



Medical Needs, Asthma & Allergens Policies

Policy Creation & Review	
Author(s)	Headteacher
Last review date	March 2024 <i>(allergens information extended & created as a separate policy-p 16)</i>
Ratified by Governing Body	March 2024
Previous Review Date(s)	March 2021 <i>(updated in all areas)</i>
Next Review Date	March 2027
	Consultation 01/05/2026 Allergies Policy to stand alone from 01/09/2026

Please note that this policy also pertains to practise in our Little Ellies Childcare. Therefore the term 'school' is used to cover this provision.

Ellen Wilkinson Primary School MEDICAL NEEDS POLICY

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents 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 (IHPs)

The named person with responsibility for implementing this policy is Janice Owen Amadasun (Inclusion Lead)

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's statutory guidance on [supporting pupils with medical conditions at school](#).

3. Roles and responsibilities

3.1 The Governing Body

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 (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 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 one 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

Parents 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, replenish stocks and ensure they or another nominated adult are contactable at all times
- Inform the school of any changes.

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 IHPs where possible. They are also expected to comply with their IHPs.

Parents must be notified as a matter of urgency if the child is unable/unwilling to take the medication. If pupils refuse to take medication, school staff should not force them to do so

3.6 School nurses and other healthcare professionals

Our 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 IHP.

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 IHPs.

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 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 1.

6. Medical needs register

This is updated annually (or more frequently if pupils' needs change)

6.1 Contents of the file

- The medical needs register – an up to date list of all pupils with a medical need or condition which the school needs to know about e.g. asthma, allergies. The register for each class must also be on display in that class.
- Individual health care plans for pupils with serious conditions which may need immediate attention and/or calling emergency services e.g. epilepsy
- Pupils receiving medication while at school – whether temporarily (e.g. antibiotics) or continuously (e.g. Ritalin). A copy of the consent letter should also be kept in the file. Medication cannot be given to a child without the signed consent letter.

7. Individual healthcare plans

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to the Inclusion Lead

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

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP 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 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.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil 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 Body and the Headteacher and the Inclusion Lead with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- 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 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/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

7.1 Table of Medical

A list of medical conditions and possible symptoms and agreed procedures can be found in the appendix 3. The Inclusion Lead will update the procedures annually in conjunction with the designated school nurse.

8. Managing medicines

Only prescription medicines will be administered at school and then only when:

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

Non – prescription medication i.e. painkillers which include aspirin or paracetamol, must not be administered by any member of staff in school.

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

Anyone giving a pupil 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
- Where pupils need two or more prescribed medicines, each should be in a separate container.

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 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.

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

8.1 Controlled drugs and storage

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

Prescribed medicines that have been brought to school will be stored in the fridge in the medical room if necessary, or in a secure medical cabinet in the same room. Medication that is in continuous use i.e. Asthma pumps are stored in secure medical cabinets in the child's area, should a child need them. Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

8.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents and it will be reflected in their IHPs.

Pupils will only then be allowed to carry their own medicines and relevant devices where possible.

Staff will not force a pupil 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 so that an alternative option can be considered, if necessary.

8.3 Recording medication taken

A child must be supervised taking the medicine by a permanent, police checked member of staff. The medicines register must be signed and filled in each time the medication is issued.

8.4 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, 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
- 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 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, 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 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 to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

9. Emergency procedures

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

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

10. Curriculum

Regardless of the nature of the medical need, all children will be provided with access and opportunities to fully participate in all areas of the curriculum as far as possible.

10.1 School Visits

Our school encourages pupils with medical needs to participate in school trips wherever possible. The class teacher should complete risk assessment forms and pass them to the Head Teacher. All staff supervising excursions should be aware of any medical needs. Administration procedures should be followed. A first aider is only required if stipulated in the child's health care plan

10.2 Residential Visits

New medication consent forms need to be filled in for Residential trips as the amount of medication a child takes under school supervision is likely to change for the duration of the trip.

