Supporting Pupils with Medical Conditions

Ratified by the Board of Governors

Date: 6 July 2026

Signed: 

Chairperson: Richard Fluin

Review Date July 2027

Contents

Medicine and Supporting Pupils at School with Medical Conditions

Whitby School welcomes and supports children and young people (CYP) with medical and health conditions. We aim to include all CYP with medical conditions in all school activities, including off site visits, differentiated as appropriate. We recognise that some medical conditions may be defined as disabilities and consequently come under the Equalities Act 2010.

This policy has been written with due regard to the Statutory Guidance on supporting pupils at school with medical conditions September 2014. This policy should be read in conjunction with the following policies:

- Special Educational Needs policy
- Child Protection Policy
- Accessibility Plan
- Educational Visits Policy
- Drugs Policy
- Emergency Salbutamol Inhalers in school policy
- Emergency Adrenaline Auto-injectors in school policy
- The suite of GDPR policies

This Policy will be reviewed regularly and will be readily accessible to parents/carers/ guardians and staff through our school website.

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.
It has been written alongside NYC's Policy and Procedures for supporting children at school with medical conditions and children who cannot attend because of health needs.

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 so that they can:
  - play a full and active role in school
  - remain healthy
  - achieve their academic potential
  - access the same opportunities as other pupils including school trips and sporting activities
- parents and pupils have confidence in the school's ability to provide effective support for medical conditions in school.
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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 Health Care Plans (IHCPs).
- working collaboratively with NYC and Health Services.

The Named Person for Medical Needs

Jackie Hunter, School Business Manager (Strategic Lead)
Amy Clarkson, Senior Care and Achievement Co-ordinator

Planning Ahead

We have a responsibility to plan ahead for pupils with medical conditions who may enrol for our school in the future and we do this by:

- having some staff who have the duties of administering medicines and undertaking health care procedures written into their job descriptions if/when required
- ensuring other staff are aware that they may volunteer to do these duties and that they also have responsibilities in emergency situations
- having record keeping procedures in place for administering medication
- having storage facilities in place for medication
- having identified a suitable area within school for undertaking health care procedures
- having suitable toileting facilities for CYP which are clean, safe and pleasant to use
- having flexible policies which take into account medical conditions eg, we do not refuse access to the toilet at any time to any CYP with a medical condition that requires this
- appointing a member of staff to be our SENCO for medical needs
- following NYC's Policy and Procedures for supporting children at school with medical conditions and children who cannot attend school because of health needs.

Roles and Responsibilities

The Governing Body

The governing body 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.

Headteacher

The Headteacher holds overall responsibility for the following but may delegate some of the responsibilities

The Headteacher has a responsibility to:

- ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks
- liaise between interested parties including CYP, school staff, special educational needs coordinators, pastoral support/welfare officers, teaching assistants, Healthy Child Nurse, parents and governors
- ensure the policy is put into action, with good communication of the policy to all

- ensure every aspect of the policy is maintained
- ensure information held by the school is accurate and up to date and that there are good information sharing systems in place using, where indicated, Individual Healthcare plans
- ensure CYP confidentiality
- assess the training and development needs of staff and arrange for them to be met
- provide/arrange provision of regular training for school staff in managing the most common medical conditions in school
- ensure all supply staff and new teachers know and implement the medical conditions policy
- update the medical policy at least once a year according to review recommendations and recent local and national guidance and legislation
- ensure absences due to medical needs are monitored and alternative arrangements for continuing education are in place
- ensure Individual Healthcare plans are completed and reviewed annually
- check medication held in school half termly for expiry dates and dispose of accordingly
- inform parents when supply of medicine needs replenishing/disposing
- quality assure record keeping
- work together to quality assure staff competency in specific procedures
- regularly remind staff of the school medical policy and procedures.

Where a CYP is open to the MES the headteacher will:

- identify a named school contact to liaise directly with the MES
- ensure the named contact arranges regular Pupil Reintegration Education Plan (PREP) meetings in a timely way
- ensure the CYP's teachers liaise directly with the MES and share appropriate resources (laptop/schemes of work/lesson plans etc) prior to provision from the MES starting
- arrange an appropriate space in school for the CYP to have provision from the MES
- ensure school is in regular contact with the CYP and parent/carer
- maintain safeguarding responsibility and identify the Designated Safeguarding Lead (DSL)
- enter the CYP for exams and arrange access and invigilation arrangements
- make arrangements for EHCARs and EHCP Reviews where appropriate
- facilitate career interviews
- be active in the monitoring of progress and the reintegration into school, using key staff to facilitate the reintegration into school
- support transitions.

School 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.

All staff have a responsibility to:

- be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency
- understand and implement the medical policy
- know which CYP in their care have a medical condition(s)
- allow all CYP to have immediate access to their emergency medication
- maintain effective communication with parents including informing them if their child has been unwell at school
- ensure CYP who carry their medication with them have it when they go on a school trip or out of the classroom eg, to the field for PE
- be aware of CYP with medical conditions who may be experiencing bullying or need extra social support
- ensure all CYP with medical conditions are not excluded unnecessarily from activities they wish to take part in
- ensure CYP have the appropriate medication or food with them during any exercise and are allowed to take it when needed.

Teaching Staff

Teachers at this school have a responsibility to:

- ensure CYP who have been unwell catch up on missed school work
- be aware that medical conditions can affect a CYP's learning and provide extra help when needed
- liaise with parents, healthcare professionals and SENCO if a CYP is falling behind with their work because of their condition.

If a child is open to the Medical Education Service (MES) the CYPS's teachers will:

- liaise directly with the MES
- share schemes of work, lessons plans and resources with the MES in a timely manner prior to the provision starting
- moderate and standardise work completed by the CYP at least once a term.

First Aiders

First aiders at this school have a responsibility to:

- give immediate help to casualties with common injuries or illnesses and those arising from specific hazards within the school
- when necessary ensure that an ambulance or other professional medical help is called
- *check the contents of first aid kits and request replenishment as necessary.

*Members of support staff have responsibilities for checking and replenishing first aid kits. However, first aiders must always inform such staff if they have used items so that they can be replaced in a timely manner.

We have trained first aiders on site at all times throughout the school day who are aware of the most common serious medical conditions at this school. All permanent members of staff who teach PE are first aid trained. Training is refreshed in line with current guidelines.

See separate First Aid Policy.

