

# NEWSTEAD WOOD SCHOOL

Avebury Road, Orpington, Kent BR6 9SA



## Supporting Students with Medical Needs including Allergens and Children with Health Needs who Cannot Attend School Policy

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|-----------------------------------------|--------------|
| <b>Review Body:</b>                     | LGB          |
| <b>Leadership Group Responsibility:</b> | Headteacher  |
| <b>Type of Policy:</b>                  | Statutory    |
| <b>Review Period:</b>                   | Annually     |
| <b>Reviewed:</b>                        | October 2026 |
| <b>Next Review:</b>                     | October 2027 |

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| <b>Context</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <p>This policy was developed in consultation with parents/carers, staff and students and has regard to:</p> <ul style="list-style-type: none"><li>• Statutory Guidance: Supporting students at school with medical conditions – DfE – December 2015</li><li>• Section 100 of the Children and Families Act 2014 and associated regulations</li><li>• The Equality Act 2010</li><li>• The SEND Code of Practice (updated 2020)</li><li>• Benedict's Law</li></ul> |
| <b>Headteacher: Mrs Hannah Dalton</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p>The named member of school staff responsible for this medical condition policy and its implementation is:</p> <p><b>Name: Amy Norris</b></p> <p><b>Role: Director of Wellbeing and Safeguarding</b></p>                                                                                                                                                                                                                                                       |
| <b>Governor with responsibility for Medical Needs: Mrs Jenny Wilkins</b>                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>This policy will be reviewed annually</b>                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>Agreed by Governing Body:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Review date: October 2027</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |

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## Part One: Supporting Pupils with Medical Needs Policy

**This policy is to be read in conjunction with our:**

- SEND Policy
- Safeguarding policy
- Equality Policy
- Behaviour and Anti Bullying policies
- Health and Safety Policy
- Complaints Policy

### **Aims and Objectives**

#### **Aim**

To ensure that all students with medical conditions, in terms of both their 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.

#### **Objectives**

- To establish a positive relationship with parents and carers, so that the needs of the student can be fully met
- To work in close partnership with health care professionals, staff, parents and students to meet the needs of each student
- To ensure any social and emotional needs are met for students with medical conditions
- To minimise the impact of any medical condition on a student's educational achievement
- To ensure that a Health Care Plan is in place for each student with a medical condition and for some students who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively
- To ensure as little disruption to our students' education as possible

- To develop staff knowledge and training in all areas necessary for our students
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive school.

## **Roles and Responsibilities**

### **The Governing Body**

- The overall implementation of the Supporting Students with Medical Conditions Policy and procedures of Newstead Wood School.
- Ensuring that the Supporting Students with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all students with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting students with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual students and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

### **The Headteacher**

- The day-to-day implementation and management of the Supporting Students with Medical Conditions Policy and procedures of Newstead Wood School.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensuring that all supply staff are aware of the policy and are briefed on individual student needs where appropriate
- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a student's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support students in line with this policy.
- Contacting the school nursing service in the case of any student who has a medical condition.

### **Staff Members**

- Taking appropriate steps to support students with medical conditions.
- Where necessary, making reasonable adjustments to include students with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.

- Undertaking training to achieve the necessary competency for supporting students with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a student with a medical condition needs help.
- Being fully aware of who is a named staff member responsible for administering injections.

**There is no legal duty which requires staff members to administer medication; this is a voluntary role.**

#### **Parents/Carers/Guardians**

- Parents have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement for school to administer medicine form before bringing medication into school (see Annex 1).
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the school nurse or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carer's responsibility to make sure that their child is well enough to attend school.

#### **The Student**

- Students are often best placed to provide information about how their condition affects them.
- Students should be fully involved in discussions about their medical needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan.
- Students who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- Where possible, students will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- If students refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, students will be encouraged to take their own medication under the supervision of a teacher.

#### **Local Authorities**

- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.

- Local authorities should work with schools to support students with medical conditions to attend full-time.
- Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

### **Individual Health Care Plans (See Annex 2)**

- An Individual Healthcare Plan is a document that sets out the medical needs of a student, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans will depend on the complexity of the student's condition and the degree of support needed. This is important because different students with the same health condition may require very different support.
- Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the student. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the student and their parents.
- Plans should be reviewed at least annually or earlier if the student's needs change. They should be developed in the context of assessing and managing risks to the student's education, health and social well-being and to minimise disruption. Where the student has a special educational need, the individual healthcare plan should be linked to the student's statement or EHC plan where they have one.
- Parents will receive a copy of the Health Care Plan with the originals kept by the school.