11. Training

Staff who are responsible for supporting pupils 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 pupils 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 Inclusion Lead. 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 pupils
- 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 proficiency of staff in a medical procedure, or 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.

12. Record keeping

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 will be informed if their pupil has been unwell at school. IHPs are kept in a readily accessible place which all staff are aware of.

13. 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. As a maintained school the Local Authority's insurance policy applies.

14. Complaints

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

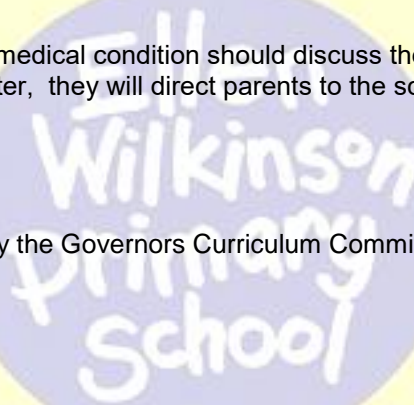
15. Monitoring arrangements

This policy will be reviewed and approved by the Governors Curriculum Committee on behalf of the Governing Body every three years.

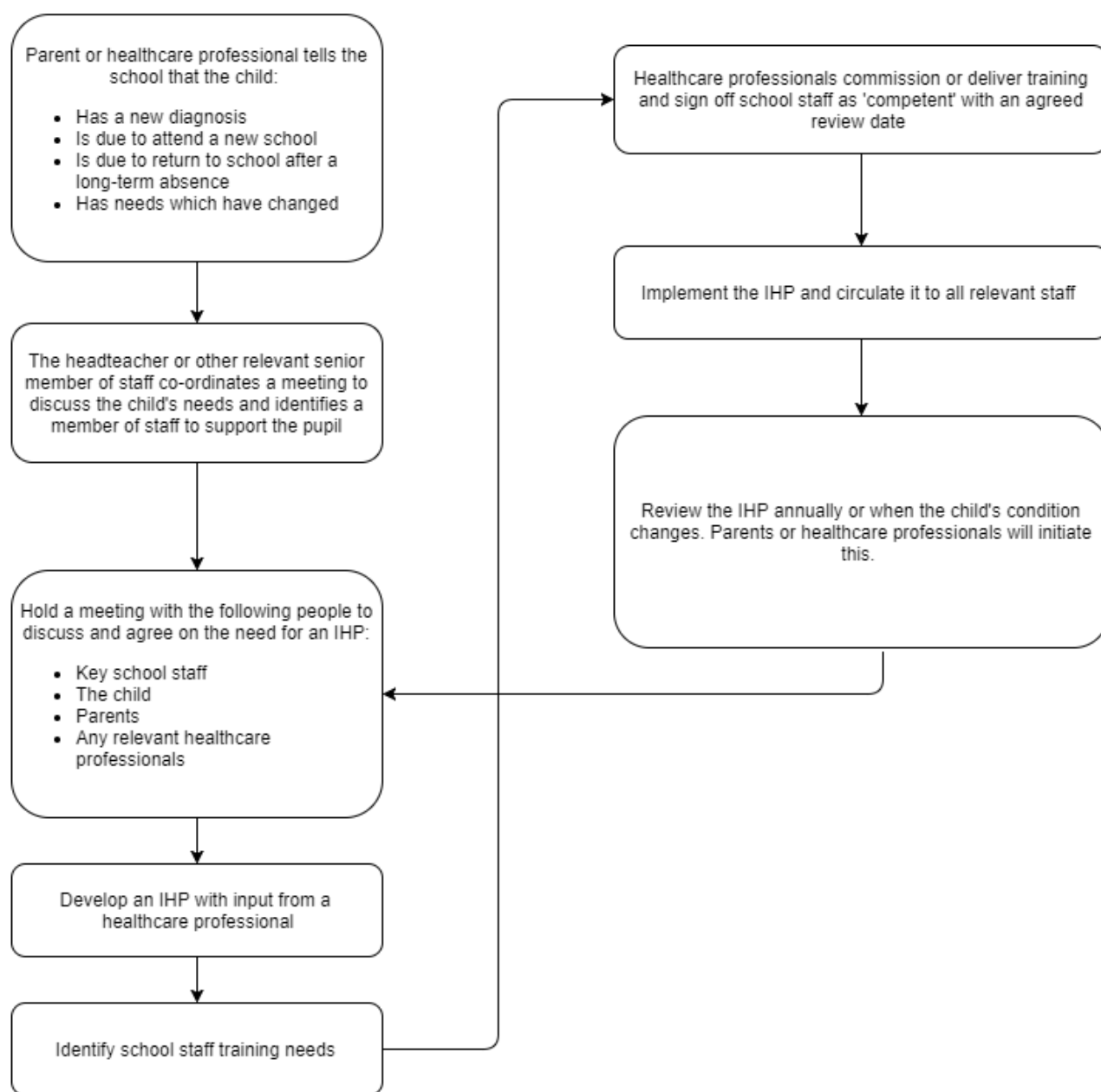
16. Links to other policies

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
- Children with health needs who can't attend school policy



