



Supporting Pupils with Medical Conditions

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Our Vision and Ethos

Nishkam schools are Sikh ethos multi faith schools that take a distinctive approach to many traditional faith schools. The Nishkam School Trust education model is led by virtues such as, compassion, humility, service, contentment, optimism, trust and forgiveness. Virtues are prevalent throughout our teaching and learning model and are modelled by our pupils, staff and teachers. Our pupils explore the divine context of humanity and wonder of all creation and also learn from the wisdom of all religions and in doing so explore the infinite human potential to do good unconditionally. We support all pupils and staff to develop aspects of their own religious, spiritual or human identities. In service of God, we pray for guidance in this endeavour and forgiveness for the errors we may make.

1. Aims

To ensure that;

- Pupils, staff and parents understand how our school will support pupils with medical conditions, so they can play a full and active role in school life;
- Remain healthy and achieve their academic potential and allowing them to access the same education as other pupils, including school trips and sporting activities;
- To ensure the needs of children with medical conditions are effectively supported in consultation with health and social care professionals, their parents and the pupils themselves;
- Minimise the risk of any pupil suffering serious allergic reaction whilst at school or attending any school related activity and ensure that staff are properly prepared to recognise and manage serious allergic reactions should they arise..

1.1 Allergies

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

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

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

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on Trust Board to make arrangements for supporting pupils at their school with medical conditions.

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

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

3. Roles and responsibilities

3.1 The Trust Board

The Trust Board has ultimate responsibility to make arrangements to support pupils with medical conditions across the Trust. Although the Trust delegates certain duties to as outlined below, the Trust Board is still accountable for making sure the Trust is compliance with the requirements in the above legislation and guidance,

The Trust Board will also determine and approve this policy.

3.2 CEO

The CEO will:

- Oversee and support the School Leader of each school in carrying out their duties
- Highlight any issues found across the Trust to the Board of Trustees

3.3 Local governing bodies

Local governing bodies of each school will:

- Monitor that there is a sufficient number of trained staff available in their school
- Monitor that records of children's medical needs, including individual healthcare plans (IHPs) and medicines that have been administered are kept up to date
- Review how well this policy is locally applied and make recommendations to the board of trustees as necessary
- Support and challenge the School Leader to make sure that all children with medical conditions are supported to ensure their fullest participation in all aspects of school life

3.4 The School Leader

- Make sure all staff are aware of this policy and understand their role in its implementation;
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), Allergy Action Plans (AAP's), including in contingency and emergency situations;
- Take overall responsibility for the development and review of IHPs and AAP's;
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way;
- Assess training needs and commission necessary training in line with trust procedures
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse;
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date;
- Make sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed on their responsibilities

3.5 Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- All school based staff will complete anaphylaxis training, this will be provided annually and adhoc for new members of staff. Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

- Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known medical conditions and/or allergies as an allergic reaction could occur at any time and not just at mealtimes.
- Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication.
- Pupils unable to produce their required medication will not be able to attend the excursion.
- School First Aider will ensure that the up-to-date individual healthcare plans (IHPs) or Allergy Action Plan (AAP) is kept with the pupil's medication. It is the parent's responsibility to ensure all medication is in date however the School First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- School First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

3.6 Parents

On entry to the school, it is the parent's responsibility to inform the school office of any medical conditions including allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.

Provide a copy of their child's individual healthcare plans (IHPs) or Allergy Action Plan (AAPs). If a plan is required (based on guidance from a healthcare professional), this should be developed as soon as possible in collaboration with the school/healthcare professional/allergy specialist.

Carry out any action they have agreed to as part of the implementation of the IHP or AAP e.g. provide medicines (in date and replace as necessary) and equipment, and ensure they or another nominated adult are contactable at all times

3.7 Pupils

- Pupils with medical conditions will often be best placed to provide information about how their condition affects them.
- Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs or AAP's. They are also expected to comply with their IHPs or AAP's.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3.6 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP or AAP's

Healthcare professionals, such as GPs and paediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs or AAP's

4. Equal opportunities and inclusion

Our Trust is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The Trust will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

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

4.2 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.

The school will conduct an individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe.

5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP or AAP. This process will be followed by all schools in the Trust.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

6. Individual Healthcare Plans or Allergy Action Plans

The School Leader has overall responsibility for the development of IHPs or AAP's for pupils with medical conditions and allergies. This has been delegated to a member of the School Leadership Team (SLT).

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

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

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

- What needs to be done
- When
- By whom

Not all pupils with a medical condition/ allergy will require an IHP or AAP. It will be agreed with a healthcare professional and the parents when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the School Leader will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The School Leader and individual responsible for developing and maintaining IHP's and AAP's , will consider the following when deciding what information to record on the plans:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required;
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition;
- What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing medicines

Prescription and non-prescription medicines will only be administered at school:

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

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

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

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

The school will only accept prescribed medicines that are:

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

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

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

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

7.1 Controlled drugs

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

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 school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

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

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP or AAP and inform parents so that an alternative option can be considered, if necessary.

7.3 Adrenaline Auto Injector (AAI's)

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

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

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

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

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aider 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 AAIs their child is prescribed, to make sure they can get replacement devices in good time.

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

Storage - AAI's should be stored at room temperature, protected from direct sunlight and temperature extremes.

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

'Spare AAI's'

Additional AAI's are kept on site for emergency use in children who are at 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 secure container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed. Written parental permission for use of the spare AAI's 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.

7.4 Unacceptable practice

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents;
- Ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs;
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child;
- Administer, or ask pupils to administer, medicine in school toilets;

8. Emergency procedures including emergency treatment of Anaphylaxis

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

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

8.1 Emergency treatment of Anaphylaxis

What to look for:

- Symptoms usually come on quickly, within minutes of exposure to the allergen.
- Mild to moderate allergic reaction symptoms may include:
 - a red raised rash (known as hives or urticaria) anywhere on the body
 - a tingling or itchy feeling in the mouth
 - swelling of lips, face or eyes
 - stomach pain or vomiting.

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

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

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

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

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds. What does adrenaline do?

- It opens up the airways
 - It stops swelling
 - It raises the blood pressure
- As soon as anaphylaxis is suspected, adrenaline must be administered without delay.

Action:

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

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

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

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/fortnightly/monthly advance with all ingredients listed and allergens highlighted. The First Aider will inform the Catering Manager of pupils with food allergies. The school have a system in place to ensure catering staff can identify pupils with allergies.

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 8 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).

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.

Allergy awareness and nut bans

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

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

10. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Principal/ Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils;
- Fulfil the requirements in the IHPs;

- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

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

Anaphylaxis 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 AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

11. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

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

12. Liability and indemnity

The Trust Board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

We will ensure that we are a member of the Department for Education's risk protection arrangement (RPA).

13. Complaints

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

14. Monitoring arrangements

This policy will be reviewed and approved by the Trust Board every two years.

15. Links to other policies

This policy links to the following policies:

- Food Policy
- Complaints
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy