

Supporting Pupils with Medical Needs

Reviewed and updated by SPT:	March 2024
Reviewed and approved by LSCs:	March 2024
Reviewed by Trust:	March 2024
Next review date:	June 2025

The following have been involved in the developing this policy:
Marcus Cooper, CEO
Karen Cayford, Executive Head, Compliance and Operations
Sarah Carter, HR Manager
Spiral Headteachers

Person responsible for implementing policy	Clare Whitehouse
---	-------------------------

1. Principles

We recognise that:

- Pupils may at some time have a medical condition that affects their participation in school activities. The school is welcoming and supportive of pupils with medical conditions.
- A small number of pupils may have medical needs which could limit their access to education, adversely affect their quality of life and impact on their ability and confidence.
- Some children with medical conditions may be considered to be disabled and some may also have special educational needs (SEN).
- **Individual Health Care Plans (IHC)** help schools to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk (see Appendix 1).

2. Support for Pupils with Medical Needs:

- The school will provide children with medical conditions with the same opportunities and access to activities (both school based and out-of-school) as other pupils.
- Parents or guardians have prime responsibility for their child's health and should provide schools with information about their child's medical condition.
- The school requests and expects parents to share this information with the school at the earliest opportunity and well in advance of the child starting to attend nursery or school. This is based on the necessity for having an **IHC Plan** in place before the child first attends.
- The School Health Service will be asked to provide advice to the school, parents, teachers and any others involved in the care management of the pupil.
- Staff understand their duty of care to children and young people, and may be asked to administer medication; however there is no requirement for them to do so.
- Staff who do administer medication will receive support from parents, the school nurse and will be trained in any specific procedures.
- This school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler (Appendix 2) and for whom we have received written consent (Appendix 3). In the event of use of the emergency inhaler, parents/carers will be informed in writing (Appendix 4).

3. Roles and responsibilities - general

Local School Committees

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

Local School Committees should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained;
- a commitment that all relevant staff will be made aware of a child's condition;
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available;
- briefing for supply teachers;



- risk assessments for school visits, holidays, and other school activities outside of the normal timetable, monitoring of individual healthcare plans.

Spiral Partnership Trust

Spiral Partnership Trust, as the employer, is responsible for all health and safety matters.

Parents, carers and guardians

Parents, carers and guardians are the child's main carers. They are responsible for making sure that their child is well enough to attend school. Parents should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. They should, jointly with the nominated school lead, reach agreement on the school's role in helping with their child's medical needs. Parent's cultural and religious views should always be respected. Ideally, the school should seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for the pupil. If parents have difficulty understanding or supporting their child's medical condition themselves, the school nurse service can often provide assistance.

The School and school staff

The school has a Health and Safety Policy. These procedures form a specific addition to that document. In the event of legal action over an allegation of negligence, the employer rather than the employee is likely to be held responsible. For our school this is Spiral Partnership Trust.

Correct procedures must be followed and accurate records must be kept. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies. In general, the consequences of not taking action are likely to be more serious than those of trying to assist in an emergency. The school is also responsible for making sure that staff have appropriate training to support pupils with medical needs. This will be arranged in conjunction with the local Health Authority, usually through the School Nurse, or specialist health care professionals.

Teachers should ensure that, where they have a pupil with a particular medical need in their class, they fully understand their condition and the implications of it. Teachers should liaise with parents as appropriate. Teachers and appropriate staff members should be aware of emergency procedures related to that particular child. Teachers should ensure that their Supply Files (for supply teachers) includes sufficient information for a supply teacher to quickly understand the implications of the condition.

The Headteacher

The Headteacher is responsible for ensuring that the policy is put into practice and for the development of detailed procedures. The Headteacher agrees to volunteers helping pupils with medical needs subject to their receiving proper support and training. The Head is responsible for making sure all parents are aware of the policy and procedures for dealing with medical needs and is responsible for ensuring that parents are aware of their responsibilities in the event of their child being unwell.