Appendix 1 - Being notified a child has a medical condition

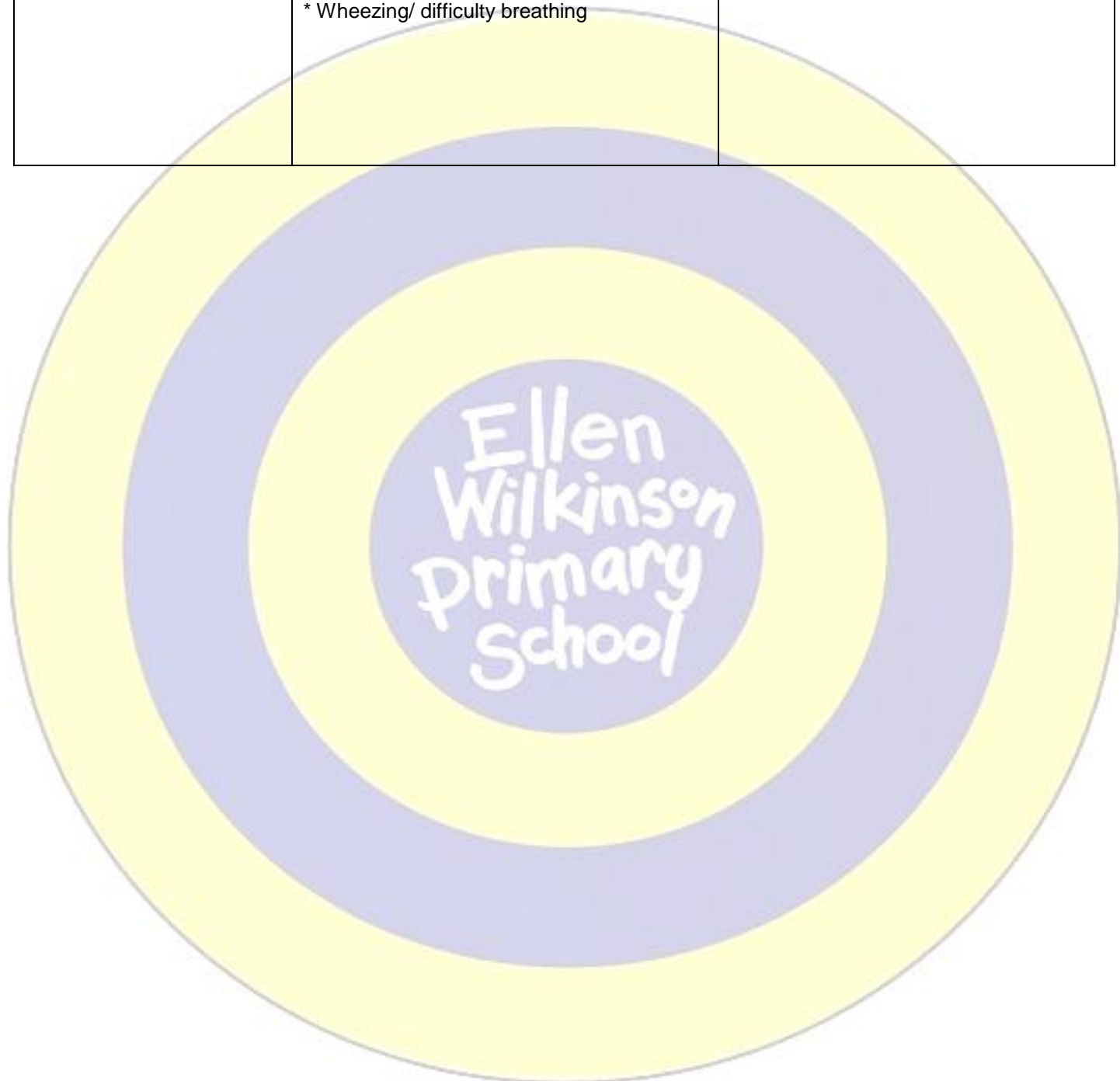


Appendix 2 - Individual Health Care Plan

Individual Health Care Plans (IHCP) are specific to each child and are produced along with the School Nurse or Specialist Nurse from the NHS. Samples are therefore not available.

Appendix 3 - Medical Needs and Procedures - General

Medical Condition	Symptoms	Procedure
Anaphylaxis	<ul style="list-style-type: none"> *Extreme allergic reaction *Metallic taste/ itching in mouth *Swelling of face *Difficulty swallowing *Flushed complexion *Abdominal cramps *Nausea *Rise in heart rate *Collapse or unconsciousness * Wheezing/ difficulty breathing 	<p>Inject adrenaline (trained staff only) Call ambulance See specific health plan for procedure (displayed in office/ staff room/ classroom)</p>



Asthma (Asthma attacks)	*Coughing *Wheeziness *Difficulty breathing (particularly exhaling) *Possible blueness of skin and lips	Inhaler – children to use as necessary, to be stored in classrooms. Must be labelled with name. Nebulizer
Cystic Fibrosis	*Diagnosis by trained medical professional	Physiotherapy (at home)
Diabetes	*Hypoglycemic reaction *Hunger *Sweating *Drowsiness *Pallor *Glazed eyes *Shaking *Lack of concentration *Irritability	Give fast acting sugar eg. Glucose tablets, sugary drink, and chocolate bar Once recovered (10-15 mins later) give starchy food eg. a sandwich, two biscuits and a glass of milk. If uncertain, call an ambulance.
Dry Skin	*Flakiness of skin *Itching	Use of medication sent in from home with administration letter
