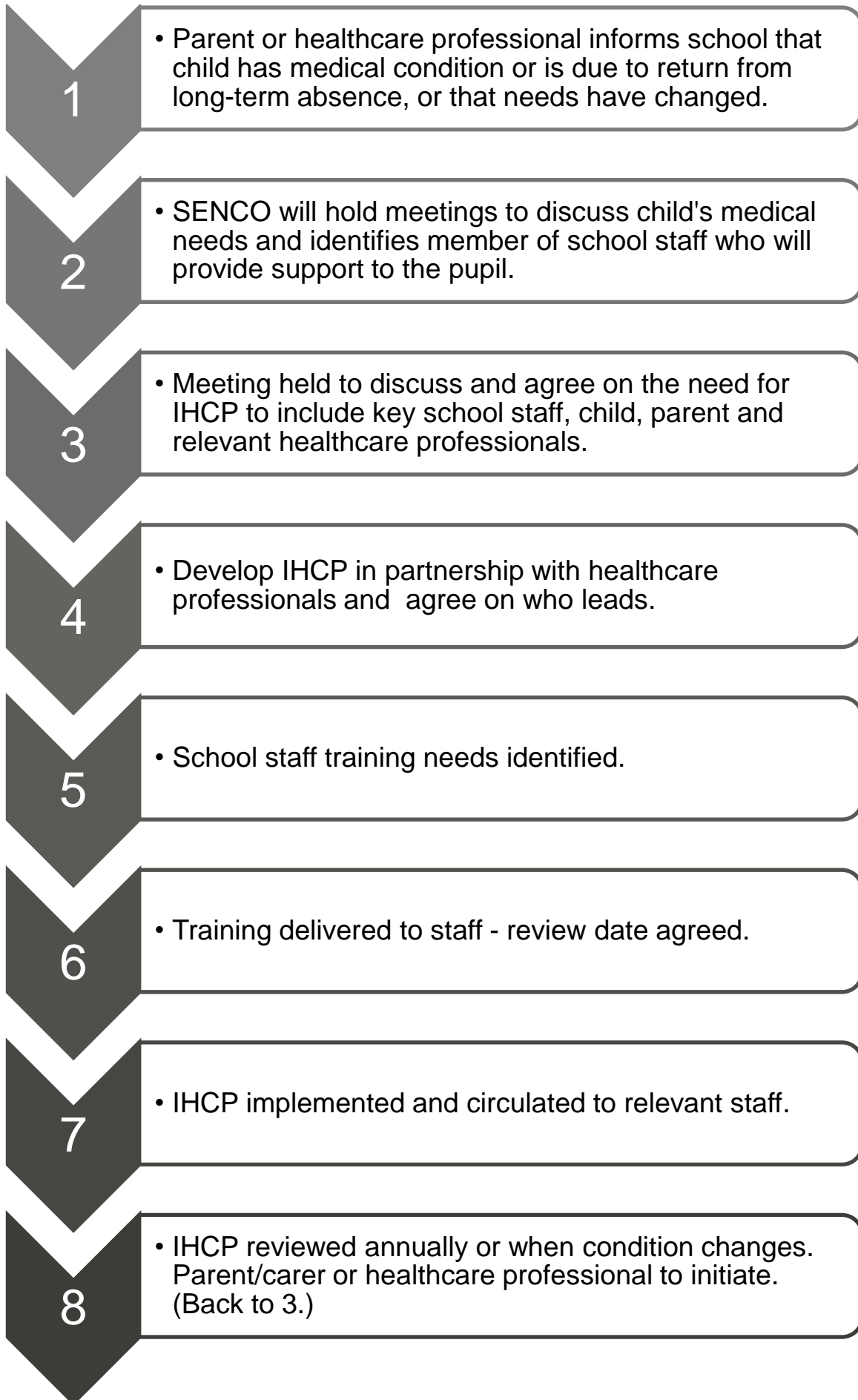
13.1. This policy will be reviewed and approved by the governing board every 3 years.

14. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix A - Individual healthcare plan implementation procedure



Appendix B - Individual healthcare plan template

PEAT - Individual Health Care Plan –

Academy Name

Child's name

Tutor group

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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, contraindications, administered by/self-administered with/without supervision.

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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*)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix C –PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

Perryfields Enterprise Academy Trust has a policy that staff can administer medicine. The school will not give your child medicine unless you complete and sign this form.