Special Educational Needs Co-ordinator and School Business Manager

The SBM and SENCo have a responsibility to:

- help update the school's medical condition policy
- know which CYP have a medical condition and which have special educational needs because of their condition
- ensure teachers make the necessary arrangements if a CYP needs special consideration or access arrangements in exams or coursework
- where a child has SEN but does not have an EHCP, ensure their SEN is mentioned in their IHCP
- where the child has a SEN identified in an EHCP, ensure the IHCP is linked to or a part of that EHCP.

Children and Young People

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.

All children and young people at the school have a responsibility to:

- treat other CYP with and without a medical condition equally
- tell their parent(s)/carer(s)/guardian(s), teacher or nearest staff member when they or another CYP is not feeling well. We remind all CYP of this on an annual basis in form period at the start of term in September
- treat all medication with respect
- know how to gain access to their medication (includes emergency medication)
- ensure a member of staff is called in an emergency situation.

Parents/Carers/Guardians

Parents/Carers/Guardians are expected to support their child by:

- tell school if their child has / develops a medical condition
- immediately inform (the school office) in writing if there are any changes to their child's condition or medication.
- ensure that they/their emergency representative is contactable at all times
- administer medication out of school hours wherever possible
- undertake health care procedures out of school hours wherever possible
- ensure they supply school with correctly labelled in date medication
- complete the necessary paperwork eg, request for administration of medication
- collect any out of date or unused medicine from school for disposal
- keep their child at home if they are infectious to other people
- ensure their child catches up on any school work they have missed

- ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional
- 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, eg, provide medicines and equipment, and ensure they or another nominated adult are contactable at all times.

Parents who do not provide this support should be aware that we may not be able to fully support their CYP's medical condition in school.

Emergencies

We are aware that certain medical conditions are serious and can be potentially life-threatening, particularly if ill managed or misunderstood.

We have a procedure in place for dealing with emergencies and all staff know they have a duty to take swift action. The Headteacher/SENCo/SBM will ensure that all staff feel confident in knowing what to do in an emergency. School has a procedure in place to request an ambulance, should one be required.

If a CYP needs to be taken to hospital, an ambulance will be called and, if parents/carers/guardians are not available, a member of staff will accompany them and school will phone the parents/carers/guardians to meet the ambulance at casualty. The member of staff will stay with the CYP until a parent arrives. Health professionals are responsible for any decisions on medical treatment in the absence of a parent.

Staff will not take a CYP to hospital in their own car unless it is an absolute necessity.

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

1. Seek further information from parents/carers/guardians and, where a need is indicated, health professionals.
2. Determine whether an individual healthcare plan is available.
3. If not, determine whether an individual healthcare plan or a risk assessment is required.
4. If a healthcare plan is required, request an individual health care plan from relevant professional or arrange a meeting to develop the individual health care plan.
5. Arrange for any staff training as detailed in the health care plan.
6. Implement and monitor individual healthcare plan.

Staff Training

Staff who support CYP with specific medical conditions must receive additional training from a registered health professional. Training requirements are determined via individual healthcare plans. The Headteacher/SENCO/SBM is responsible for ensuring staff are suitably trained by liaising with the relevant healthcare professional. Any member of staff who is trained but feels unable to carry out these duties competently (for example due to having an injury/condition themselves or due to further training being required) must report

this as soon as possible to the Headteacher/SENCO/ SBM who will make appropriate arrangements.

The Headteacher/SENCO/SBM keeps a training record and ensures training is refreshed as appropriate. The Headteacher is involved in determining the competency of a member of staff in undertaking specific procedures (see Working Together).

Staff who complete records are shown by the Headteacher/SENCO/SBM how these are to be completed and managed. The Headteacher/SENCO/SBM will quality assure this on a termly basis.

School has suitable induction procedures in place for staff new to post to ensure they understand the requirements of their role. Induction is provided by suitably trained staff.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist is sufficient and the Headteacher/SENCO/SBM will determine this. Staff are instructed that if they are at all unsure about a pupil self-administering either a prescribed or non-prescribed medication safely then they are to contact the parents/carers/guardians of the pupil for further clarification, unless doing so would be prejudicial to the well-being of the CYP. If this were to be the case the SENCO/SBM will be consulted with and parents/carers/guardians informed of the concern and action taken as soon as practicable afterwards.

Whole School Staff Awareness Training

We aim for all staff to receive basic awareness training in the following more common conditions:

- asthma
- epilepsy
- diabetes
- allergic reaction.

We aim for awareness training to be delivered annually using appropriate resources from recognised national organisations and/or online training or awareness information, or, where available, a health professional.

Staffing

The Headteacher/SENCO/SBM is responsible for ensuring that all **relevant** staff will be made aware of a CYPs condition as soon as possible.

Procedures are in place in school to ensure that any supply teacher knows how best to support a pupil with medical needs and ensure that their needs are promptly met - supply staff are informed that there are pupils in school with medical needs and that if they have a child displaying any signs of a medical need/emergency they must send for first aid assistance immediately by the nearest available means eg, nearby available teacher or member of SLT, sending a pupil to reception.

In addition, they are informed that some pupils with medical needs have been issued with medical cards, if shown these they are to allow the pupil to leave the class. If a pupil is leaving the lesson and they are unwell they must always be accompanied by another pupil.

CYP with Individual Healthcare Plans have staff named in their plan who have been trained to undertake the procedures in the plan where this is required. The Headteacher ensures there are enough staff named to cover for absences and to allow for staff turnover.

Being notified that a child has a medical condition

Notification of a CYPs medical condition may come via a number of routes eg, by parents, Healthy Child nurse, admission forms etc.
Whatever the route the named person must be informed as soon as possible.

They must then:

- seek further information about the condition
- determine with the support of parents and relevant health professional whether an Individual Healthcare Plan is required
- identify any medication/health care procedures needed
- identify any aspects of a CYPs care they can manage themselves
- identify which staff will be involved in supporting the CYP
- identify what, if any, training is needed, who will provide this and when
- identify which staff need to know the details of the CYPs medical condition and inform them as appropriate
- ensure parent/s written permission is received for any administration of medication.

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.

Individual Health Care Plans

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 IHCP. NB Please note that the IHCP would normally cover everything that would be covered in a Risk Assessment so it is unlikely that a separate risk assessment would be required.
The Headteacher has overall responsibility for the development of IHCPs for pupils with medical conditions. This has been delegated to the SBM.
Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed. Plans will be kept according to NYC guidance and the requirements of the UK GDPR.
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 IHCP. It will be agreed with a Health care professional and the parents 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. Any decisions made and the reasons for them

must be adequately recorded and the information shared with parents unless there is a safeguarding concern.
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.
IHCPs will be linked to, or become part of, any Education, Health and Care plan (EHCP). If a pupil has SEN but does not have an EHCP, 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 governing board and the headteacher/SBM/SENCo 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, eg, 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, eg, 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.