Eating problems (Anorexia/ bulimia)	*Tiredness *Unusual eating habits *Weight loss *Irritability *Low self esteem	Contact parents/ carers to seek professional medical advise.
Epilepsy	*Seizures *Strange sensations *Confusion *Convulsions *Lack of consciousness	See specific health plan for procedure (Displayed in office/ staffroom/ classroom)
Glasses	*Unable to focus vision	To wear glasses, needs to be made clear by parents/ carers if glasses are to be worn all day or for class tasks.
Hay Fever	*Sneezing *Watery/ Itchy eyes *Wheezing	Hay fever tablets to be provided from home with administration letter
Hearing	*Unable to hear clearly	Use of medication/ hearing tools provided by trained professionals. Follow outside agencies advice when given
Heat Rash	*Redness of skin *Bumps/ change of skin texture	
Migraines	*Severe headache *Sensitivity to light sources *Flashing lights	Seat in a darkened quiet room and contact parents/ carers to send the child home.
Nose Bleeds	*Blood from nasal orifice *Possible headache/ light headed	Tilt head forward. Seek first aid attention
Psoriasis	*Weeping skin *Itchiness	Medication sent from home with administration letter
Sickle cell	*Medically prescribed	Do not expose to extremes of temperature Follow trained medical advise as given
Water infection	*Needs frequent use of toilet	Allow child to use toilet on request

N.B. Those procedures highlighted bold mean immediate action. Those in italic require information/ medication from parents/ carers.

