



## SETTLEBECK SCHOOL

# SUPPORTING STUDENTS WITH MEDICAL CONDITIONS POLICY AND PROCEDURES

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## 1. Definitions

For the purposes of this document a child, young person, student or student is referred to as a 'child' or a 'student' and they are normally under 18 years of age.

Wherever the term 'parent' is used this includes any person with parental authority over the child concerned e.g. carers, legal guardians etc.

Wherever the term 'Headteacher' is used this also refers to any Manager with the equivalent responsibility for children.

Wherever the term 'school' is used this refers to Settlebeck School Academy Trust

## 2. Statement of Intent

The governing body of Settlebeck School has a statutory duty (under section 100 of the Children and Families Act 2014), to ensure arrangements are in place to support students with medical conditions.

The aim of this Policy and procedures is to ensure that all students with medical conditions, in terms of both physical and mental health, receive appropriate support allowing them to play a full and active role in school life, remain healthy, have full access to education including physical education, schools' sports, and physical activity (PESSPA), and achieve their academic potential. It is based on the Department for Education (DfE) document '*Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England*', will be reviewed student regularly, and made accessible to students, parents, staff, and other adults as appropriate.

This school is committed to ensuring parents feel confident that effective support for their child's medical condition will be provided and that their child will feel safe at school.

We recognise that there are also social and emotional implications associated with medical conditions and that students can develop emotional disorders, such as self-consciousness, anxiety, and depression, and be subject to bullying. This policy aims to minimise the risks of students experiencing these difficulties.

Long-term absences as a result of medical conditions can affect educational attainment, impact integration with peers, and affect wellbeing and emotional health. This policy contains procedures to minimise the impact of long-term absence and effectively manage short-term absence.

Some students with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. This school has a duty to comply with the Act in all such cases.

Some students with medical conditions may also have Special Educational Needs and/or Disabilities (SEND) with an Education, Health, and Care (EHC) plan in place bringing together provision to manage all of them. For these students, this Policy should be read in conjunction with our SEND Policy and the DfE statutory guidance document '*Special Educational Needs and Disability: Code of Practice 0-25 Years*'.

To ensure that the needs of our students with medical conditions are fully understood and effectively supported, we consult with health and social care professionals, students, and their parents.

### **3. Organisation**

#### **3.1 The Governing Body**

The whole governing body and not any one person is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support students with medical conditions in school. Governors will ensure that:

- students with medical conditions can access and enjoy the same opportunities as any other student.
- No student with a medical condition is denied admission because arrangements to manage their medical condition have not been made.
- No student's health is put at unnecessary risk and will reserve the right not to accept a student into school at times where it would be detrimental to the health of that student or others to do so e.g., when the student has an infectious disease.
- Work with the LA, health professionals, commissioners, and support services to ensure that students with medical conditions receive a full education is effective.
- Students are reintegrated effectively following long-term or frequent absence.
- The focus is on the individual needs of each student and what support is required to support them.
- Parents/carers and students can be confident in the school's ability to provide effective support.
- All members of staff are properly trained to provide the necessary support and are able to access information and other teaching support materials as needed., plans, procedures, and systems are properly and effectively implemented.
- Our Lead Governor for supporting students at school with medical conditions is Elliot Hartley, SEND Governor

#### **3.2. Headteacher**

The Head teacher has a responsibility to ensure this Policy is developed and implemented effectively with partners. They have overall responsibility for the development of IHCPs and will implement arrangements to ensure that:

- this Policy is effectively communicated and implemented with all stakeholders.
- all staff are aware of this Policy and procedures and understand their role;
- enough staff are trained and available to implement this policy, carry out the procedures, and deliver against all individual healthcare plans (IHCPs), including in emergency situations;
- staff are appropriately insured and aware of the insurance arrangements;
- recruitment needs for the specific purpose of ensuring students with medical conditions are properly supported are considered;
- there is a named person (usually the SENDCo) who will liaise with the LA, parents, and other professionals in relation to children with health needs;
- professional medical support is sought where a student with a medical condition requires support that has not yet been identified.

#### **3.3. School Staff**

Every member of school staff:

- may be asked to provide support to students with medical conditions, including the administering of medicines, but are not required to do so;
- should consider the needs of students with medical conditions in their lessons or other work when managing risks or when deciding whether or not to volunteer to administer medicines;

- will receive enough training to achieve the required level of competency before taking specific responsibility for supporting students with medical conditions;
- will know the signs when a student with a medical condition needs help and what to do in response.