Administration of Medication at School

Pupils who require **prescribed** medication that may be required in very short timescales during the school day eg, asthma inhalers and adrenaline auto-injectors, may carry their medication and relevant devices on their person. Parents/carers/guardians are expected to ensure that their child is competent in the administration of their own medication and that their child has been informed of the need to keep it safely with them at all times and not to leave it where others might find it.

Pupils who require non-emergency medication, **prescribed or non-prescribed**, during school hours are expected to bring it into school to their Pastoral Lead for safe storage during the school day. On Prospect Hill site it will be stored in reception, on Airy Hill site it will be stored in the Medical Room. Medication stored here is easily available to pupils during the school day. Procedures are in place during the induction of new pupils to ensure they know the location and purpose of Pastoral Care.

If parents/carers/guardians feel their child needs supervision when taking medication/using a medical device or if they require staff to administer medication to their child, then they need to contact school for suitable arrangements to be put in place.

- we will only administer medication at school when it is essential to do so and where not to do so would be detrimental to a CYPs health
- we will only accept medication that has been **prescribed** for an individual pupil by a doctor, dentist, nurse prescriber or pharmacist prescriber
    - The medication should be:
        - in-date
        - labelled with the child's name
        - provided in the original container with the original dispenser's label
        - include instructions for administration, dosage and storage
        - include advice on precautions relating to the medication eg, possible side effects
        - include the measuring device supplied with the medicine (if appropriate)
        - accompanied by the relevant school medical request/information forms so school staff are clear as to what the child has to take, when their last dose was taken and the minimum required interval between doses, signed by parents/carers/guardians.

The exception to this is insulin which must still be in date, but may be inside an insulin pen or a pump, rather than in its original container.

- we will only administer **non-prescribed** medication if it is included in an Individual Healthcare Plan **or** where it is absolutely essential to the CYP's health and where it cannot be taken out of the schools/settings hours
- medication, eg, for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken
- when non-prescribed medicine is administered it must have prior written parental consent form and a record of administration must be kept
- we will only accept **non-prescribed** medication in school when:
    - the container/package for **non-prescribed** medication is original and shows the following:
        - the dosage
        - frequency of dosage
        - expiry date and be in-date
        - specific directions for the administration
        - precautions relating to the medication (eg, possible side effects/storage instructions)
        - the measuring device supplied with the medicine (if appropriate)
        - the medication is accompanied by the relevant school medical request/information forms so school staff are clear as to what the child has to take, when their last dose was taken and the minimum required interval between doses, signed by parents/carers/guardians
- we will not give **Aspirin** to any CYP under 16 unless it is prescribed
- we only give medication when we have written parental permission to do so
- where appropriate, CYP are encouraged to administer their own medication and, where it is required to be taken regularly, to keep some spare in pastoral offices
- medication not carried by CYP is safely stored in pupil services and procedures are in place to ensure each pupil only has access to their own medication

- controlled drugs that have been prescribed for a pupil are securely stored in pastoral offices in a non-portable container to which only named staff have access. A record is kept of any doses used and the amount of the controlled drug held, this must be verified by two members of staff.

Administration of medication - general

- all staff are aware that there is no legal or contractual duty for any member of staff to administer medication or supervise a CYP taking medication unless they have been specifically contracted to do so or it is in their job description
- for medication where no specific training is necessary, and where the pupil is deemed not to be competent, or is unable to self-administer, any member of staff may administer prescribed and non-prescribed medication to pupils but only with a parent's written consent, after checking the medication guidelines and ensuring appropriate records are kept
- some medicines require staff to receive specific training on how to administer it from a registered health professional.

Complementary Medicines including Homeopathy

These will either be prescribed or non-prescribed so we will treat them accordingly.

CYP who can manage their own needs

We encourage all CYP to manage as much of their own needs as is appropriate. The Headteacher/SENCO/SBM will determine after discussion with parents whether a CYP is competent to manage their own medicine and procedures. Where a CYP has been recently diagnosed, or has an additional disability/condition eg, visual impairment, we support them to gradually take on more of their own care, over time, as appropriate with the aim of them becoming as independent as possible.
We aim for our CYP to feel confident in the support they receive from us to help them do this.

School Trips

Staff organising our school trips ensure:

- they plan well in advance
- they seek information about any medical/health care needs which may require management during a school trip. This is specifically relevant for residential visits when CYP may require medication/procedures that they would not normally require during the daytime
- that any medication, equipment, health care plans are taken with them and kept appropriately during the trip
- they do a risk assessment which includes how medical conditions will be managed in the trip. Staff are aware that some CYP may require an individual risk assessment due to the nature of their medical condition
- that personal information taken on trips is managed in an appropriate way to maintain security and safe use.

Safe Storage – General

- the Headteacher ensures the correct storage of medication at school
- the Headteacher/SBM/SENCo ensures the expiry dates for all medication stored at school are checked half termly and informs parents, by a member of staff speaking to them personally or if this isn't possible then by letter, in advance of the medication expiring: the school uses a spreadsheet to monitor when medications are due to expire
- some medications need to be refrigerated. These are stored in a clearly labelled container in the fridge located in reception (Prospect Hill) medical room (Airy Hill). This area is inaccessible to unsupervised CYP
- 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
- medication will not be stored in a first aid box.

Refusal

If a CYP refuses to take their medication school staff will note this on the administration of medication record. Parents/carers/guardians will be informed as soon as is reasonably possible so that they can make alternative arrangements.

Accepting Medicines

The Headteacher/SBM along with the parent(s)/carer(s)/guardian(s), ensures that all medication brought into school is clearly labelled with the CYP's name, the name and dose of medication and the frequency of dose. It must be in the original, full packaging containing the accompanying information leaflet. The exception to this is insulin which must still be in date, but may be inside an insulin pen or a pump, rather than in its original container.

- wherever possible medicines should be passed from the parent(s)/carer(s)/guardian(s) directly to Reception.

Safe Disposal

- parents are asked to collect out of date medication
- if it is not practicable or possible to return medication to a parent then the out of date medication will be taken to a local pharmacy for safe disposal and a receipt obtained
- disposal of medication is recorded on Bromcom
- sharps boxes must always be used for the disposal of needles and other sharps
- sharps boxes are prescribed items and therefore should be provided by parents and taken away by parents.