Appendix 4 - Parental Disclaimer

I give permission for my childin.....class to take.....
supervised by staff at Ellen Wilkinson.

Dose

Timing

.....

.....

I accept full responsibility for notifying Ellen Wilkinson Primary of the dosage and timing of the medicine to be administered. I accept that no blame can be attached to the persons supervising above medicines should there be incorrect dosage or adverse reaction to said medicines.

Name of Adult with Parental Responsibility.....Date.....

Received by school.....Date.....

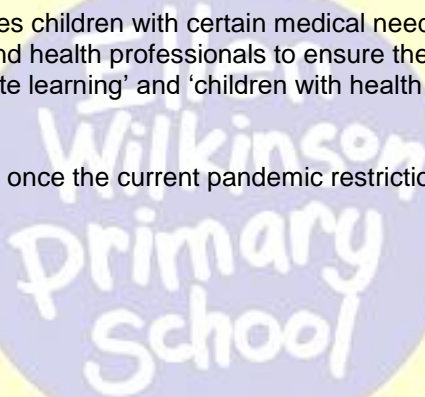
Signed on behalf of Ellen Wilkinson Primary School

Appendix 5 - COVID Addendum

Context

Due to the current COVID pandemic, at times children with certain medical needs may be advised to shield. In these cases the school will work with the family and health professionals to ensure the child can still access their education and socialise with their peers. Please see 'remote learning' and 'children with health needs who can't attend school' policies for further details.

This addendum will cease to be operational once the current pandemic restrictions are lifted and with the agreement of the Governing Body.



Ellen Wilkinson Primary School ASTHMA POLICY

1. Aims

- To support children with Asthma to achieve their potential and participate fully in all aspects of school life (including PE)
- To raise awareness of Asthma within our school community (both pupils and staff)
- Ensure appropriate provision and training is in place to enable this

The named person with responsibility for implementing this policy is Janice Owen Amadasun (Inclusion Lead)

2. Statutory responsibilities and guidance

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

It also uses the on the Department for Education's [Guidance on the use of emergency salbutamol inhalers in schools](#) and [London schools' guide for the care of children and young people with asthma](#)

3. Definitions

- Asthma = a condition that affects the airways.
- Trigger = anything that irritates the airways causing symptoms of asthma to appear.
- Reliever = an inhaler that is used when symptoms appear.
- Preventer = an inhaler that is taken regularly to stop symptoms appearing.
- Spacer = a clear plastic device that allows children to inhale a measured dose more effectively.

4. School environment

The school endeavours that children understand asthma and this is included in the science and healthy me units. Children with asthma are encouraged to learn more about their condition and further advice to support this can be found at www.asthma.org.uk

In addition the school

- has a non-smoking policy
- will ensure that furry or feathery pets will not be kept in classes of children for whom this is a trigger.

5. Medication

- Children are allowed immediate access to their inhaler
- Inhalers are kept in First Aid boxes/cupboards in the open area outside of the child's classroom
- Inhalers must be clearly labelled with the child's name and class.

6. Record Keeping

6.1 Asthma register

The school will keep a record of all pupils notified to us with asthma. At the beginning of each academic year, the Inclusion Lead will ensure that Class Medical Needs Sheets are updated and shared with the incoming class teacher.

