



Supporting Pupils with Medical Conditions Policy

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Contents

1. Introduction	3
2. Legislation and statutory responsibilities	3
3. Roles and responsibilities	3
3.1 The Board of Trustees.....	3
3.2 The Head of School.....	3
3.3 Staff	4
3.4 Parents/carers	4
3.5 Pupils	4
3.6 School nurses and other healthcare professionals	4
4. Equal opportunities	5
5. Being notified that a child has a medical condition	5
6. Individual healthcare plans	5
7. Managing medicines	6
8. Controlled drugs.....	7
9. Pupils managing their own needs	7
10. Unacceptable practice	7
11. Emergency procedures	8
12. Training	8
13. Record keeping	9
14. Liability and indemnity	9
15. Complaints	9
16. Monitoring arrangements	9
17. Links to other policies.....	9
Appendix 1 – Being notified a child has a medical condition	10
Appendix 2 – Individual healthcare plan	11
Appendix 3 – Parental agreement for setting to administer medicine	13
Appendix 4 – Record of medicine administered to an individual child.....	16
Appendix 5 – Staff training record – administration of medicines	17
Appendix 6 – Contacting emergency services.....	18
Appendix 7 – Model letter inviting parents to contribute to individual healthcare plan development ...	19
Appendix 8: Anaphylaxis policy	20

1. Introduction

1.1 This policy aims to ensure that:

- a) Pupils, staff and parents understand how our Academies / trust will support pupils with medical conditions
- b) Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

1.2 The trust will implement this policy by:

- a) Making sure sufficient staff are suitably trained
- b) Making staff aware of pupil's condition, where appropriate
- c) Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- d) Providing supply teachers with appropriate information about the policy and relevant pupils
- e) Developing and monitoring individual healthcare plans (IHPs)

1.3 The named person within the Academy with responsibility for implementing this policy is:

Head of School: Mark Clifford

2. Legislation and statutory responsibilities

2.1 This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty to make arrangements for supporting pupils at their school with medical conditions.

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

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

3. Roles and responsibilities

3.1 The Board of Trustees

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

3.2 The Head of School

3.2.1 The Head of School will:

- a) Make sure all staff are aware of this policy and understand their role in its implementation
- b) Ensure that there is a sufficient number of trained staff available to implement this policy

and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations

- c) Take overall responsibility for the development of IHPs
- d) Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- e) Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- f) Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

- 3.3.1 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 medicine.
- 3.3.2 Those staff who take responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.
- 3.3.3 Teachers will consider the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/carers

- 3.4.1 Parents/carers will:
 - a) Provide the Academy with sufficient and up-to-date information about their child's medical needs
 - b) Be involved in the development and review of their child's IHP and may be involved in its drafting
 - c) Carry out any action they have agreed to as part of the implementation of the IHP e.g., provide medicines and equipment

3.5 Pupils

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

3.6 School nurses and other healthcare professionals

- 3.6.1 The school nursing service will notify the Academy when a pupil has been identified as having a medical condition that will require support in the Academy. This will be before the pupil starts

at the Academy, wherever possible.

3.6.2 Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition.

4. Equal opportunities

- 4.1 Our trust is clear about the need to actively support pupils with medical conditions to participate in Academy trips and visits, or in sporting activities, and not prevent them from doing so.
- 4.2 The Academy will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on trips, visits and sporting activities.
- 4.3 Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents, and any relevant healthcare professionals will be consulted.

5. Being notified that a child has a medical condition

- 5.1 When an Academy is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.
- 5.2 The Academy 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 an Academy. See Appendix 1.

6. Individual healthcare plans

- 6.1 The Head of School has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to:
 - a) The Education Placement Team to complete initial paperwork upon pupil admission
 - b) Sarah Wright – trained medicine administration staff
 - c) Assistant Principal: Vulnerable Groups
- 6.2 Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.
- 6.3 Plans will be developed with the pupil's best interests in mind and will set out:
 - a) What needs to be done
 - b) When
 - c) By whom
- 6.4 Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents when an IHP is inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Head of School will make the final decision.
- 6.5 Plans will be drawn up in partnership with the Academy, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