### **Medicines**

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the student to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the student must complete and sign a parental agreement for a school to administer medicine form.
- No student will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a student is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the student to involve their parents while respecting their right to confidentiality.
- No student under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks' supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.

- All medicines must be stored safely. Students should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away.
- Any medications left over at the end of the course will be returned to the students' parents.
- Students with asthma are encouraged to carry their inhalers with them. However, a spare inhaler should also be kept in the school office or classroom. Students with diabetes are encouraged to keep medication close to hand. They are able to take high energy snacks when needed and at any point in the day.
- Written records will be kept of any medication administered to children. An example can be found in Annex 3.
- Students will never be prevented from accessing their medication.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- 4 Automated External Defibrillators (AEDs) are located onsite, 2 by the medical room, 1 on the outside wall of the Sports Hall and 1 in the DT block. AEDs are designed to be used by anyone, regardless of training level. The AED analyses the victim's heart rhythm and advises the user to deliver a shock if it's needed.
- Newstead Wood School cannot be held responsible for side effects that occur when medication is taken correctly.

### **Educational Visits**

- We actively support students with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a student's medical condition will impact on their participation. Arrangements will always be made to ensure students with medical needs are included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.
- A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that students with medical conditions are included. This will require consultation with parents and students and advice from the school nurse or other healthcare professional that are responsible for ensuring that students can participate. A copy of the student's health care plan should be taken with the student on an Educational Visit.
- The trip leader must also ensure that medication such as inhalers and epi-pens are taken on all school trips and given to the responsible adult that works alongside the student throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the school in case of an emergency.
- The school will refer to the OEAP National Guidance documents on First Aid (4.4b) and Medication (4.4d) to ensure suitable provision at the planning stage of every trip.
- The trip leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the group and ensuring that any student with a specific medical condition has access to prescribed medicine whilst on the trip.

### **Staff Training**

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a student with medical needs must have received suitable training. It is the responsibility of the Headteacher to lead on identifying with health specialists the type and level of training required and putting this in place. The school nurse

or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific student.

- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support students with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting students with medical conditions.
- It is important that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example)
- Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should provide specific advice, nor be the sole trainer.

### **Emergency Procedures**

- Medical emergencies will be dealt with under the school's emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail
  - What constitutes an emergency
  - What to do in an emergency
  - Ensure all members of staff are aware of emergency symptoms and procedures
  - Other students in school should know to inform a teacher if they think help is needed

If a student needs to be taken to hospital, a member of staff will remain with the student until a parent arrives.

### **Unacceptable Practice**

**As outlined in the DfE statutory guidance.**

Although school staff should use their discretion and judge each case on its merits with reference to the student's individual healthcare plan, it is not generally acceptable practice to:

- prevent students from easily accessing their inhalers and medication and administering their medication when and where necessary
- assume that every student with the same condition requires the same treatment
- ignore the views of the student or their parents; or ignore medical evidence or opinion (although this may be challenged)
- send students with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the student becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise students for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent students from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent

should have to give up working because the school is failing to support their child's medical needs

- prevent students from participating or create unnecessary barriers to students participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

## **Complaints**

Please refer to the school's complaint's policy.

## **Other Considerations**

### **Defibrillators**

The governing body will ensure the local NHS ambulance service has been notified of its location.

### **Emergency Inhalers**

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. The protocol for the use of the emergency inhaler is based on - [Guidance on the use of emergency salbutamol in schools \(DoH, 2015\)](#). The emergency salbutamol inhaler should only be used by students, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The inhaler can be used if the student's prescribed inhaler is not available (for example, because it is broken, or empty).