6.2 Care plans

Each child diagnosed with asthma will have a care plan which will judge the pupil's needs individually since children vary in their ability to cope with asthma. The main purpose of the individual health care plan is to identify the nature of support needed at school. The plan will identify the severity of asthma, individual symptoms and triggers; arrangements for daily care (including type of medication and access arrangements); arrangements for medical emergencies including support from school staff; and necessary contact details for family and GP/clinic. Those who may be involved include the Inclusion Lead, the parent or guardian, the child (depending on maturity), the class teacher, support staff members, and the school health service or the GP.

Care plans will be reviewed bi annually to ensure that they are still relevant to the needs of the child.

6.3 Use of inhalers

First aiders will keep a record each time a child has to use his/her inhaler. This will be made available to all relevant staff. advises that individual care plans should be drawn up for each student with asthma.

7. Curriculum

7.1 P.E.

- All children are encouraged to participate fully in PE
- Teachers will remind children whose Asthma is triggered by exercise to take their reliever inhaler before the lesson.
- Children are allowed to use their inhaler during the lesson
- If using outside space the inhaler should be taken out too.
- If attending sports competitions in other locations inhalers must be taken.

7.2 School Visits/ Residential

- Inhalers are taken on all school visits and are kept by the adult leading the group the child is in.
- If this adult is a parent, the inhaler will be kept with the trip leader to supervise use.

8. How to respond to an asthma attack

Symptoms of asthma, and signs of an asthma attack, are set out on pages 15 and 16 of the DH guidance.

It also gives advice on how to respond to signs of an asthma attack, including:

- Encourage the child to sit up and slightly forward
- Help the child to take two separate puffs of his/her inhaler or the emergency salbutamol inhaler via the spacer
- If there's no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until symptoms improve
- Stay calm and reassure the child
- Call an ambulance if the child doesn't feel better or you're worried at any time before reaching 10 puffs

You should also call an ambulance immediately if a child:

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

The child's parents must be informed about the attack.

9. Emergency asthma inhaler kit

the school will ensure that it has an emergency asthma inhaler kit on site at all times.

The kit will include:

- A salbutamol metered dose inhaler
- At least two plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers
- A list of children permitted to use the emergency inhaler, as detailed in their individual healthcare plans
- A record of when the inhaler has been used

The inhaler can usually be reused so long as it's cleaned after use, but the plastic spacer should not be reused due to the risk of cross-infection. Instead, the spacer can be given to the child to take home for future personal use (pages 11-13 of the DH guidance).

9.1 Storage and care of the inhaler

Two nominated first aiders will have responsibility for maintaining the storage and care of the inhalers. These staff are currently Halyley Golding & Dwight Hart.

They will check on a monthly basis that

- the inhaler and spacers are present and in working order,
- the inhaler has sufficient number of doses available;
- replacement inhalers are obtained when expiry dates approach;
- replacement spacers are available following use;
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.

9.2 Who can use an inhaler?

An emergency inhaler can be supplied to any pupil who is known to suffer from asthma, where it's needed in an emergency, according to the [regulations](#).

The DH's guidance recommends that emergency inhalers should only be used by children who have been prescribed a reliever inhaler, with or without a diagnosis of asthma (page 14).

9.3 Parental consent

A child under 16 should not be given any medicines without written parental consent (DfE guidance, page 20).

A record of parental consent will be maintained on an asthma register so staff can quickly check whether a child is able to use the inhaler during an emergency.

The use of an emergency inhaler should also be specified in a pupil's individual healthcare plan (DH guidance, page 14).

9.4 Staff roles and responsibilities

All school staff will be:

- Trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- Aware of the asthma policy
- Aware of how to check if a child is on the asthma register
- Aware of how to access the inhaler
- Aware of who the designated members of staff are and the policy on how to access their help

First aiders act as designated members of staff in relation to asthma pumps and are suitably trained. Staff administering asthma medication in an emergency are insured by the LA when acting in accordance with this policy.