### **3.4 Students**

Students with medical conditions are often best placed to provide information about how they affect them. All students should:

- be fully involved in discussions about their medical support needs if they have any;
- contribute to the development of their IHCP, if they need one, and follow it;
- be sensitive to the needs of all students with medical conditions.

### **3.5 Parents and Carers**

Parents and carers are key partners in the success of this Policy and should:

- notify the school if their child has a medical condition;
- provide enough up-to-date information about their child's medical needs;
- be involved in the development and review of their child's IHCP;
- carry out any agreed actions in the IHCP;
- ensure that they, or another nominated adult, are contactable at all times.

### **3.6 School Nurses**

The school nursing service should:

- notify school at the earliest opportunity, when a student has been identified as having a medical condition requiring support in school;
- support staff to implement IHCPs and provide advice and training;
- liaise with lead clinicians locally on appropriate support for students with medical conditions.

### **3.7 Integrated Care Boards (ICBs)**

The role of ICBs is to:

- ensure commissioning is responsive to students' needs, and that health services are able to cooperate with schools supporting students with medical conditions;
- make joint commissioning arrangements for education, health, and care provision for students with SEND;
- are responsive to LAs and schools looking to improve links between health services and schools;
- provide clinical support for students who have long-term conditions and disabilities;
- ensure that commissioning arrangements provide the necessary ongoing support essential to ensuring the safety of vulnerable students.

### **3.8 Other healthcare professionals**

Other healthcare professionals, including GPs and paediatricians should:

- notify the school nurse when a child has been identified as having a medical condition that will require support at school;
- provide advice on developing IHCPs;
- provide or signpost the provision of relevant specific support in the school for children with particular conditions, e.g., asthma, diabetes, anaphylaxis, and epilepsy.

### **3.9 Providers of health services**

Providers of health services will need to cooperate with school, including ensuring good communication, liaising with the school nurse and other healthcare professionals, and participating in outreach training.

### **3.10 Local Authorities**

Our Local Authority (LA):

- commissions school nurses for local schools;
- promotes co-operation between relevant partners;
- makes joint commissioning arrangements for education, health, and care provision for students with SEND;
- provides support, advice and guidance, and suitable training for school staff, ensuring that IHCPs can be effectively delivered;
- works with the school to ensure that students with medical conditions can attend school full-time.

Where a student is away from school for 15 days or more (whether consecutively or across a school year), the LA has a duty to make alternative arrangements, as the student is unlikely to receive a suitable education in a mainstream school.

### **3.11 Ofsted**

Ofsted inspectors will consider how well the school meets the needs of the full range of students, including those with medical conditions. Key judgements are informed by the progress and achievement of students with medical conditions, alongside students with SEND, and also by students' spiritual, moral, social, and cultural development.

## **4. Arrangements and Procedures**

### **4.1 Notification that a student has a medical condition**

When the school is notified that a student has a medical condition that requires support in school, the SENDco will be informed and will initiate the procedure described in the Flowchart: Developing an IHCP.

For a student starting at this school in the ordinary September intake, arrangements will be in place before they arrive and will be informed by their previous educational and/or care setting (if any).

For a student who joins this school mid-term or is an existing student with a new diagnosis, we will work to ensure arrangements are put in place within two weeks.

For students leaving this school to attend another educational setting, we will appropriately inform the setting they are moving to of the student's needs during the transition process.

School does not have to wait for a formal diagnosis before providing support to a student because in some cases their medical condition may be unclear or there may be a difference of opinion. The Headteacher will make judgements based on all available evidence (including medical evidence and consultation with parents or carers).

### **4.2 School Attendance and Re-integration**

After a period of absence through ill health, hospital education or alternative provision there will be a period of integration which will vary for each child but in principle we will:

- have an early warning system to inform the LA when a child becomes at risk of missing education for 15 days in any one school year due to their health needs e.g. our regular attendance reviews informed by our knowledge of students' potential vulnerabilities;
- take steps to facilitate a child successfully staying in touch with school while they are absent e.g. email, invitations to school events, approved and supervised phone, video chat or direct contact by classmates or staff.
- plan for consistent provision during and after a period of education outside the school and who/what services are available to support us to do this – for example in what ways can we ensure as far as possible, that the absent child can access the curriculum and materials they would have used in school.
- make any reasonable adjustments to provide suitable access for the child as required on equalities legislation.