Record Keeping

The following records are kept in school:

Name of record	Location of record	Who completes it	Who quality assures it & how often
Individual administration of medication record - for CYP who have prescribed or non-prescribed medication in school	Bromcom – on individual pupil record	Person administering medication (must have a witness)	SBM
Staff training log – including first aid	Senior Administrator's Drive (with safeguarding training)	Senior Administrator	SBM
School Medical Register	Spreadsheet - Google drive Medical needs for offsite visits spreadsheet - Google drive Individual medical needs - BromCom	Medical Needs Administrator SEN support staff where applicable	SBM

All of these records will be kept securely and in accordance with NYC's Records Retention and Disposal Schedule. All electronic records will be password protected. Please refer to the school's Information Policy for further information on how we process and protect data.

Enrolment Forms

We ask on our enrolment form if a CYP has any medical/health conditions and enquire again on an annual basis.

Individual Health Care Plans

- for CYP with more complex medical needs, individual healthcare plans are used to record important details. Individual healthcare plans are held on BromCom, Classcharts, in Google drive and there is a hard copy on reception in accordance with data protection. They are updated when and if there are significant changes and may also be annually reviewed with parents and health care professionals
- Individual Healthcare Plans that include personal care are shared on a need to know basis with staff who are directly involved with implementing them

- where a pupil is moving on to another setting then permission will be sought from parents to enable the new setting to have a copy of the Individual Health Care plan to aid their planning for that pupil
- Individual Healthcare Plans are also shared, with parents' permission, with NYC risk management and insurance where required
- the Headteacher/SBM/SENCO are responsible for ensuring any Individual healthcare plans are developed
- the Headteacher/SBM/SENCO are responsible for checking Individual Healthcare plans on an annual basis to ensure they are up to date and being implemented correctly.

School Medical Register

Medical needs are stored centrally on BromCom. We keep a centralised register of CYP with medical needs on Google drive, which is up-dated as and when required. The Headteacher/SBM/SENCo has responsibility for keeping the register up to date.

Unacceptable practice

School staff use their discretion about individual cases and refer to a CYP's Individual Healthcare Plan, where they have one, and in school risk assessment where they have one, but unless there are mitigating circumstances, they will not normally:

- prevent CYP from accessing their inhalers or other medication
- assume every CYP with the same condition requires the same treatment
- ignore the views of the CYP and their parents
- ignore medical evidence or opinion although this may be challenged
- send CYP with medical conditions home frequently or prevent them from staying for normal school activities eg, lunch unless it is specified in the CYP's Individual Healthcare Plan
- send an ill CYP to the school office or medical room without a suitable person to accompany them
- penalise CYP for their attendance record if their absences relate to their medical condition eg, hospital appointments
- prevent pupils from drinking, eating or taking toilet breaks whenever they need in order to manage their medical condition
- require parents, or otherwise make them feel obliged to come into school to provide medical support to their child, including toileting issues and manual handling issues
- prevent CYP from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips eg, by requiring the parent to accompany the CYP.

Data Protection

We will only share information about a CYP's medical condition with those staff who have a role to play in supporting that child's needs. In some cases e.g., allergic reactions it may be appropriate for the whole school to be aware of the needs. In other cases e.g., toileting issues, only certain staff involved need to be aware. We will ensure we have written parental permission to share any medical information outside of school.

This policy is written in line with the UK General Data Protection Regulation (GDPR); the school's privacy notice includes the basis upon which health information for pupils is shared as this is special category information and additional safeguards apply. All staff who have access to the medical records will receive training regarding their duties under the Data Protection legislation and in particular the UK GDPR duties regarding special category data.

School Environment

We will ensure that we make reasonable adjustments to be favourable to CYP with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

Physical Environment

We have an accessibility plan which outlines how we aim to develop our facilities and staffing to meet potential future health care needs e.g., improved physical access, improved toilet facilities

Education and Learning

We ensure that CYP with medical conditions can participate as fully as possible in all aspects of the curriculum and ensure appropriate adjustments and extra support are provided.

Teachers and support staff are made aware of CYP in their care who have been advised to avoid or take special precautions with particular activities.

We ensure teachers and PE staff are aware of the potential triggers for pupils' medical conditions when exercising and how to minimise these triggers.

Staff are aware of the potential for CYP with medical conditions to have special educational needs and disabilities (SEND). The school's SENCo consults with the CYP, parents and pupil's healthcare professional to ensure the effect of the CYP's condition on their schoolwork is properly considered.

Insurance

The Headteacher is responsible for ensuring staff are insured to carry out health care procedures and administer medication. A copy of the NYC insurance policy is made available to all staff involved by SBM.
Additional insurance may need to be taken out for specific procedures and the Headteacher will ensure relevant staff are able to access a copy of the insurance policy.

Complaints

Complaints may be made and will be handled concerning the support provided to pupils with medical conditions. Should parents/carers/guardians or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via

the school's complaints procedure, available from the policy section of the school's website or a hard copy can be obtained directly from school upon request.

Home to school transport

Parents/Carers/Guardians are responsible for informing SEN transport or Integrated Passenger transport if their child has a medical need that they may require assistance with during the journey to and from school.

Dignity and Privacy

At all times we aim to respect the dignity and privacy of all CYP with medical conditions we do this by only sharing information with those who have a role in directly supporting the CYPs needs.
We are considerate when giving/supervising medication/managing health care needs.

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.
The details of the school's insurance policy are:
RPA will provide an indemnity if a Member becomes legally liable to pay for damages or compensation in respect of or arising out of personal injury occurring during the Membership Year within the Territorial Limits and in connection with the provision of medicines or medical procedures. Indemnity will also be provided to any member of staff (other than any doctor, surgeon or dentist while working in a professional capacity) who is providing support to pupils with medical conditions and has received sufficient and suitable training.

Cover provided by the RPA will be subject to adherence with the statutory guidance on supporting pupils at school with medical conditions, link below.
Supporting pupils with medical conditions at school - GOV.UK (www.gov.uk)

Distribution of this Policy

Parents are informed about this school medical policy:

- via the school's website, where it is available all year round.

School staff are informed and reminded about this policy:

- via the school's website, where it is available all year round
- via online school medical register
- at scheduled medical conditions training/school training days.