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

6.7 The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Head of School and the named individuals with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- a) The medical condition, its triggers, signs, symptoms and treatments
- b) The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g., crowded corridors, travel time between lessons
- c) 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
- d) 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
- e) 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
- f) Who in the Academy needs to be aware of the pupil's condition and the support required
- g) Arrangements for written permission from parents/carers and the Head of School for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- h) Separate arrangements or procedures required for trips or other activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- i) Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- j) What to do in an emergency, including who to contact, and contingency arrangements

7. Managing medicines

7.1 Prescription and non-prescription medicines will only be administered at the Academy:

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

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

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

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

7.5 The Academy will only accept prescribed medicines that are:

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

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

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

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

8. Controlled drugs

- 8.1 Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.
- 8.2 A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the Academy office and only named staff have access.
- 8.3 Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

9. Pupils managing their own needs

- 9.1 Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parent/carer(s) and it will be reflected in their IHPs.
- 9.2 Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

10. Unacceptable practice

10.1 Academy staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- a) Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- b) Assume that every pupil with the same condition requires the same treatment
- c) Ignore the views of the pupil or their parent/carer(s)
- d) Ignore medical evidence or opinion (although this may be challenged)
- e) Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal activities, including lunch, unless this is specified in their IHPs

- f) If the pupil becomes ill, send them to the Academy office or medical room unaccompanied or with someone unsuitable
- g) Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- h) Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- i) Require parents, or otherwise make them feel obliged, to attend the Academy to administer medication or provide medical support to their pupil, including toileting issues. No parent should have to give up working because the Academy is failing to support their child's medical needs
- j) Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of Academy life, including trips, e.g. by requiring parents to accompany their child
- k) Administer, or ask pupils to administer, medicine in Academy toilets

11. Emergency procedures

- 11.1 Staff will follow the Academy's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.
- 11.2 If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance.
- 11.3 Emergency response to anaphylaxis displayed in staffroom and covered in annual safeguarding training.
- 11.4 Emergency EpiPens and inhalers are kept in office and staff are made aware during the induction process.
- 11.5 Details of the Academy's response to anaphylaxis can be found in Appendix 8

12. Training

- 12.1 Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.
- 12.2 The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- 12.3 The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Head of School. Training will be kept up to date.
- 12.4 Training will:
 - a) Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
 - b) Fulfil the requirements in the IHPs
 - c) Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures
- 12.5 Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or

in providing medication.

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

13. Record keeping

13.1 The trust board will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at the Academy.

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

14. Liability and indemnity

14.1 The trust board will ensure that the appropriate level of insurance is in place and appropriately reflects trust's / Academy's level of risk.

14.2 The Trust is a member of the RPA and all records relating to accident/injury at work are retained in line with the IRMS toolkit advice and guidance.