We will also consider the emotional needs of children who require re-integration and that such re-integration may not always be as a result of an absence but could be as the result of a serious or embarrassing incident at school.

We are fully committed to providing an individually tailored re-integration plan for each child whether for absence or a serious incident. The plan will be devised in consultation with the child, parent and other professionals, making reasonable adjustments to provision where necessary. The school has a strong working relationship with the LA SEND and Inclusion teams and will liaise accordingly where it becomes apparent that attendance is being affected by the child's health needs. The school is committed to ensuring that re-integration takes account of both physical and emotional needs and will ensure this is dealt with sensitively.

### **4.3 Individual Healthcare Plans (IHCP)**

The school, healthcare professionals and parents or carers will agree, based on evidence, whether an IHCP is required for a student, or whether it would be inappropriate or disproportionate to their level of need. If no consensus can be reached, the Head teacher makes the final decision.

The IHCP is a working document that will help school effectively support a student with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assesses and manage identified risks to their education, health and social wellbeing and minimise disruption.

An IHCP will cover:

the medical condition, its triggers, signs, symptoms and treatments;

- the medical condition, its triggers, signs, symptoms and treatments;
- the student's needs, including medicine (dose, side-effects and storage) and other treatments, time, facilities e.g. need for privacy, equipment, testing, access to food and drink (where this is used to manage their condition), dietary requirements and environmental issues (dust, pollen, crowds, distance between lessons etc.);
- specific support for the student'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 etc.;
- the level of support needed, including emergencies;
- whether a child can self- manage their medicine and how this can be supported;



- who will provide necessary support, their training needs, expectations of their role and confirmation of their proficiency to carry out effectively.
- cover arrangements for when named supporting staff are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Head teacher for medicines to be administered by a member of staff, or self-administered by the student during school hours or activities,
- arrangements for written permission from parents and the Headteacher for the school supply of emergency salbutamol or adrenaline to be administered by a member of staff, or self-administered by the student in an emergency during school hours or activities;
- separate arrangements or procedures required for school trips and activities e.g., risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including who to contact, and contingency arrangements.
- who in the school needs to be aware of the child's condition and the support required;

If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP. IHCPs are easily accessible to those who need to refer to them, but confidentiality is preserved. IHCPs are reviewed at least annually, when a child's medical circumstances change, or following an incident, whichever is sooner. When an IHCP update is made, the SENDCo should trigger a review of associated information e.g., school insurance arrangements if it is a new medical procedure, or the asthma register recording parental consent to administer the school's emergency inhaler if consent is newly given or withdrawn. Where a student has an EHCP, the IHCP is linked to it or becomes part of it. Where a child has SEND but does not have an EHCP, their SEND should be mentioned in their IHCP.

Where a child is returning from a period of hospital education, alternative provision, or home tuition, we work with the LA and education provider to ensure that their IHCP identifies the support the child needs to reintegrate (see section 4).

#### **4.4 Students Managing their own Medical Conditions**

After discussion with parents, students who are competent to manage their own health needs are encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

To facilitate this, wherever possible, students will be allowed to carry their own medicines and relevant devices or, if not, they will be able to access them for self-medication quickly and easily.

If a student refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

If a student with a controlled drug passes it to another person for use, this is a criminal offence and appropriate disciplinary action will also be taken (see the School Behaviour Policy).

#### **4.5 Training**

Any member of school staff providing support to a student with medical needs will receive suitable training to fulfil their role. A first-aid certificate does not constitute appropriate training for

supporting students with medical conditions except for aspects included through specific 'bolt on' training that the provider is competent to deliver e.g., use of adrenaline auto-injectors (AAI).

Staff will not undertake healthcare procedures or administer medicines without appropriate training.

Staff training needs will be assessed through the development and review of IHCPs, on a termly basis for all school staff, and when staff leave, or a new staff member arrives.

Through training, staff will have the competency and confidence to support students with medical conditions and fulfil the requirements of IHCPs. It will help them understand the medical condition(s) they are asked to support, their implications, and any preventative measures that must be taken.