Additional Information

Asthma

- school staff are aware that, although it is a relatively common condition, asthma can develop into a life-threatening situation
- a generic asthma plan is in place in school which details how asthma attacks are managed. This plan is displayed in prominent locations in school

- CYP who have asthma will not have an Individual Healthcare Plan unless their condition is severe or complicated with further medical conditions
- the Headteacher and Governing body have opted to keep emergency Salbutamol inhalers and spacers in school for use by CYP who have a diagnosis of asthma and whose parent/s have given us written permission for their CYP to use it. This would be in rare circumstances where an inhaler has become lost or unusable. Parents are informed by standard letter if their child has used the school's emergency inhaler
- a named member of staff is responsible for managing the stock of the emergency school Salbutamol inhalers, overseen by the SBM
- the emergency salbutamol inhalers will be kept in reception/medical room along with a register of CYP whose parent/s has given permission for these to be used as appropriate
- The Headteacher/SBM/SENCo is responsible for ensuring the emergency inhalers and spacers are washed as necessary (spacers used are disposable and must be discarded following use by an individual pupil).

Further guidance and protocol on the use of emergency salbutamol inhalers in school is contained in Appendix A

Allergies

Whitby School recognises that life-threatening allergies are a problem for many CYP. The school's position is that it cannot guarantee an allergy-free environment but aims to minimise the risk of exposure, encourage self-responsibility, and plan for effective response to possible emergencies.

In order to minimise the incidence of life-threatening reactions, we ask for P/C/G cooperation:

Parents/carers/guardians are responsible for:

- notifying the school of any allergies and providing ongoing, accurate and current medical information in writing to the School
- providing written documentation from a medical professional regarding any life-threatening allergies and medical information for any medication they may need. (contained within IHCP)
- providing properly labelled medication and replacing it after use or when it expires, i.e. antihistamines.
- making sure that your emergency contact information is kept updated throughout the year
- educating your child about the seriousness of their allergy: their specific allergy(s), strategies for avoiding exposure, safe and unsafe foods, symptoms of an allergic reaction, how and when to tell an adult they might be having an allergy related problem, the importance of reading food labels, and the importance of not sharing/trading food items with other pupils
- ensuring that your child is competent in having the ability to self-administer their AAI.

The School will attempt to reduce exposure to allergens to provide an environment favourable to CYP with allergies. We will:

- share information regarding life threatening allergies with staff and provide them with information about the CYP's IHCP
- discourage trading/sharing of food among pupils
- information on CYP with food allergies is shared with the catering manager who ensures they are identified on the catering till system
- Food Allergy Notices are displayed in our dining room and any other service point where we provide food in school
- educate staff regarding allergies, symptoms of anaphylactic reactions and their treatment
- the group leader for any Educational Off Site Visit is responsible for ensuring that a suitable risk assessment is in place and that the CYP's spare AAI and any required medications are taken on the trip
- where a CYP is prescribed AAI, the Group Leader for an offsite visit will ensure that either they or another supervising staff member is trained in first aid and the administration of AAI
- the school will ensure that a number of first aid trained staff are additionally trained in the administration of AAI
- follow IHCP and call 999 when life-threatening allergy related symptoms occur
- notify parents, carers or guardians as soon as possible after a severe allergic reaction occurs.

Pupil Responsibility:

The CYP should:

- ensure that they have their AAI with them at all times
- not trade/share food with other pupils
- not eat anything with unknown ingredients or known to contain the food allergen
- be proactive in the care and management of their allergies
- read menus carefully to see if there is any mention of the food you react to in the name or description of the dish
- check what allergens are in a dish even if they have eaten it before
- recognise the importance of informing friends about their life-threatening allergies
- notify an adult immediately if they believe they have eaten or been exposed to food allergen, or any other allergen that they are allergic to
- alert staff immediately if they feel that they are having an allergic reaction or if they feel unwell
- be aware of any precautions that they need to take around non-food allergens.

Emergency Adrenaline auto-injectors (AAI)

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

- **the Headteacher and Governing body have opted to keep emergency Adrenaline auto-injectors (AAI) in school for use by CYP but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.** *(In the event of a possible*

severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate). Parents are informed if their child has used the school's emergency AAI

- if someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI
- a named member of support staff is responsible for managing the stock of the emergency Adrenaline auto-injectors (AAI), overseen by the SBM
- the emergency Adrenaline auto-injectors (AAI) will be kept in reception/medical room along with a list of pupils to whom the AAI can be administered.
- any spare AAI devices held must be kept separate from any pupil's own prescribed AAI which might be stored nearby; the spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil
- once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

Further guidance and protocol on the use of emergency Adrenaline auto-injectors in school is contained in Appendix B

The School AED (automated external defibrillator)

As part of our first aid equipment we have 3 defibrillators at Prospect Hill - one assigned to a specific pupil, one for PE/fixtures and one for whole-school use which is to be relocated to the new reception area (currently still in the former reception).

There is an external defibrillator which can be used by the larger community at the AH Site on the outside wall at the front of the building; the checks for this are managed by the site team via an online reporting facility linked to the Emergency Services. There is a second, portable defibrillator for PE and fixtures at Airy Hill. The site team maintain weekly visual checks and monthly test checks and have paper records of these in their offices.

We have notified our local NHS ambulance service of this decision. The SBM is responsible for checking the units are kept in good condition. This is done on a termly basis.

Appendix A - ASTHMA

Common ‘day to day’ symptoms of asthma are:

- cough and wheeze (a ‘whistle’ heard on breathing out) when exercising
- shortness of breath
- intermittent cough
- a tight chest - which may feel like a band is tightening around it.

These symptoms are usually responsive to use of their own inhaler and rest (eg, stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.
An asthma awareness section forms part of the SDR that captures information on a specific child’s inhaler type, dosage, possible trigger factors, and presentation of symptoms. Information provided by parents/carers/guardians is transferred onto Arbor so that this information is readily available.

The signs of an asthma attack include:

- persistent cough (when at rest)
- a wheezing sound coming from the chest (when at rest)
- difficulty breathing (fast and deep respiration, the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- nasal flaring
- unable to talk or complete sentences. Some children will go very quiet
- may try to tell you that their chest ‘feels tight’ (younger children may express this as tummy ache)
- the child complains of shortness of breath at rest
- distress and anxiety
- appearing exhausted
- a blue/white tinge around the lips
- going blue.

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- appears exhausted
- has a blue/white tinge around lips
- is going blue
- has collapsed
- if you are at all unsure.