## **United**

## **Learning**

### **Allergy and Anaphylaxis Management Code of Practice**

- **Scope**

- This Code of Practice forms part of the health and safety arrangements detailed in the 'United Learning Group Health and Safety Policy.' It provides further details on the measures required to meet statutory and group requirements in relation to allergy management.
- The Code of Practice should be read in conjunction with the:
  - Health and safety Policy - [Here](#)
  - First Aid code of Practice - [Here](#)

- Supporting Pupils with Medical Needs and Children with Health Needs who cannot attend School Policy - [Here](#)
- Food Safety Policy - [Here](#)
- **Interpretation**
  - The following definitions apply to this document:
    - **Allergy** – An allergy is the response of the body’s immune system to normally harmless substances. These do not cause any problems in most people, but in allergic individuals the immune system identifies them as ‘allergens’ and produces an inappropriate ‘allergic’ response. This can be relatively minor, such as localised itching, but it can also be much more serious, causing anaphylaxis which can lead to breathing problems and collapse.
    - **Anaphylaxis** - Anaphylaxis is a severe, potentially life-threatening allergic reaction that can develop rapidly. It is also known as anaphylactic shock. It is caused by a sudden release of chemical substances including histamine, from cells into the blood and the tissues where they are stored. The release is triggered by the reaction between the allergic antibody (IgE) and the substance (allergen). This mechanism is so sensitive that minuet quantities of the allergen can cause a reaction. It should always be treated as a medical emergency.
    - **Adrenaline Auto Injector (AAI)** – A device to administer an injection of adrenaline which should be given as soon as possible when anaphylaxis is suspected. People with known anaphylaxis will have an auto injector.
    - **Onset** - The time of onset of the anaphylactic reaction is the time when symptoms were first noticed. It is important that this time is accurately recorded. A reaction can happen within minutes and almost invariably within 60 minutes.
- **Background**
  - The UK has some of the highest prevalence rates of allergic conditions in the world with over 20% of the population affected by one or more allergic disorders.
  - Around 2-5% of children in the UK live with a food allergy, and most school classrooms will have at least 1 allergic pupil. These young people are at risk of anaphylaxis which requires an immediate emergency response.
  - 20% of serious allergic reactions to food happen whilst a child is at school. It is therefore essential that staff recognise the signs of an allergic reaction and are able to manage it safely and effectively.
- **Duty of Care**
  - Schools have a legal duty to support pupils with medical conditions, including allergy.

- They must adhere to legislation and guidance on caring for pupils with medical conditions, including the administration of allergy medication and adrenaline auto-injectors. See references.
- **Allergy Action Plan**
  - These plans have been designed to facilitate first aid treatment of anaphylaxis, to be delivered by people with or without any special medical training nor equipment, apart from access to adrenaline autoinjectors when trying to support people in a medical emergency.
  - The plans are medical documents and should be completed by the Child/ Young person's healthcare professional in partnership with parents and carers. The plans are designed to function as Individual Healthcare Plans for children and young people at risk of anaphylaxis.
  - The plan should include First Aid procedures for the administering of adrenaline. Allergy action plans include a consent for parents / legal guardians to sign, authorising the administration of AAls in their child when required.
  - All leaders and any third-party providers should have access to emergency contact and emergency procedure details where appropriate to manage emergency situations related to allergies.
- **Individual Healthcare Plans**
  - These plans are drawn up in partnership between the school, parents/carers, and relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or paediatrician, who can best advise on the particular healthcare needs of a child/young person. Pupils should also be involved whenever appropriate.
  - The aim should be to capture the steps which a school should take to help the child/young person manage their specific condition and overcome any potential barriers to getting the most from their education.
  - Where a child/young person's health issues related only to their allergy, the Allergy Action Plan can function as their Individual Healthcare Plan.
- **Causes of anaphylaxis**
  - The causes of anaphylaxis can be food, insect stings, medication, substances, and latex.
  - **Idiopathic anaphylaxis** is when there is no obvious trigger despite extensive testing.
  - **Food** that can cause an anaphylactic reaction:
    - Eggs