10. Monitoring arrangements

This policy will be reviewed and approved by the Governors Curriculum Committee on behalf of the Governing Body every three years. At the beginning of each academic year, class Medical Needs Class Sheets (see appendix) should be passed on to the incoming class teacher – Medical -Needs Co-ordinator will check that this happens;

- The medical needs co-ordinator will ensure that relevant medical information is in each class, eg. Individual emergency procedures, medical symptoms and procedures grid, list of medical needs;
- Medical Needs Co-ordinator to amend and update medical information when necessary.

11. 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
- Medical Needs Policy
- Children with health needs who can't attend school policy

Appendix 1 - Permission for use of emergency Salbutamol inhaler

I give permission for my child to take an emergency salbutamol inhaler supervised by staff at Ellen Wilkinson in the event of my child displaying symptoms of asthma, and if their inhaler is unavailable.

I can confirm that my child has been diagnosed with ~~asthma~~/has been prescribed an inhaler (delete as appropriate)

Name of Adult with Parental Responsibility.....Date.....

Received by school.....Date.....

Signed on behalf of Ellen Wilkinson Primary School

Appendix 2 - Letter to parent recording emergency use of Salbutamol inhaler

Dear Parent/Carer

This letter is to formally notify you that has had problems with his/her breathing today. This happened when (tick as applicable)

- They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given puffs.
- Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were givenpuffs.

Although they soon felt better, we would strongly advise that you have your child seen by your own doctor as soon as possible.

Yours sincerely

Ellen Wilkinson Primary School
ALLERGY POLICY

1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education's guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#),

The Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#)the

The following legislation:

[The Food Information Regulations 2014](#)

[The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

We take a whole-school approach to allergy awareness. The following responsibilities are not meant to be exhaustive and will need to be adapted to suit the context of your school.

3.1 Allergy lead

- The nominated allergy lead is the learning mentor.
- They're responsible for:
 - Promoting and maintaining allergy awareness across our school community
 - Recording and collating allergy and special dietary information for all relevant pupils (although the allergy lead has ultimate responsibility, the information collection itself may be delegated to the medical officer/ the school nurse/administrative staff)

Ensuring:

- All allergy information is up to date and readily available to relevant members of staff
- All pupils with allergies have an allergy action plan completed by a medical professional
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 School nurse/medical officer

The school nurse/medical officer is responsible for:

- Coordinating the paperwork and information from families
- Coordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

3.3 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.4 Designated members of staff

In addition to the responsibilities of teaching and support staff, 'designated members of staff' will also be responsible for helping to administer AAIs. These are members of staff who have volunteered and been trained to help pupils with AAIs in an emergency. The designated members of staff are:

Mr Hart, Mrs Golding, Ms Davison

3.5 Parents

Parents are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared
- Updating the school on any changes to their child's condition

3.6 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose (designated members of staff are still expected to help administer the AAI if the pupil is not able to do so)

3.7 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Being mindful and respectful of their peers' medical conditions or allergens, when these are known.
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Assessing risk

- The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:
 - Lessons such as food technology
 - Science experiments involving foods
 - Crafts using food packaging
 - Off-site events and school trips
 - Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

Adapt the following sections – your school's approach to risk reduction must be specific to your context. Use the suggestions below to help you get started.

5.1 Hygiene procedures

- Set out what measures you'll take to prevent contamination in your school, such as:
 - Pupils are reminded to wash their hands before and after eating
 - Sharing of food is not allowed
 - Pupils have their own named water bottles

5.2 Catering

- The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.
- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- Catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school. However, we encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction.