The nominated staff member will work with the parents to produce an Individual Health Care Plan in appropriate cases and ensure that sufficient information is made available to school staff to ensure the safe management of the child. The Headteacher will ensure that records of medication kept in school and given to children are maintained by authorised personnel.

Volunteers giving medication

Staff may volunteer to give medication but it is not compulsory for any member of staff to do so. Any member of staff who agrees to accept responsibility for administering prescribed medication to a pupil should have proper training and guidance. They should be aware of possible side effects of medication and what to do if they occur.

The Health Authority

Health Authorities have a statutory duty to purchase services to meet local needs. NHS Trusts provide these services according to need and resource availability.

The School Health Service

The school health service provides advice on health issue to schools and parents, usually through the services of the School Nurse. The school nurse will be consulted when drawing up individual health care plans for pupils when required.

The General Practitioner

With consent of the parents the GP may exchange information with schools about a child's medical condition.

Other Health Professionals

Other professionals may be involved in the care of a pupil and may give advice to the school specifically or generally if requested.

4. Short Term Medical Needs

- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so. If possible, parents should try to give medication out of school hours.
- The school will not give medication to a child under 16 without a parent's written consent.
- Medication should only be brought into school when it is absolutely essential and must be handed in and collected by an adult from the school office, with the appropriate permission form completed.
- Only prescribed medicines that are in date, labelled and in original containers will be administered in school.
- Where practical, pupils requiring short term medication (such as to complete a course of antibiotics) will be accommodated in school.
- The schools' first aider or trained office staff will administer medicines as routine at lunchtime or at other times during the day as appropriate. There will always be two people present to check dosage and correct administration of medication and this will be recorded.
- Pupils will not be given analgesics in school without a prescription and written instructions from the parents.

OR

4. Short Term Medical Needs

- Medication will only be administered when it would be detrimental to a child's health or school attendance not to do so. If possible, parents should try to give medication out of school hours. ☐ The school will not give medication to a child under 16 without a parent's written consent.

- Medication should only be brought into school when it is absolutely essential and must be handed in and collected by an adult from the school office, with the appropriate permission form completed.
- Only medicines that are in date, labelled and in original containers will be administered in school.
- Where practical, pupils requiring short term medication (such as to complete a course of antibiotics) will be accommodated in school.

Administering “Over-the-Counter” medicines in school

- For children needing periodic pain or allergy relief, parents are able to bring in a bottle of Calpol or anti-histamine (clearly named) to be kept securely in the school office. A small quantity of emergency supplies of both these medications is also kept by the school.
- The Pupil Welfare Officer has agreed, voluntarily, to administer medication when necessary, particularly if this enables a child to stay in school. This is subject to the following strict procedures being followed:
- There will always be two people present to check dosage and correct administration of medication and this will be recorded.
- Parents sign the appropriate form with instructions(see appendix 2) to give written consent that their child may receive over-the-counter medication when needed.
- No medication will ever be given without the verbal consent of a parent at the time it is needed.
This is clearly recorded on the form (appendix 2).
- If medication is given, the form (appendix 2) will be copied and sent home at the end of the day so that parents are aware of the exact time that the last dose was given.

The schools’ first aider or trained office staff will administer medicines as routine at lunchtime or at other times during the day as appropriate. There will always be two people present to check dosage and correct administration of medication and this will be recorded.

5. Long Term Medical Needs

- It is vital that the school has sufficient information about the medical condition of any pupil with long term medical needs and the impact this might have on emotional/ social or behavioural needs.
- ***The school needs to have this information before the child starts school or as soon as the medical condition is diagnosed.***
- Where medical needs are long term, or where there is a high risk that emergency intervention may be required, pupils will require an IHC plan which explains what they need in an emergency (Appendix 1).
- The school ensures all staff understand what constitutes an emergency for individual pupils and makes sure that emergency medication/equipment are readily available wherever the child is in the school and on off-site activities and are not locked away.