15. Complaints

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

16. Monitoring arrangements

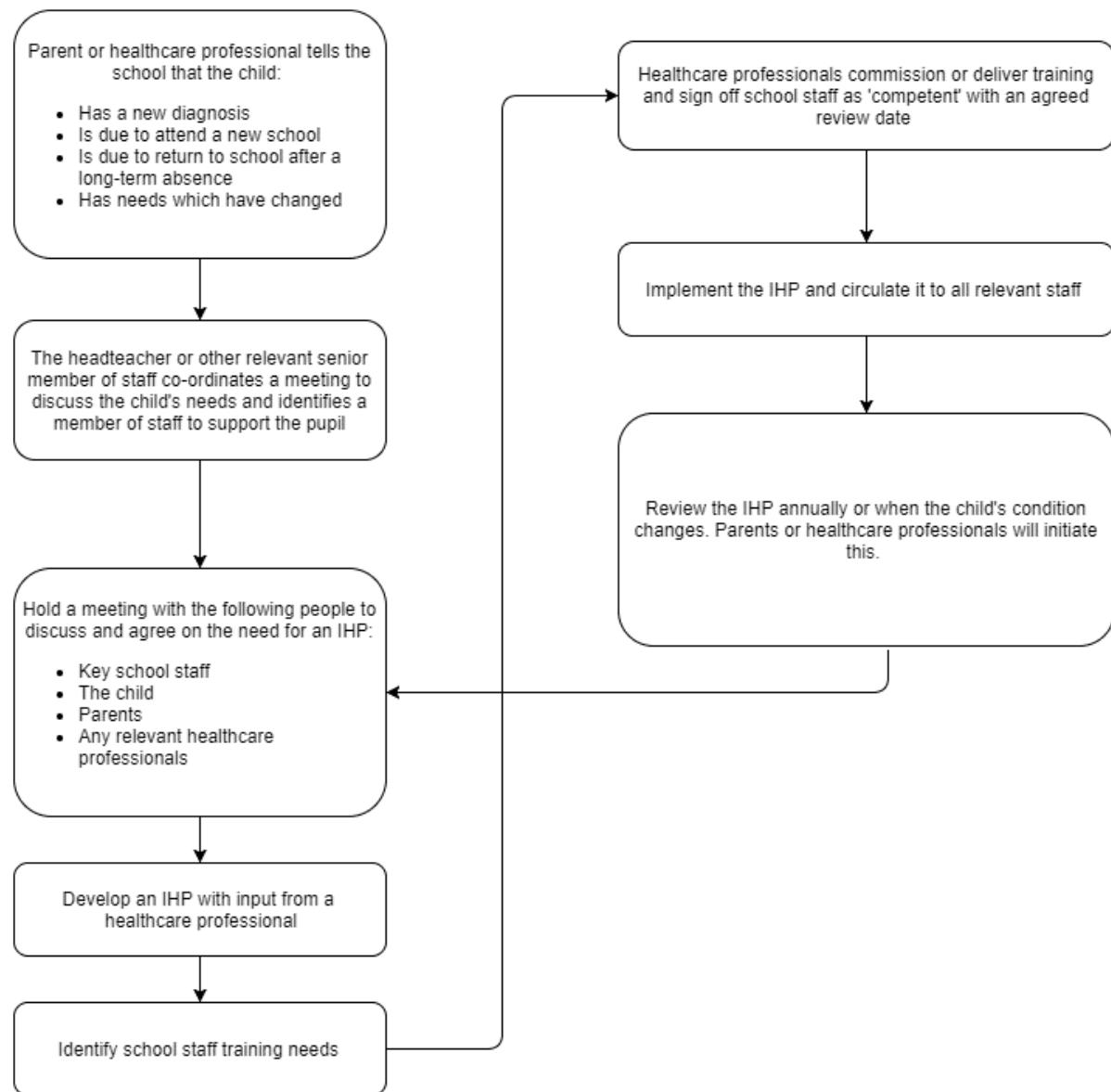
16.1 This policy will be reviewed and approved by the trust Board annually.

17. Links to other policies

17.1 This policy links to the following policies:

- a) Accessibility plan
- b) Complaints
- c) Equality information and objectives
- d) First aid
- e) Health and safety
- f) Safeguarding
- g) Special educational needs information report and policy

Appendix 1 – Being notified a child has a medical condition



Appendix 2 – Individual healthcare plan

Name of Academy/setting
Child's name
Group/class/form
Date of birth
Child's address
Medical diagnosis or condition
Date
Review date

Name of Academy/setting
Child's name
Group/class/form
Date of birth
Child's address
Medical diagnosis or condition
Date
Review date

Family Contact Information

Name
Phone no. (work)
(home)
(mobile)
Name
Relationship to child
Phone no. (work)
(home)
(mobile)

Name
Phone no. (work)
(home)
(mobile)
Name
Relationship to child
Phone no. (work)
(home)
(mobile)

Clinic/Hospital Contact

Name
Phone no.

Name
Phone no.

G.P.

Name
Phone no.

Name
Phone no.

Who is responsible for providing support in the Academy

Who is responsible for providing support in the Academy

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc
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Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision
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Daily care requirements

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

Arrangements for Academy visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 3 – Parental agreement for setting to administer medicine

The Academy/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by

Name of Academy/setting
Name of child
Date of birth
Group/class/form
Medical condition or illness

Medicine

Name/type of medicine
(as described on the container)

Expiry date
Dosage and method
Timing
Special precautions/other instructions
Are there any side effects that the school/setting needs to know about?
Self-administration – y/n
Procedures to take in an emergency

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name

Daytime telephone no.
Relationship to child
Address
I understand that I must deliver the medicine personally to [agreed member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Appendix 4 – Record of medicine administered to an individual child

Name of Academy/setting

Name of child
Date medicine provided by parent
Group/class/form
Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

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

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

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

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

Appendix 4 – Record of medicine administered to an individual child

Name of Academy/setting

For more information, contact the Office of the Vice President for Research and Economic Development at 319-273-2500 or research@uiowa.edu.