- Fish
  - Milk
  - Crustaceans- for example crabs, lobster, crayfish, shrimp, and prawns.
  - Molluscs- for example muscles, oysters, and squid.
  - Peanuts
  - Tree nuts - for example almonds, hazelnuts, walnuts, Brazil nuts, cashews, pecans pistachios and macadamia nuts.
  - Sesame
  - Cereals containing gluten – for example wheat, such as spelt, Khorasan wheat/ Kamut, rye, barley, oats, or their hybrid strains.
  - Soybeans
  - Celery and celeriac.
  - Mustard
  - Lupin
  - Sulphur dioxide and sulphites (at concentrations of more than ten parts per million).
- **The Food Information Regulations 2014** require all food businesses, including school caterers, to show allergen ingredients information for the food they serve. This makes it easier to identify the food that pupils with allergies can and cannot eat.
  - **The Food Information (Amendment) (England) Regulations 2022** cover the labelling requirements for prepacked food for direct sale (PPDS). It includes food that is packaged at the same place it is offered or sold to consumers and is in this packaging before it is ordered or selected. It can include food that consumers select themselves (e.g. from a display unit), as well as products kept behind a counter and some food sold at mobile or temporary outlets.
  - **Pharmaceutical products** that can cause anaphylaxis such as:
    - Antibiotics – particularly penicillin like antibiotics.
    - Muscle relaxants used in surgery.
    - Non-steroidal anti-inflammatory drugs (NSAIDs).
  - **Substances** – such as hair dyes and latex. Not limited to.
  - **Training**
    - Designated first aiders will need to have specific training on anaphylaxis and understand their responsibilities in this regard.
    - The government has started consultation for new statutory guidance. [Stronger protections for children with allergies in school - GOV.UK](#). The new statutory requirements

will mean for the first time schools must provide allergy awareness training for all staff covering:

- Recognition of symptoms
- Emergency response and the use of adrenaline devices
- Alongside improved incident recording and lessons learnt processes
  
- The use of the auto injectors is now in all accredited first aid at work courses and staff should demonstrate they can use a training auto injector as part of practical training.
- It is good practice to have two named members of staff responsible for coordinating allergy management and updating local procedures. All staff should be trained on what to do in the event of an allergic reaction.
- Training should be refreshed annually, and any new staff should be trained on induction. Acting fast is key in reducing the risk of a serious allergic reaction.
  
- **Medicines Management**
  - Students should carry two AAI's with them at all times where safe to do so by risk assessment.
  - If the student is unable to carry AAI's themselves (e.g. primary) the medication should be stored safely, but easily accessible in an emergency.
  - It should be labelled for identification of each pupil i.e. their name and photograph and allergy action plan.
  - If it is stored away in an emergency, it should be brought to them, they must not be told to go to the room it is stored in for it to be administered.
  - It is the parents' responsibility to check expiry dates; however good practice is for schools to schedule their own checks of medication.
  - The dose of an AAI varies according to weight as a child grows the correct dose may change.
  
- **Risk of stigmatisation**
  - It is important that allergic pupils are not stigmatised discriminated against, for example where safe to do so they should not be separated at meals times or excluded from class activities (unless specified in their allergy plan). Drawing attention to their allergy could result in bullying by other pupils, so inclusivity and overall awareness amongst pupils is vital.

- **Risk assessment**
  - Staff should also identify activities where a child may be at risk, for example outdoors and food-based activities and ensure activities are properly planned and all medical needs are assessed and managed.
- **Staff with medical conditions relating to allergies.**
  - Staff who have allergic conditions should be supported to ensure they can manage their condition safely and effectively and that first aid support would be available if required in a life-threatening emergency.
- **Spare Adrenaline Autoinjectors (AAI's) in schools**
  - All schools must stock spare adrenaline autoinjectors for use in emergency situations.
  - Since 2017, schools have been legally able to directly purchase AAI's from a pharmaceutical supplier such as a local pharmacist for emergency use on children who are at risk of anaphylaxis, but whose own device is not available or not working.
  - A supplier e.g. pharmacist will need a request containing the name of the school, the purpose it is required for, the quantity and be signed by the head teacher.
  - Schools may administer their "spare" AAI's, obtained, without prescription, for use in emergencies, if available, to a pupil at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.
  - Regulation 238 of the Human Medicines Regulations 2012 also allows for exceptional use in medical emergencies to save a life. [AAI HMR238 Clarification Dr P Turner.pdf](#). This could be in a lifesaving situation where a child has an unrecognised allergy.
  - AAI's 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 and say anaphylaxis, 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.
- **Catering contractors**
  - Staff should refer to their supplier's catering policy in relation to contractor due diligence, managing specific dietary needs, safe food options and preventing cross contamination.