**All staff will undergo 'whole school awareness' training** on induction and regularly to be delivered at school by the Headteacher. It will cover:

- current school Policy on supporting students with medical conditions;
- the role of staff in implementing it;
- whether any of our students have been diagnosed with asthma, diabetes, anaphylaxis, epilepsy, or another medical condition they need support with, and our duty to be ready to support as yet undiagnosed students;
- how to spot a student experiencing an emergency;
- what to do in an emergency;
- how to find more information and resources.

**Staff who administer simple oral or topical medicines will undergo 'administration awareness' training.** It will cover:

- an awareness of school procedures around Fabricated or Induced Illness (FII);
- whether different procedures apply in different locations and where to find the written checklist displayed in each one;
- hygiene requirements e.g., washing hands before handling medicines, using a clean measuring device for oral medicine liquids, ensuring containers are clean before they are stored again; washing hands between each student if administering to more than one;
- pre-administration checks e.g., having the correct record sheet and checking the medicine has not already been administered, the child's identity, child's medicine (including that the dosage, frequency etc. on any IHCP matches the prescription label), expiry date of medicine, that storage instructions have been adhered to (i.e., if it should be refrigerated that it was in the fridge) etc.;
- procedures for administration e.g., whether the child self-administers, the minimum assistance or supervision required (as described in the IHCP), what should be done with used administration devices (spoons, oral syringes, sharps etc.), what to do if something goes wrong or a child refuses a medicine etc.;
- recording procedures.

**Designated staff will undergo 'specific awareness' training** on induction to relevant tasks and regularly to manage a specified condition, administer complex medicines, or carry out medical procedures to be delivered by an appropriately competent healthcare professional.

We will look to ensure it covers:

- responding appropriately to a request for help from another member of our staff;
- administering the medicines or procedures;
- recognising when emergency action is necessary;
- making appropriate records; and

- ensuring parents are informed

If no other record of training is made, we will make one.

The family of a child will often be key in providing relevant information about how a child's needs can be met. If families provide specific advice they will never be relied on as the sole source of advice.

#### **4.6 Supply staff**

Supply staff will be:

- provided with access to this policy and procedures;
- informed of all relevant medical conditions of students they will have a responsibility for;
- covered under the school's insurance arrangements.

#### **4.7 Managing Medicines**

Medicines are only to be administered at school when we have been instructed to by a relevant medical professional or a parent or carer **and** it would be detrimental to the student's health or school attendance not to do so. Such medicines can be prescription or non-prescription.

Other policy decisions on the administration of medicines which staff must follow include that:

- Students under 16 must not be given prescription or non-prescription medicines without their parent's written consent, except when it has been prescribed without parents' knowledge. School will encourage the student to involve their parents while respecting their right to confidentiality.
- Students under 16 must not be given a medicine containing aspirin unless prescribed by a doctor.
- the NHS recommends that all children avoid all herbal medicines due to the dangers that the unregulated market poses to buyers, so they will not be administered by school staff without the agreement of a medical professional.
- Pain relief should not be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief has been given.
- The repercussions of staff administering an under dose or overdose of a student's medicines to them should be identified from the patient information sheets that come with them and be specifically drawn to the attention of staff to include what they should do next if they are worried a mistake has been made.
- School can only accept medicines that are in-date, labelled, in the original container as dispensed by a pharmacist or sold over the counter and which contain instructions for administration, dosage and storage. Pre-loaded medicines like salbutamol cannisters and adrenaline or insulin auto-injectors must still be in date but can be accepted in the dispenser rather than the packaging.
- Parents must be informed any time medicines are administered that is not as agreed in an IHCP.
- All medicines must be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food when in an airtight and clearly labelled container. Access to the fridge holding medicines is restricted and if large quantities will be kept, school will consider purchasing a suitable lockable fridge.

- Students should know where their medicines are at all times and are able to access them immediately, whether in school or off-site. Where relevant, students are informed of who holds the key to the relevant storage facility.
- When medicines are no longer required, they are returned to parents for safe disposal. Sharps boxes are always used for the disposal of needles and other sharps.
- The school asthma inhaler(s) for emergency use is/are stored in the SSC and School Office and their use is recorded. Inhalers are always used in line with medical guidance.
- Records must be kept of all medicines administered to individual students.

### ***Controlled drugs***

The supply, possession, and administration of some medicines e.g., methylphenidate (Ritalin) are strictly controlled by the Misuse of Drugs Act 1971 and its associated regulations and are referred to as 'controlled drugs'. They will be managed as follows:

- Delivered and collected daily by a parent or carer to or from a named member of staff unless this is unreasonable or managed by agreement through a home-to-school transport provider.
- Stored in a non-portable container which only named staff members have access; however, these drugs will be easily accessible in an emergency.
- Staff can administer a controlled drug to a student for whom it has been prescribed and they should do so in accordance with the prescription instructions and in front of a suitable adult witness.
- A record must be kept of the administration of controlled drugs in the same way as other medicines but with the legible signature/initials of the staff administering them and the witness.

## **4.8 Record Keeping and retention**

School will keep a record of all medicines administered to individual students stating what, how and how much was administered, when and by whom. Any side effects the student experienced or refusal.

Where a student has a course of or on-going medicine(s) they will have an individual record sheet for each medicine completed and signed by a parent.

Where the medicine is a controlled drug, their individual record sheets will allow for the signature of a second witness to the administration. Details of receipts and returns will be recorded on the administration record sheet.

Where a student is given a medicine as a one-off e.g. pain relief, it will be recorded on a general record sheet along with such medicines administered to other children

To ensure that only eligible and appropriately identified students are given the emergency salbutamol inhaler, school will keep a register of such students in each emergency asthma kit.

To ensure that only eligible and appropriately identified students are given the school's emergency salbutamol asthma reliever inhaler, a register of such students will be kept in each emergency kit.

When a student is given the school emergency inhaler, it will be recorded on the relevant general record card in the relevant kit. Parents should be informed about use of an asthma reliever inhaler using the Letter: Emergency Salbutamol Inhaler.

When a student has needed to use the school emergency AAI, parents will be informed immediately by telephone or another agreed instant communication method, and a record made.

Records relating to the administration of medicines by school staff are classed as school records as opposed to student records. Consent forms should be held in a separate file to the student file and can be held together. These consent forms should not be transferred to the next school or setting and is why they should be kept separate from the student personal file.

It is generally recommended that records for the administration of medicines signed by school staff should be held for 2 years from the date of the last entry on the sheet.

Individual child records of medicines administered by school staff can be securely destroyed once the child has left the school and should be held in a file separate to the student's personal file. Again, these administration records should not be transferred to the next or subsequent school or other educational setting.

#### **4.9 Emergency Procedures**

Medical emergencies will be handled under the school's emergency procedures.

Where an IHCP is in place it should detail:

- what constitutes an emergency; and
- what to do in an emergency.

Students will be involved in age and developmentally appropriate ways in our emergency procedures.

If a student needs to be taken to hospital, a member of staff will remain with the student until their parents or carers arrive, where possible. This may mean that they will need to go to hospital in the ambulance, where staffing allows.

#### **4.10 Salbutamol Inhalers**

Asthma is a long-term condition that affects the airways (the tubes that carry air into and out of the lungs) and usually causes symptoms such as coughing, wheezing, and breathlessness. As many as 1 in every eleven children has asthma. If someone with asthma comes into contact with one of their asthma triggers, it can make their symptoms worse and even bring on an asthma attack making it difficult to breathe.

Now that the Human Medicines (Amendment) (No.2) Regulations 2014 allow (but do not require) schools to keep a salbutamol asthma reliever inhaler for use in an asthma emergency, governors have decided that keeping a supply will currently benefit students significantly.

- The administration of reliever inhalers will be carried out in accordance with staff training.
- An asthma registers of all students prescribed a reliever inhaler will be kept [state location] and will be checked as part of initiating the emergency response.
- Where a student has been prescribed a reliever inhaler, this will be recorded on their IHCP with an indication of whether they can responsibly carry the device and self-administer it correctly.
- Whether use of a child's own asthma reliever inhaler should be recorded and reported to parents will be made clear in the IHCP/asthma plan.
- Consideration will be given to preventing and managing an asthma attack when planning all school activities on and off-site.
- School has X emergency salbutamol inhaler kits in the SSC and School Office and procedures in place to administer, maintain, and dispose of them safely.
- **Our decision to hold an emergency asthma kit does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**

- A copy of the asthma register including consent to administer the school emergency salbutamol will be held with each school asthma emergency kit.
- Designated staff will be trained in how to administer the school emergency inhaler and other staff will be trained in how to seek their help in an asthma emergency.
- Parents will be informed whenever their child has used the school emergency inhaler.