6. Management of medicines

- Medicines must be properly stored and administered and under no circumstance should any medication prescribed for one pupil be used for another.
- All medicines should be stored in a secure place, which is not accessible to pupils.
- Medication sent into school by parents must be in the original bottle with the child's name and dosage attached. Medication should preferably be in daily doses so that large amounts of medication are not stored on site providing it is in the original packaging and labelled accordingly.
- Asthma inhalers and epi-pens must not be locked away but should be kept in the vicinity of the pupil.
- All staff should know where to access medication in an emergency.
- Medicines requiring refrigeration should not be stored in a fridge to which pupils have access.

7. Self-management of long-term medication

- Pupils who can be trusted to do so should be enabled to manage their own medication under adult supervision. This should be stated and agreed with the parents in the IHC Plan.
- Medicines, with the exception of asthma inhalers and AAI's will generally not be held in class or by the pupil but in the designated area for storing medicines in the school.

8. Refusal to take medication

- If a pupil refuses to take medication they should not be forced to do so.
- The parents will be informed as a matter of urgency.
- If necessary the emergency services will be called.

9. Emergency Procedures

- The school has Protocols in place for the management of pupils likely to suffer Anaphylactic shock and training is given annually (see section 13).
- If a pupil needs to attend hospital, a member of staff will stay with them until a parent arrives or accompany a child taken to hospital by ambulance.
- **On no account** will staff take pupils to hospital for emergency treatment in their own car.

10. Record Keeping

- Parents are responsible for supplying information about medicines and for letting the school know of any changes to the prescription or the support needed.
- The school keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- The school has a centralised record on IHC plans, which are reviewed at least annually, or whenever the pupil's needs change.

11. Visits outside school

- Wherever possible, children with medical needs will be encouraged to participate in school trips and activities.
- Reasonable adjustments and additional safety measures may have to be made in order for some activities to be accessible to all pupils.

- Staff taking the lead role in organising school visits must ensure that risk assessments are conducted as part of the planning process to ensure that appropriate provision has been made for pupils with medical needs.

12. Access to the curriculum

- Staff ensure pupils with medical conditions can participate fully in all aspects of the curriculum and that appropriate adjustments and extra support are provided.
- Staff understand that frequent absences or symptoms such as limited concentration and frequent tiredness may be due to a pupil's medical condition.
- Pupils are not penalised for their attendance if their absences relate to their medical condition.
- Pupils with medical conditions may be overseen by the SENCo who will liaise with the parents and any healthcare professionals where appropriate.

13. Management of Allergies

This section of the policy is based on the Allergy UK 'model' policy and has been adapted for Spiral Partnership Trust and the schools & services in our MAT.

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

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

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

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

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

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

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

13.1 Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform reception staff/ School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

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

Pupil Responsibilities

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

13.2 Allergy Action Plans

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

Fleetville School uses the British Society of Allergy and Clinical Immunology (BSACI Allergy Action Plans) to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

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

13.3 Emergency Treatment and Management of Anaphylaxis

What to look for:

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

Mild to moderate allergic reaction symptoms may include:

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

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

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

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

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

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly.

Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

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

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

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

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

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

13.4 Supply, storage and care of medication

The school holds a supply of Piriton (or similar) which can be given in the event of a low level allergic reaction on verbal agreement by parents/carers.

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

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

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

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

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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

13.5 Older children and medication

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

13.6 Storage

AAls should be stored at room temperature, protected from direct sunlight and temperature extremes, and in an easily accessible place at all times.

13.7 Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority (*delete as appropriate*). The sharps bin is kept in the medical room behind reception.

13.8 'Spare' adrenaline auto-injectors in school

Fleetville School has purchased spare **AAls for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of

date). These are stored in a green container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

Fleetville School holds 3 spare pens which are kept in the following location/s:-

Main Reception Office

Faces office (kitchen in main dining room)

The School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

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

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

13.9. Staff Training

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

Polly Gibbs

Eve Templeman

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

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAI) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

13.10 Inclusion and safeguarding

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

13.11 Catering

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

The school menu is available for parents to view in weekly/fortnightly/monthly advance. Parents requiring a medical menu should use the following link to contact the catering provider.