- **Insects' stings and allergies**
  - Insect stings (i.e. bees and wasps) can cause allergies in some children. Special care needs to be taken outdoors such as wearing shoes at all times and making sure any food and drink is properly covered. Staff supervising activities must ensure suitable medication including AAI's is always on hand for the management of anaphylaxis.
- **Monitoring**
  - As with any other element of health and safety management, all support plans and first aids needs should be regularly reviewed and monitored.
- **Signs and Symptoms Anaphylaxis**
  - Different people can have different symptoms, so it is very important staff are familiar with their specific action plan. A reaction can happen in minutes. The person may not necessarily experience all the symptoms below:
    - **Upper airway** - swelling of the tongue and mouth, difficulty swallowing, Stridor (loud harsh high pitched respiratory sound), cough.
    - **Lower airway** - respiratory wheeze, tight chest, shortness of breath
    - **Circulation** - increased heart rate, irregular or abnormal heartbeat, loss of blood pressure
    - **Skin** - itching, urticaria (hives, welts, or nettle rash), flushing, oedema (swelling due to fluid retention).
    - **Gastrointestinal** - crampy abdominal pain, diarrhoea, nausea, or vomiting.
    - **Central nervous system** - light headedness, loss of consciousness, confusion, headache, anxiety.
    - **Pelvic area** - pelvic pain, loss of bladder control.
    - **Other** - swelling of the conjunctiva, runny nose, a strange metallic taste in the mouth.
  - **The overriding concern must be protecting the airway.** Although the casualty is in shock, they may appear flushed.
- **First aid Anaphylaxis**
  - The Government has provided a guidance document for the use of AAIs in schools - see references. It is however very important that staff are familiar with each individual child's triggers and response.
  - Some staff and pupils may carry their own medication that has been prescribed for them. If an individual needs to take their own prescribed medication, first aiders should support them and contact the emergency services as appropriate.
  - Anaphylaxis should always be treated as a medical emergency.

- It is extremely important to gather as much information as possible when making an assessment of the casualty whether adult or student:
  - Signs and symptoms - what you can see and what they feel.
  - Allergies - what are they allergic to.
  - Medication - what medication do they have if any.
  - Previous history - has it happened before or is this the first time.
  - Last oral intake - when and what did they last eat or drink.
  - Event history - what happened – has the casualty deteriorated.
  
- The 2025 Resus Guidelines have been updated:
 

<https://www.resus.org.uk/professional-library/2025-resuscitation-guidelines/first-aid-guidelines#medical-emergencies>
  
- The new guidelines state to suspect anaphylaxis if someone has:
  - Breathing difficulties that can range from noisy breathing (stridor) due to upper airway swelling to wheezing due to lower airway obstruction.
  - Flushing, rash (hives), cold or clammy skin or feeling faint.
  - Abdominal pain, vomiting, or diarrhoea.
  - A recent exposure to known food allergens or insect stings.

If anaphylaxis is suspected guidelines state:

- Call 999.
- Ensure that the person is lying down unless there are breathing difficulties, in which case they may sit up with their legs extended.
- Remove the trigger if known and possible.
- Intramuscular adrenaline should be given (either self-administered or by trained individuals) as soon as possible via AAI into the outer thigh, which delivers the recommended dose.
- If symptoms persist five minutes after administration, give a second dose of adrenaline, ideally **in the opposite leg**.
- A second dose may also be required if the symptoms reoccur.
- **\*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\* Adrenaline is the GOLD standard in the treatment of anaphylaxis and its administration should not be delayed. When treating anaphylaxis, it should be noted that there are NO contraindications for the use of adrenaline.**
- It is very important that you tell the **999 operator - ANAPHYLAXIS** - This will make it a priority call. Call them even if the person feels better.

- 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.
- If they become unresponsive place them in the recovery position and be prepared to resuscitate them if they stop breathing normally.

- **Asthma**

- Given asthma attacks can be triggered by allergens we have included some key aspects of management in this code of practice.
- Asthma triggers include common irritants and allergens, including respiratory infections (like colds and flu), pollen and dust mites, pet dander, air pollutants (including smoke), exercise, certain weather conditions (cold or dry air), and strong emotions or stress. Identifying and avoiding these personal triggers is crucial for managing asthma and preventing severe attacks.
- From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies.
- The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.
- The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty)
- Keeping emergency inhalers has many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child and potentially save their life. Parents are likely to have greater peace of mind about sending their child to school.
- Having a protocol that sets out how and when the inhaler should be used will also protect staff by ensuring they know what to do in the event of a child having an asthma attack.
- 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.