What to do in the event of an asthma attack

- keep clam and reassure the child
- encourage the child to sit up and slightly forward
- use the child’s own inhaler - if not available, use the emergency inhaler
- remain with the child while the inhaler and spacer are brought to them
- immediately help the child to take two individual puffs of the reliever inhaler (usually blue) salbutamol via the spacer

- if there is no immediate improvement, continue to take two individual puffs at a time every two minutes, up to a maximum of 10 puffs
- stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- if the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE
- if an ambulance does not arrive in 10 minutes give another 10 puffs in the same way (Source: *Guidance on the use of emergency salbutamol inhalers in schools*, March 2015)
- the child's parents or carers should be contacted after the ambulance has been called
- a member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Parents/carers/guardians need to be informed of any asthma attack a pupil has even if their child recovers without outside medical intervention.

Introduction

Asthma is the most common chronic condition, affecting one in eleven children.
Children should have their own reliever inhaler at school to treat symptoms and for use in the event of an asthma attack. If they are able to manage their asthma themselves, they should keep their inhaler on them, and if not, it should be easily accessible to them. **Children should also have a second inhaler that is kept pastoral offices in school with the relevant medical forms completed.**
However, an Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. However, before 1 October 2014, it was illegal for schools to hold emergency salbutamol inhalers for the use of pupils whose own inhaler was not available.
In 2013 in response to this, and following advice from the Commission of Human Medicines 2013, the Medicines and Healthcare Products Regulatory Agency (MHRA) recommended changes to legislation to enable schools to hold emergency salbutamol inhalers. A public consultation was held and there was overwhelming support for changing the regulations to allow schools to hold an emergency inhaler.
The regulations which enable this come into force on 1 October 2014. The MHRA also recommended that the use of emergency inhalers be supported by appropriate protocols.

Arrangements for the supply, storage, care and disposal of the inhaler

Supply

Schools can buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, provided the general advice relating to these transactions are observed. Schools can buy inhalers in small quantities provided it is done on an occasional basis and is not for profit.
A supplier will need a request signed by the Headteacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required
- the purpose for which that product is required, and
- the total quantity required.

Schools may wish to discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. Community pharmacists can also provide advice on use of the inhaler.

The emergency kit

An emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler
- at least two single-use 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 (see below)
- a list of children permitted to use the emergency inhaler (see section 4) as detailed in their individual healthcare plans
- a record of administration (ie, when the inhaler has been used).

At Whitby School we have 5 emergency asthma inhalers, including one kept in the vicinity of the sports hall, to ensure that all children within the school environment or on an educational visit have quick access to a kit.

Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given. See 'Responding to asthma symptoms and an asthma attack' section of the guidance for essential information on the safe use of an inhaler.

At Whitby School, information on an individual child's medical condition(s) is gathered from the yearly data collection forms which are sent to parent/carers/guardians. It is highly important that parents/carers/guardians inform the school as soon as possible of any change in their child's medical condition/needs.

Storage and care of the inhaler

There is a named member of staff with the responsibility for maintaining the emergency inhaler kit. The SBM is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register. The named member of support staff has responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available
- that 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.

Emergency inhalers and spacers are kept in a safe place in the school office, out of view to pupils but accessible to staff, ie, not locked away.

The inhalers are stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30°c, protected from direct sunlight and extremes of temperature. The emergency inhalers and spacers are kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler. An inhaler should be primed when first used (eg, spray two puffs), as it can become blocked again when not used over a period of time, it should be regularly primed by spraying two puffs

To avoid possible risk of cross-infection, the spacer should not be reused, for this reason, we use disposable spacers at Whitby School.

The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place The canister should be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place.

However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it should also not be re-used but disposed of.

Disposal

Manufacturers guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled.

Children who can use an inhaler

The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler
- OR who have been prescribed a reliever inhaler.
-

AND for whom written parental consent for use of the emergency inhaler has been given.
This information should be recorded in a child's individual healthcare plan.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Medical information

Medical information for individual pupils is gathered each year via the Data Collection form and stored on Bromcom (School Information Management System) it is the responsibility of parents/carers/guardians to ensure that they inform school as soon as possible of any changes in circumstances including changes to medical needs so that accurate records can be maintained.

Asthma register

The asthma register is crucial as there may be many children with asthma, and it will not be feasible for individual members of staff to be aware of which children these are. Consequently, it is highly important that the information, accessible by all staff, stored on

BromCom is up to date to allow a quick check of whether or not a child is recorded as having asthma, and consent for an emergency inhaler to be administered.
In the event that an emergency inhaler is to be used, wherever possible a check should be made that parental/carer/guardian consent has been given for its use.
The school will seek written consent from parents/carers/guardians for their child to use the salbutamol inhaler in an emergency, (who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication), via the yearly Data collection. In addition, if required/indicated, we may also send out a further letter to confirm consent or otherwise.
A record of parental consent will be added to Bromcom to enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent will be updated annually - to take account of changes to a child's condition.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler will be recorded. This will include where and when the attack took place (eg, PE lesson, playground, classroom), how much medication was given, and by whom.

Staff

Any member of staff may volunteer to take on medical support responsibilities, but they cannot be required to do so. Several staff at Whitby School have volunteered to be and are first aid trained and may, as part of this role, take the decision to help a child use the emergency inhaler whilst supporting them during an asthma attack. All staff have recourse to a first aider in an emergency and school maintains a first aider list. However, any member of staff, first aid trained or otherwise, can volunteer to support a child with an emergency inhaler should the need arise.
The governing body will ensure that staff have appropriate knowledge training and support, relevant to their level of responsibility.
It would be reasonable for ALL staff to 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 inhaler policy
- aware of how to check if a child is on the 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.

How to summon assistance in an asthma emergency

In the event of a child having an asthma attack the member of staff with the child should follow the advice given in the, 'What to do in the event of an asthma attack', section of this policy and summon the assistance of a designated first aider, assistance can be summoned in a number of ways:

1. Via a phone call to reception, asking for first aid assistance for a suspected asthma attack
2. Via the use of the school's walkie-talkie system, asking for first aid assistance for a suspected asthma attack
3. Via sending a responsible child to reception to ask for first aid assistance for a suspected asthma attack

4. Asking assistance from a nearby member of staff that is available who will then activate point 1 or 2 above if not first aid trained.

If the use of the emergency inhaler is indicated then a member of staff will be asked to collect the inhaler and spacer from reception/medical room and a member of support staff will check BromCom and advise if permission is in place for the use of the emergency inhaler.
Where necessary, the cover supervisor will send an additional member of staff to cover a designated member's class while they are helping to administer an inhaler.