#### **4.11 Allergens**

Exposure to an allergen can cause an allergic reaction resulting in life threatening anaphylaxis where the resultant swelling can stop someone from breathing. Allergens can be found in foods like shellfish, eggs, dairy etc., objects like dye in clothing, latex etc., insect stings and bites, or in the air like pollen, dust, mould, animal dander etc.

##### **4.11.1 School Meals**

Our in-house meals provider assures us that they adhere to all allergen requirements and their staff are suitably trained and made aware of all potential allergens in the foods they provide. They have undertaken to:

- liaise directly with us and take the student IHCPs that we share into account when planning menus and allergen management;
- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, label foods they prepack, and keep a copy of the ingredient information on labels of pre-packed foods e.g. sauces, desserts etc.;
- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage;
- ensure allergen information is kept up to date e.g. if foods purchased are changed or products substituted.

Information is passed to the kitchen team to make sure all dietary requirements and food intolerances are met and catered for. Children with food allergies have an IHCP which is shared as necessary to inform menus and practices.

When setting up or reviewing a child's IHCP, part of the process includes appropriate information sharing, such as dietary restrictions, with the kitchen team and others. Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes;
- handling requests for allergen information;
- properly labelling all foods they prepack;
- how cross contamination can occur and how to prevent it;
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

#### **4.11.2 Steps to reduce anaphylaxis risks**

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks, and lunch boxes provided by parents for children 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, parents should check the appropriateness of foods by speaking directly to the cook in charge. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on 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.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g., wheat-free flour for play dough or cooking), non-food containers for egg cartons.
- Careful planning for out-of-school activities such as sporting events, excursions (e.g., restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).
- Careful planning for on-site and off-site activities involving potential exposure to other allergens like animal dander, latex, pollen etc.

#### **4.12 Day Trips, Residential Visits and Sporting Activities**

Through development and communication of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities.

Before an activity takes place, a risk assessment will be conducted to identify what reasonable adjustments should be made to enable students with medical conditions to have equality of access. Advice is also sought from students, parents/carers, and relevant medical professionals.

A student will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

##### **4.12.1 Home to School Transport**

While it is the responsibility of the LA to ensure student safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a student's IHCP that school has prepared.

The LA *must* know if a student travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a student with a life-threatening medical condition rests with the school in consultation with the parents. In some cases, it may be appropriate to share elements of the student's IHCP with the transport operator.

#### **4.12.2 Defibrillators**

Sudden cardiac arrest is when the heart stops beating and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe and this school has one as part of our first aid equipment.

This school has an Automated External Defibrillator (AED) as part of our first aid equipment on main foyer and the community does not have access to it.

We followed government recommendations in the DfE guide Automated external defibrillators (AEDs) in schools, current at the time we got it regarding the type of machine, kit, location, installation, signage, and systems of access we needed.

There is a monitoring and maintenance schedule to ensure we spot when the automatic testing detects a fault or when consumables like pads, or batteries etc. need to be replaced.

AEDs are designed to be used by someone without any specific training and by following step-by-step instructions on the device. Designated school staff have been given access to the instructions and an appropriate briefing on our procedures for using the AED.

The emergency services will always be called where an AED is used on a person or requires using.

The local NHS and ambulance service have been notified of its location.

#### **4.13 Unacceptable Practice**

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children 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 medicine 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; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

#### **4.14 Insurance**

School staff who agree to support students at school with their medical conditions and administer medicines are appropriately insured by the governing body to do so when they are acting in accordance with our policies and their training given the circumstances they faced at the time. The Insurance Policy wording is available on request.

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process.

Every IHCP review must consider whether current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

#### **4.15 Complaints**

Should parents or students be dissatisfied with the support provided they should discuss their concerns directly with Mrs Sarah Campbell, Headteacher in the first instance. If, for whatever reason, this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure, details of which can be located on the school website.

If the issue remains unresolved, the complainant has the right to make a formal complaint to the DfE