The school will endeavour wherever possible to accommodate students' specialist dietary requirements including allergies, intolerances, religious or cultural practices. Ways in which we do this are listed below:

- There are halal, non halal and vegetarian options for school lunch each day.
- We are aware of food allergies and intolerances within our school community and these children have a dietary plan to ensure our caterers prepare and serve food accordingly and that school staff are aware so that activities (such as cooking lessons in Design Technology) can be amended accordingly.
- We ensure that we list the ingredients on food that is pre-packaged on our premises (as is outlined in the Food Information (Amendment) (England) Regulations 2019.)
- We support individuals with diabetes, by working closely with our catering partners to ensure the nutritional levels of their food are carefully calculated and adjusted to support maintenance of their blood sugar levels.
- We promote being a nut free school which includes:
 - Packaged nuts
 - Cereal, granola or chocolate bars containing nuts
 - Peanut butter or chocolate spreads containing nuts
 - Peanut-based sauces, such as satay
 - Sesame seeds and foods containing sesame seeds
- If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.
- We will ensure that parents are informed of any food or cooking activities within the curriculum that may impact on their child so reasonable adjustments can be made, please note that specific recipes used may change as a result of any food allergies in the specific cohort

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals

5.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy. Pupils will be supported and any concerns addressed in accordance with the school's behaviour, anti bullying and wellbeing policies.

5.7 Events and school trips

For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part. The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training.

Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5).

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAIs

The school maintains a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil
- A photograph of each pupil to allow a visual check to be made (with parental consent)
- The register is kept in an easily accessible location / by designated member(s) of staff/in every classroom and can be checked quickly by any member of staff as part of initiating an emergency response

6.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

- Designated members of staff are trained in the administration of AAIs – see section 7
- If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan
- If an AAI needs to be administered, a designated member of staff member will use the pupil's own AAI, or if it is not available, a school one. It will only be administered by a designated member of staff trained in this procedure
- If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures [using the NHS advice on [treatment of anaphylaxis](#) and Anaphylaxis UK's advice on [what to do in an emergency](#)]
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance
- If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents informed

7. Adrenaline auto-injectors (AAIs)

Follows the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#),

7.1 Purchasing of spare AAIs

The allergy lead is responsible for buying AAIs and ensuring they are stored according to the guidance.

AAIs are purchased from EurekaDirect [eurekadirect.co.uk] or other pharmacies, depending on their availability. Headteacher completes an authorisation form to purchase the quantity of AAIs needed, after which the school's Finance Officer completes the purchase order. The spare AAIs are kept in the First Aid Room, which is within 5 minutes of all areas in the school, in line with the [Guidance on the use of adrenaline auto-injectors in schools - GOV.UK](#).

AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the agebased criteria as follows:

- For children under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used

[school spare: 1x EpiPen Junior (0.15mg)].

- For children aged 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used [

school spare: 1x Jext 300 microgram device].

7.2 Storage (of both spare and prescribed AAls)

The allergy lead will make sure all AAls are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- Not locked away, but accessible and available for use at all times
- Spare AAls will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.
- The spare AAls are kept in the First Aid Room, which is within 5 minutes of all areas in the school, in line with the [Guidance on the use of adrenaline auto-injectors in schools - GOV.UK](#).

(See pages 12 and 13 of the guidance.)

7.3 Maintenance (of spare AAls)

Mr Hart and Mrs Golding are responsible for checking monthly that:

- The AAls are present and in date
- Replacement AAls are obtained when the expiry date is near

7.4 Disposal

AAls can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions in designated sharps bins.

7.5 Use of AAls off school premises

Pupils at risk of anaphylaxis who are able to administer their own AAls should carry their own AAI with them on school trips and off-site events.

A member of staff trained to administer AAls in an emergency should be present on school trips and off-site events.

7.6 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAls
- Instructions for the use of AAls
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered
- A record of when AAls have been administered

8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- Where AAls are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis
- The wellbeing and inclusion implications of allergies
- Training will be carried out [e.g. bi-annually or annually] by the allergy lead or outside agencies.

9. Links to other policies

This policy links to the following policies and procedures:

- Health and safety policy
- Medical Needs Policy
- Food & Healthy Eating Policy
- Pastoral policies including Behaviour, Anti Bullying, & Mental Health & Wellbeing