Designated members of staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff
- recognising when emergency action is necessary
- administering salbutamol inhalers through a spacer
- making appropriate records of asthma attacks.

Appendix B – AAI – Allergic Reaction/Anaphylaxis

The signs and symptoms include:

Mild-moderate allergic reaction:

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

ACTION:

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

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

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

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

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

2. **Use Adrenaline autoinjector* without delay**
3. **Dial 999** to request ambulance and say ANAPHYLAXIS

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

After giving Adrenaline:

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

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

Introduction

Since 2017 schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if they wish to have them, but only to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.
The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay, for example, their own device is not available or not working (eg, because it is broken, or out-of-date).
AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.
If someone appears to be having a severe allergic reaction (anaphylaxis), **you MUST call 999 without delay,** even if they have already used their own AAI device, or a spare AAI.
In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Practical points:

- an anaphylactic reaction always requires an emergency response
- when dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location
- if the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched
- send someone outside to direct the ambulance paramedics when they arrive
- tell the paramedics:
  – if the child is known to have an allergy;
  – what might have caused this reaction eg, recent food;
  – the time the AAI was given.

Any AAI(s) held by the school are to be considered as a spare/back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA, and any spare AAI(s) held by the school are in addition to those already prescribed to a pupil.
Refer to the school's 'Supporting Medical Conditions in School Policy' for further information on:

- how the school develops individual healthcare plans for pupils with medical conditions that identify the pupil's medical condition, triggers, symptoms, medication needs and the level of support needed in an emergency
- what procedures the school has in place on managing medicines on the premises
- how the school ensures staff are appropriately supported and trained

Anaphylaxis
Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly, but can occur up to 2-3 hours later.
It is potentially life threatening and always requires an immediate emergency response.

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

- foods (eg, peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)
- insect stings (eg, bee, wasp)
- medications (eg, antibiotics, pain relief such as ibuprofen)
- latex (eg, rubber gloves, balloons, swimming caps).

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.
The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- **food:** while symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating. Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (eg, skin rash) being present
- severe reactions to **insect stings** are often faster, occurring within 10-15 minutes.

Why does anaphylaxis occur?

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction is due to an interaction between the substance ("allergen") and an antibody called Immunoglobulin E (IgE). This results in the release of chemicals such as histamine which cause the allergic reaction. In the skin, this causes an itchy rash, swelling and flushing. Many children (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high-pitched sound (stridor) when breathing in.
In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. **It is therefore vital to contact Emergency Services as early as possible.** Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.
Refer to the school's 'Supporting Medical Conditions in School Policy' for information on how the school works to minimise risk and the responsibilities of P/C/G's and the pupil in support of minimising the risk.

Treatment

While "allergy" medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions - only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis.
However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. **It is therefore essential to always call for**

an ambulance to provide further medical attention, whenever anaphylaxis occurs.
The use of adrenaline as an injection into the muscle is safe and can be life-saving. Children and young people diagnosed with allergy to foods or insect stings are frequently prescribed AAI devices, to use in case of anaphylaxis. AAIs (current brands available in the UK are EpiPen®, Emerade®, Jext®) contain a single fixed dose of adrenaline, which can be administered by non-healthcare professionals such as family members, teachers and first-aid responders. Children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

Arrangements for the supply, storage, care and disposal of AAIs

Supply

The school will be able to purchase spare AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed: ie, small quantities on an occasional basis and the school does not intend to profit from it. A supplier will be provided with a request signed by the Headteacher on headed paper stating:

- the school name
- the purpose for which the product(s) is required, and
- the total quantity required.

A number of different brands of AAI are available in different doses depending on the manufacturer. The school will decide which brand(s) to purchase and will hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training.
If all pupils in the school are prescribed the same device, the school will obtain the same brand for the spare AAI. If two or more brands are currently held by the school, the school will purchase the brand most commonly prescribed to its pupils.

AAI Dosage

AAIs are available in different doses, depending on the manufacturer. The school will follow the dosage recommendations contained in the Department of Health 'Guidance on the use of adrenaline auto-injectors in schools', pages 11-12, available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

The emergency anaphylaxis kit

The school will hold spare AAIs as part of an emergency anaphylaxis kit which will include:

- 1 or more AAI(s)
- instructions on how to use the device(s)
- instructions on storage of the AAI device(s)
- manufacturer's information
- a checklist of injectors, identified by their batch number and expiry date (details of these will be added to the Evolve system, the system includes an alert for when they are due to expire)

- a note of the arrangements for replacing the injectors
- a list of pupils to whom the AAI can be administered
- an administration record
- arrangements for the supply, storage, care and disposal of AAIs
- a member of support staff is responsible for maintaining the spare anaphylaxis kit, they will ensure that:
- on a monthly basis the AAIs are present and in date
- that replacement AAIs are obtained when expiry dates approach.
-

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

School trips including sporting activities

The school will put in place a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises. Pupils at risk of anaphylaxis must have their AAI with them, the spare collected from pastoral team, and there must be a member of staff trained to administer AAI in an emergency. The school will consider, as part of the risk assessment process for each trip, whether or not it is appropriate to take spare AAI(s) obtained for emergency use on some trips.

Children to whom a spare AAI can be administered

The spare AAI in the Emergency Kit should only be used on a pupil where both medical authorisation and written parental consent have been provided for the spare AAI to be used on them. This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent/carer/guardian must be obtained.
The school's spare AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay. This information should be recorded in a pupil's individual risk assessment. All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan.
All pupils with a diagnosis of an allergy and at risk of anaphylaxis will be included on the school high medical needs register.
The school will request consent for use of the AAI annually via the Data collection form.

Responding to the symptoms of an allergic reaction

AAIs are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives. Therefore, unless directed otherwise by a healthcare professional, the spare AAI should only be used on pupils known to be at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided. This information will be recorded in a pupil's individual risk assessment and on Bromcom.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Guidance on the use of adrenaline auto-injectors in schools

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention.
However, mild reactions can develop into anaphylaxis: children having a mild-moderate (non-anaphylactic) reaction should therefore be monitored for any progression in symptoms.