PEAT - Medicine Administering Form

| | |
|------------------------------|--|
| Name of School | |
| Date administering to start | |
| Name of child | |
| Date of birth | |
| Class | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dosage and method | |
| When to be given | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting 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 | |
| Name and phone no. of GP | |
| I understand that I must deliver the medicine personally to | The School Office |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting 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.

Parent signature _____

Date _____

Print Name _____

Appendix D – Example record of medicine administered to an individual child template

INSERT NAME OF SCHOOL
Record of medicine administered to an individual child

| | |
|----------------------------------|--|
| Name of child | |
| Date medicine provided by parent | |
| Tutor group | |
| 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 | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

| | | | |
|-------------------------|--|--|--|
| Date | | | |
| Time given | | | |
| Dose given | | | |
| Name of member of staff | | | |
| Staff initials | | | |

Appendix F - Example staff training record administration of medicines

Name of Academy:

Name:

Type of training received:

Date of training completed:

Training provided by:

Profession and title:

| |
|--|
| |
| |
| |
| |
| |
| |
| |

I confirm that _____ has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated by _____.

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix G - Perryfields Enterprise Academy Trust 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.

- Your telephone number:
- Your name.
- Your location (address of school)
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and state that the crew will be met and taken to the patient.

Put a completed copy of this form by the phone.

Appendix H - Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent,

RE: DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will include add details of team. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I or add name of other staff lead would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

Appendix I – Perryfields Enterprise Academy Trust Anaphylaxis Policy

Contents

1. Introduction
2. Roles and responsibilities
3. Allergy action plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto-injectors in school
7. Staff training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness and nut bans
12. Risk assessment
13. Useful links

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This policy sets out how Perryfields Junior School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

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

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The First Aider (*office staff*) will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the First Aider (*office staff*) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The First Aider (*office staff*) keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy action plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

Perryfields Junior School recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plans](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

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

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more serious reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

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

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

- It opens up the airways
- It stops swelling
- It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAls should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis)**.
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

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

5. Supply, storage and care of medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own AAI on them at all times (in a suitable bag/container).

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- One AAls i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aider (office staff) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

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

Storage

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

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a waste management company. The sharps bin is kept in the first aid room opposite the school office.

6. 'Spare' adrenaline auto-injectors in school

Perryfields Junior School has purchased a spare **AAI for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a clear plastic pack, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

Perryfields Junior School holds one spare pen which are kept in the following location: **First Aid Room**

The First Aider (*office staff*) are responsible for checking the spare medication is in date and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

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

7. Staff Training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:-

- **Samantha Edwards**
- **Lauren Leonard**

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

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAI) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

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

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view weekly in the school newsletter and an allergen list can be requested from the school office.

The School First Aider will inform the Catering Manager of pupils with food allergies.

Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following [Department of Health guidance](#) recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).

- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

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

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

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

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness

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

Although no school could guarantee a truly allergen free environment for a child living with food allergy, Perryfields Junior School does not provide nuts in any food consumed on the premises and encourages parents to refrain from sending children into school with nut-related products.

12. Risk Assessment

Perryfields Junior School will conduct a detailed individual risk assessment for all new joining pupils with anaphylaxis allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe (see appendix 1).

13. Useful Links

Anaphylaxis UK Safer Schools Programme -

<https://www.anaphylaxis.org.uk/education/safer-schools-programme/>

AllergyWise for Schools (including certificate) online training -

<https://www.allergywise.org.uk/p/allergywise-for-schools1>

BSACI Allergy Action Plans - <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions -

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health Guidance on the use of adrenaline auto-injectors in schools -

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

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

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)

<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Allergy Management Risk Assessment for Individual Students

This form should be completed by the setting in liaison with the parents/guardian and the student if appropriate. It should be shared with everyone who has contact with the student. It should be read alongside the student's Health Care Plan that has been produced the Allergy clinic. A whole school approach is recommended in the management of allergy which would involve all staff to have awareness training in addition to key staff having adrenaline autoinjector (AAI) training.