[Edwards and Blake Allergy Menus](#)

Parents will inform the Catering Company directly of any pupil food allergies. This will be monitored by the school First Aider.

(Every school should have a system in place to ensure catering staff can identify pupils with allergies e.g. a list with photographs— include details here of your school system for identifying pupils and who has responsibility for keeping this up to date). Insert the system used by your school.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school events e.g. cake sales, a clear list of ingredients should be displayed.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Any food stuffs used in curriculum activities should be checked against pupils' known allergies.
- Food should not be shared with pupils without parental engagement and permission (e.g. food treats, special food stuffs as part of a cultural lesson).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age. A list of ingredients must be sent home to parents/carers to alert them before consumption by anyone in the household.

13.12 School trips

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

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

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

13.13 Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in

administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

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

13.14. Allergy awareness and nut bans

Fleetville Junior School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

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

13.15 Risk Assessment

Fleetville Junioe School will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

1316. Useful Links

Anaphylaxis UK - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/saferschools-programme/>
- AllergyWise for Schools online training - <https://www.allergywise.org.uk/p/allergywise-for-schools1>

Allergy UK - <https://www.allergyuk.org>

- Resources for managing allergies at school - <https://www.allergyuk.org/living-with-an-allergy/at-school/>

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

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

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



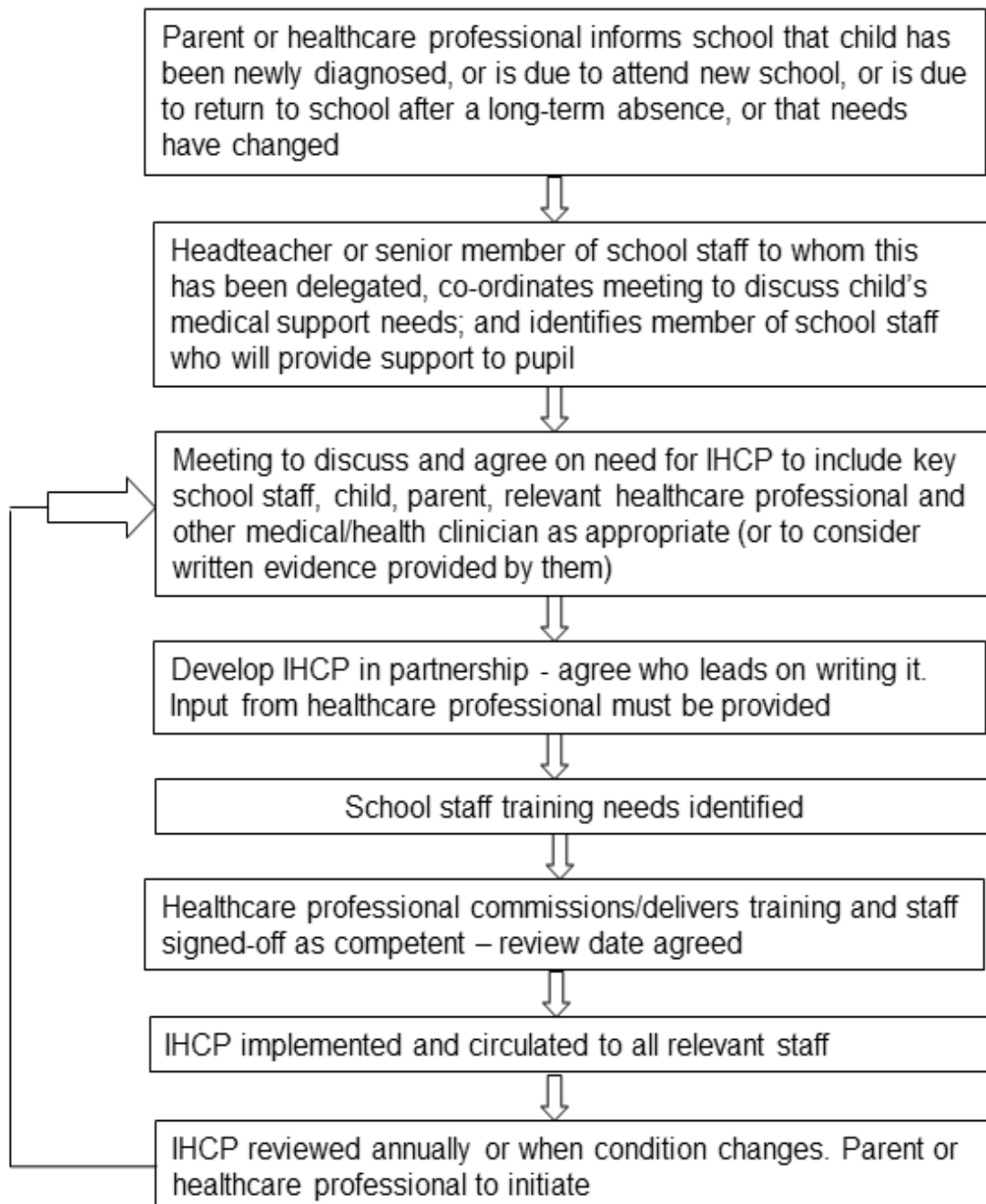
Department of Health Guidance on the use of adrenaline auto-injectors in schools -
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