What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. **In the presence of any of the severe symptoms listed in the red box on page 3, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.** Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present. You should administer the pupil's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE. After giving adrenaline do **NOT** move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised. If breathing is difficult, allow the pupil to sit. If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay - even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED

Practical points:

- try to ensure that a person suffering an allergic reaction remains as still as possible, and does not get up or rush around. Bring the AAI to the pupil, not the other way round
- when dialling 999, say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS")
- give clear and precise directions to the emergency operator, including the postcode of your location
- if the pupil's condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched
- send someone outside to direct the ambulance paramedics when they arrive
- arrange to phone parents/carer
- in a young pregnant person, the advice is to lie the person on their left side
- tell the paramedics:
  – if the child is known to have an allergy
  – what might have caused this reaction eg, recent food
  – the time the AAI was given
- recording use of the AAI and informing parents/carers.

In line with Supporting Pupils, use of any AAI device should be recorded

This should include:

- where and when the REACTION took place (eg, PE lesson, playground, classroom)
- how much medication was given, and by whom
- any person who has been given an AAI must be transferred to hospital for further monitoring
- the pupil's parents should be contacted at the earliest opportunity.

Staff

Any member of staff may volunteer to take on the responsibilities set out in this guidance, but they cannot be required to do so. Any such staff will, in addition, already have wider responsibilities for administering medication and/or supporting pupils with medical conditions and be first aid trained.
A number of staff first aiders are additionally trained in the administration of AAI.

In addition, the school aims to ensure that ALL staff are:

- trained to recognise the range of signs and symptoms of an allergic reaction
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (eg, skin) symptoms
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective)
- be aware of the anaphylaxis policy
- be aware of how to check if a pupil is on the high needs register
- be aware of how to access the AAI
- be aware of who the designated members of staff are, and the policy on how to access their help.

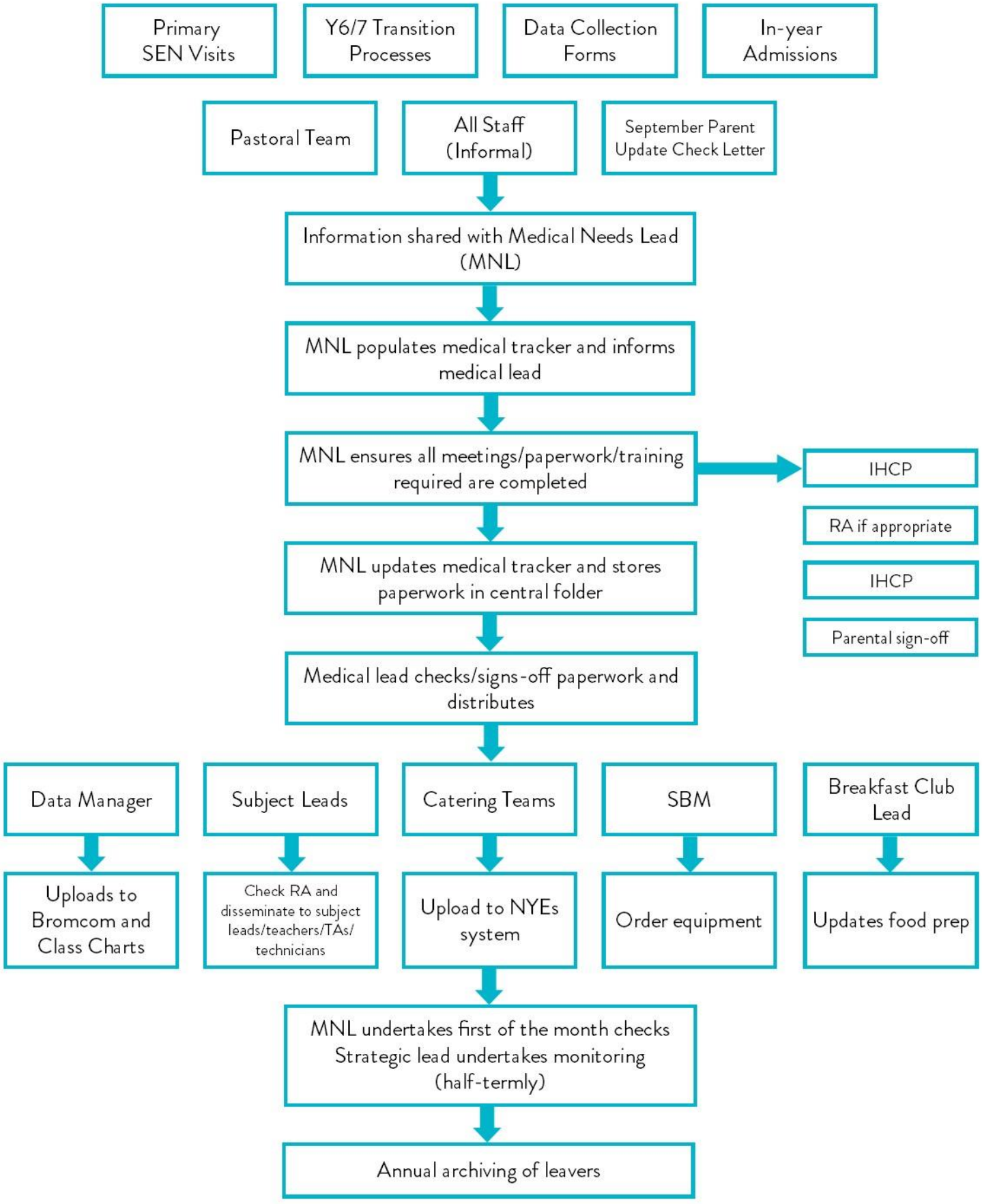
SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES

Flowchart for child unwell in lesson	
Child reports feeling unwell	
Teacher assesses situation	If out of lesson the adult assesses the situation
Teacher in lesson If needed use Class Charts to request support - use 'On call Unwell' - the child will be picked up and brought to reception (Prospect Hill site) or pastoral (Airy Hill site) for further intervention	If needed, bring child directly to reception (Prospect Hill site) or pastoral (Airy Hill site) for further intervention
We have a radio system if struggling to access support Care and Achievement Coordinators will also support if/when needed	

Flowchart for emergency
In lesson - send another reliable pupil to reception to ask for urgent first aid support
If you feel that an ambulance is needed - ensure that this message can be clearly communicated by the pupil - either in written form or send a follow up email
Reception will phone for an ambulance
Parents must then be notified
The first aider must log the incident as soon as possible, on the day, via the First Aid Record Sheet (accessible from the Staff Folder on desktop toolbar). They also need to log the incident on the Pupil Record on Bromcom

MEDICAL FLOW CHART

Information gathered by:



Whitby School
Ad finem terrae