- 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, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed.
- A supplier will need a request signed by the principal or head teacher (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 should consider keeping more than one emergency asthma kit, especially if covering more than one site, to ensure that all children within the school environment are close to a kit.
- It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring all documentation and checks are in place

- **Signs and symptoms of an asthma attack**

- These include:
- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Being unusually quiet
- The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)
- Difficulty in breathing (fast and deep respiration)
- Nasal flaring
- Being unable to complete sentences
- Appearing exhausted
- A blue / white tinge around the lips
- Going blue

- **First Aid Asthma Attack**

- **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
- Responding to signs of an asthma attack:

- Keep calm 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 child while inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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
- 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.
- Recording use of the inhaler and informing parents/carers:
- Use of the emergency inhaler should be recorded. This should include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom.
- Supporting pupils requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP.

## Students who Cannot Attend School Policy

### Rationale

The Government's policy intention is that all children, regardless of circumstance or setting should receive a good education to enable them to shape their own futures. Therefore alternative provision and the framework surrounding it should offer good quality education on par with that of mainstream schooling, along with the support students need to overcome barriers to attainment. This support should meet a student's individual needs, including social and emotional needs, and enable them to thrive and prosper in the education system.

### Introduction

Newstead Wood School aims to support the Local Authority (LA) in ensuring that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential. Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, students should receive their education within their school and the aim of the provision will be to reintegrate students back into school as soon as they are well enough. We understand that we have a continuing role in a student's education whilst they are not attending school and will work with the LA, health, other statutory agencies and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

Students who are unable to attend school as a result of their medical needs may include those with:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues.
- Emotional difficulties or school refusal.
- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

This policy operates in conjunction with the following policies:

- Attendance Policy
- Safeguarding and Child Protection Policy
- Data Protection Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Supporting Students with Medical Conditions Policy (above)

## **Aims**

This policy aims to ensure that:

- Suitable education is arranged for students on roll who cannot attend school due to health needs.
- Students, staff and parents understand what the school is responsible for when the Local Authority is providing this education.

## **Local Authority Responsibilities**

Local Authorities are responsible for arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are students in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.

The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated. Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they

consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

### **Responsibilities of the school**

The school will ensure:

- Arrangements for students who cannot attend school as a result of their medical needs are in place and are effectively implemented.
- The termly review of the arrangements made for students who cannot attend school due to their medical needs.
- Roles and responsibilities of those involved in the arrangements to support the needs of students are clear and understood by all.
- Robust systems are in place for dealing with health emergencies and critical incidents, for both on and off-site activities.
- Staff with responsibility for supporting students with health needs are appropriately trained.
- Reviewing this policy on an annual basis.

The staff member with responsibility for supporting students with health needs is Amy Norris.

### **Reintegration**

When reintegration is anticipated, the school will work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the student to access the same curriculum and materials that they would have used in school as far as possible
- Enable the student to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made

### **Attendance Registers/School Roll**

The Academy will only remove a student who is unable to attend school because of additional health needs from the school roll where:

- The student has been certified by a Medical Officer as unlikely to be in a fit state of health to attend school, before ceasing to be of compulsory school age;
- Neither the student nor their parent has indicated to the school the intention to continue to attend the Academy, after ceasing to be of compulsory school age.

A student unable to attend school because of their health needs will not be removed from the Academy register without parental consent and certification from the Medical Officer, even if the LA has become responsible for the student's education.

### **Examinations**

The named member of staff will liaise with the alternative provision provider over planning and examination course requirements where appropriate. Relevant assessment information will be provided to the alternative provision provider if required. Awarding bodies may make special arrangements for students with permanent or long-term disabilities and learning difficulties, or

temporary disabilities and illnesses. Applications for such arrangements will be submitted by the Academy, or LA if more appropriate, as early as possible.

### **Relevant Documents**

Supporting students with medical conditions – DfE – December 2015

<https://www.gov.uk/government/publications/supporting-students-at-school-with-medical-conditions--3>

Section 100 – Children and Families Act 2014

<http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

The Equality Act 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

The SEND Code of Practice – 2015 (updated 2020)

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Health Conditions in Schools Alliance – this site has Individual Healthcare Plan information for specific conditions

<http://medicalconditionsatschool.org.uk/>

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3>

<https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools>

<https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses#allergens>

<https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools>

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

<https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-schools-colleges-and-nurseries>

<https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds>

<https://www.gov.uk/government/publications/standards-for-school-food-in-england>

[https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency\\_inhalers\\_in\\_schools.pdf](https://assets.publishing.service.gov.uk/media/5a74eb55ed915d3c7d528f98/emergency_inhalers_in_schools.pdf)