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

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)
<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Appendix 1

Model process for developing IHC plans



Appendix 2

The school has chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed a reliever inhaler.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting pupils with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school hold a register of children prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupils IHP.

Parents/carers will be informed if their child has used the emergency inhaler.

The school's two employees for ensuring this protocol is followed are **Clare Whitehouse and Eve Templeman** and appropriate support and training has been provided in line with the school's policy on supporting pupils with medical conditions.

Emergency Inhaler – Record of Receipt

On receipt of this emergency inhaler (one inhaler per form), I will ensure that:

- The School/Club maintains an up to date register of children and young people who have been diagnosed with asthma / prescribed a reliever inhaler. A copy of this will be stored with the emergency inhaler to allow staff members to check parental/carers consent in the event of an asthma attack.
- All staff undertake training on how to recognise and respond to an asthma attack and what to do in an emergency.
- The emergency inhaler is only used by children or young people with written parental/carers consent and that this consent forms part of the child or young person's individual health care plan.
- Arrangements for the appropriate supply, storage, care, use and disposal of the emergency inhaler and spacers, following manufacturers instructions.
- There is appropriate support and training for staff in the use of the emergency inhaler in line with the schools wider policy on medical needs.
- The School keeps an effective record of use of the emergency inhaler and informs parents/carers that their child has used the emergency inhaler, in writing.
- Ensuring the emergency inhaler kit/s are up to date and that the number of kits covers the needs of the school (e.g. across different sites) and making appropriate arrangements when taking children and young people who have been prescribed an inhaler off school grounds.
- The inhalers are in date and are replaced before the expiration date.

Lot Number:

Date of expiration:

Signed:

Name:

Date:



Appendix 3: School Asthma Card

SCHOOL ASTHMA CARD:



school_asthma_card_may22_cc_editable



Appendix 4: Use of emergency inhaler letter template

LETTER TO INFORM PARENTS/CARERS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name:

Class:

Date:

Dear.....,

This letter is to notify you that.....has had problems with their breathing today. This happened when

.....
.....
.....

[Please delete as appropriate]

A member of staff helped them to use their own asthma inhaler.

OR

They did not have their own asthma inhaler with them, so a member of staff helped them to use the school's emergency asthma inhaler containing salbutamol. They were given puffs.

OR

Their own asthma inhaler was not working, so a member of staff helped them to use the school's emergency asthma inhaler containing salbutamol. They were givenpuffs. Please contact your doctor urgently to supply an inhaler for your child to use in school.

We strongly advise that you pass this information on to your doctor as soon as possible to see whether your child needs further medical assessment.

Yours sincerely,