Date	Child's name	Time	Name of Dose given medicine	Any reactions of staff	Signature	Print name
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Appendix 5 – Staff training record – administration of medicines

Name of Academy/setting

Name of Academy/setting
Name
Type of training received
Date of training completed
Training provided by
Profession and title

Name

Type of training received

Date of training completed

Training provided by

Profession and title

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Appendix 6 – Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

- a) your telephone number
- b) your name
- c) your location as follows [insert school/setting address]
- d) state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
- e) provide the exact location of the patient within the school setting
- f) provide the name of the child and a brief description of their symptoms
- g) inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- h) put a completed copy of this form by the phone

Appendix 7 – Model letter inviting parents to contribute to individual healthcare plan development

Dear Parent/carer,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

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

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

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

Yours sincerely,

Principal

Appendix 8: Anaphylaxis policy

Contents

1. Introduction
2. Roles and Responsibilities
3. Allergy Action Plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto injectors in school
7. Staff Training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness
12. Risk Assessment
13. Useful Links

1. Introduction

An allergy is a reaction by 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 severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic 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 often include foods, insect stings, or drugs.

Definition: Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

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 not limited to):-

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

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

2. Role and Responsibilities

Parent responsibilities

1. On entry to the school, it is the parent's responsibility to inform First Aider (Reception) staff/ School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
2. 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. Schools nurse/GP/allergy specialist.
3. Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
4. 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

5. 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.
6. 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.
7. 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.
8. First Aiders will ensure that the up to date Allergy Action Plan is kept with the pupil's medication.
9. It is the parent's responsibility to ensure all medication is in date however the First Aider (Reception) will check

medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

10. First Aider (Reception) staff keep a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

11. 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.
12. Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy Action Plans

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines

in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

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

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

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

- swelling of the mouth or throat
- difficulty swallowing or speaking
- difficulty breathing
- sudden collapse / unconsciousness
- hives, rash anywhere on the body
- abdominal pain, nausea, vomiting
- sudden feeling of weakness
- strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- **life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face)

etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all

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. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

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

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- Remove trigger if possible (e.g. Insect stinger)
- Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh
- through clothing if necessary)
- **CALL 999 and state ANAPHYLAXIS**
- If no improvement after 5 minutes, administer second adrenaline auto-injector
- If no signs of life commence CPR
- Phone parent/carer as soon as possible

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

5. Supply, storage and care of medication

(Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/ container).

For younger children or those assessed as 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 rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

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

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

Older children and medication

Older children and teenagers should, whenever possible, assume complete responsibility for their emergency kit under the responsibility of their parents.

However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

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

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in First Aider (Reception).

6. 'Sp are ' ad ren aline au t o in je ct or s in sch oo l

Denewood Academy has purchased spare **adrenaline auto-injector (AAI) devices 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 box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

Denewood Academy has 2 spare pens which are kept in the following location/s:-

First Aider (Reception)

First Aider (Reception) staff are 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 AAIs is included in the pupil's Allergy Action Plan.

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

7. Staff Training

A. K. Higginson and S. Boden are the named staff members responsible for co-ordinating all staff anaphylaxis training and the upkeep of the school's anaphylaxis policy.

A Healthcare professional will conduct a practical anaphylaxis training session at the start of every new academic year.

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

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAIs) 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
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

8. Inclusion and safeguarding

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

9. Catering

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

The school menu is available for parents to view in weekly with all ingredients listed and allergens highlighted on the school website.

First Aider (Reception) will inform the Catering Manager of pupils with food allergies.

(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)

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 canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Foods containing nuts are discouraged from being brought in to school.
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

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

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

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

Sporting Excursions

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

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

11. Allergy awareness

Denewood Academy supports the approach advocated by The Anaphylaxis Campaign and Allergy 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 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.

12. Risk Assessment

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

Template Risk Assessment

13. Useful Links

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

- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>

- AllergyWise training for Healthcare Professionals
<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>

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

- Whole school allergy and awareness management (Allergy UK)
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

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

Official guidance relating to supporting pupils with medical needs in schools:
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

Education for Health <http://www.educationforhealth.org>

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>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)

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