| | |
|--|---|
| Child/Young person: Click or tap here to enter text. | Date of Birth: Click or tap here to enter text. |
| Setting/School: Click or tap here to enter text. | Key Worker/Teacher/Tutor: Click or tap here to enter text. |
| Allergies: Click or tap here to enter text. Are reactions: Ingestion Click or tap here to enter text. Direct contact: Click or tap here to enter text. Indirect contact: Click or tap here to enter text. | |
| G.P: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text. | Clinic/Hospital: Name: Click or tap here to enter text. Phone number: Click or tap here to enter text. |
| Date: Click or tap here to enter text. | Review date: Click or tap here to enter text. |
| Who is responsible for providing support in school: Click or tap here to enter text. | |
| People involved in writing this plan: Click or tap here to enter text. | |
| Signatures: Setting Manager/Head teacher: Date: Click or tap here to enter text. Young person: Date: Click or tap here to enter text. I give permission for this risk assessment to be shared with anyone who needs this information to keep my child/young person safe, I give permission for my child's photograph to be displayed sensitively to keep my child safe, I give permission for the school's 'spare' AAI to be used on my child in an emergency where anaphylaxis is suspected. Parents: Date: Click or tap here to enter text. | |

Complete this risk assessment in discussion with the parent/guardian, student if appropriate and medical professional if available. Consider all situations that the student may be in and agree control measures. Use the risk analysis tool at the end of the document to assess probability and impact producing further control measures if necessary. This is intended to be dynamic document and should be updated annually or after an incident or near miss.

Can the student recognise a reaction for themselves?

What have been the symptoms of previous reactions?

| What are the hazards for each activity? | What are you already doing to control the risks? | Probability | Impact |
|---|--|-------------|--------|
|---|--|-------------|--------|

Medication:

| | | | |
|---|--|--|--|
| Storage: Location of child's medication Location of generic 'spare' AAI | | | |
|---|--|--|--|

Food and drink:

| | | | |
|------------------------------------|--|--|--|
| Break time snacks including drinks | | | |
|------------------------------------|--|--|--|

| | | | |
|--|--|--|--|
| Lunch time: Hot meals Sandwiches Drinks | | | |
|--|--|--|--|

| | | | |
|---|--|--|--|
| Events involving food: Cake sales Parties Other PTA events Drinks | | | |
|---|--|--|--|

| | | | |
|--------------------------------------|--|--|--|
| Celebrations: e.g. Birthdays, Easter | | | |
|--------------------------------------|--|--|--|

| What are the hazards for each activity? | What are you already doing to control the risks? | Probability | Impact |
|---|--|-------------|--------|
| Curriculum activities: | | | |
| Cooking | | | |
| Creative activities: e.g. junk modelling, pasta | | | |
| Music: instrument sharing (cross contamination issue) | | | |
| Science activities: | | | |
| PE: Indoor Outdoor Forest Schools | | | |
| Playtime: Playground Field | | | |
| Offsite activities: | | | |
| Curriculum visitors Day trips | | | |
| Residential visits | | | |
| Other: | | | |
| | | | |
| | | | |

This must be completed for any activity that is medium with the aim of bringing the risk to LOW.

Activities that are High or Extreme must not happen unless action can be implemented to bring the risk to LOW.

| Hazard | What further action do you need to take to control the risks? | Who needs to carry out the action? | What is the action needed by? | Completed |
|--------|---|------------------------------------|-------------------------------|-----------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Consequence | | Minor | Moderate | Major | Critical | Catastrophic |
|-------------|----------|--------|----------|--------|----------|--------------|
| Likelihood | Rare | Low | Low | Low | Low | Low |
| | Unlikely | Low | Low | Medium | Medium | Medium |
| | Possible | Low | Medium | Medium | High | High |
| | Likely | Medium | Medium | High | High | Extreme |
| | Certain | Medium | Medium | High | Extreme | Extreme |

| Consequence | Minor | Moderate | Major | Critical | Catastrophic |
|--|-------------|---------------------------|---|---|--------------|
| This is the impact of the action being allowed to happen | No reaction | Non anaphylactic reaction | Emergency response required, ambulance and hospital | Emergency response required, ambulance and hospital | Fatal, Death |

| Likelihood | Definition |
|------------|--|
| Rare | May only occur in exceptional circumstances |
| Unlikely | Could occur in some circumstances, surprised if happened |
| Possible | Possible or likely to occur in most circumstances |
| Likely | Will occur in most circumstances |
| certain | It is expected to occur, inevitable |