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Introduction

At Weald of Kent Grammar Academy Trust (Weald), we take the individual needs of all students seriously. We understand that children with medical conditions have varying and particular needs. The school will endeavour to ensure that all students have access to all available opportunities. We seek to include parents, carers and students themselves in the processes that affect them. We recognise that children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children.

The aim of this policy is to “ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential” (Supporting pupils at school with medical conditions, DfE, p.5).

On 1 September 2014 a new duty came into force for governing bodies to make arrangements to support pupils at school with medical conditions. The school abides by the following guidance and statutory requirements:

- Children and Families Act 2014 (Section 100)
- Supporting students at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England, DfE, 2017
- 0-25 SEND Code of Practice, DfE, 2015
- Mental Health and behaviour in schools: departmental advice for school staff, DfE, 2014
- Equalities Act 2010
- Schools Admissions Code, DfE, 2014
- Health and Safety at Work Act 1974
- Education Regulations 2014

This policy should be read in conjunction with the following school policies:

- SEN and Inclusion

- Safeguarding
- Attendance
- Admissions
- Educational Visits
- Health and Safety

1. Definitions of medical conditions

Students' medical needs may be broadly summarised as being of two types.

Short-term medical conditions may affect a student's participation at school for example, if they have been prescribed a course of medication.

Long-term medical conditions potentially limit a student's access to education and requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well, including monitoring and intervention in emergency circumstances.

It is important that parents feel confident that the school will provide effective support for their child's medical condition and that students feel safe.

Some children with medical conditions may be considered disabled. In this case, the Board of Trustees must comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have an Education, Health and Care Plan (EHCP). Where this is the case, this policy should be read in conjunction with the 0-25 SEND Code of Practice and the school's SEN Policy and the individual healthcare plan will become part of the EHCP.

2. Roles and Responsibilities

2.1 The statutory duty of the Board of Trustees and the content of this policy

The Board of Trustees remain legally responsible and accountable for fulfilling their statutory duty for supporting students at school with medical conditions. The Board of Trustees of Weald fulfil this by:

- Ensuring that arrangements are in place to support students with medical conditions. In doing so the Board will ensure that such children can access and enjoy the same opportunities at school as any other child.
- Taking into account that many medical conditions may affect quality of life or may be life-threatening and ensuring the focus is on the needs of each individual child.
- Ensuring that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, the Board will ensure that students' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so.
- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies and systems are properly implemented.
- Ensuring that this policy is reviewed and maintained according to statutory guidance.
- Ensuring that the school policy covers:
 - arrangements for children who are competent to manage their own health needs and medicines;

- the roles and responsibilities of those involved with supporting students with health needs and the training of staff;
- emergency situations;
- the completion of written records regarding medical needs;
- protocols and guidance regarding inclusion on school trips and other non-classroom based activities;
- making acceptable and unacceptable practice clear; and
- complaints procedures.

2.2 The Headteacher

The statutory duty and legal responsibility for making arrangements for supporting students at school with medical conditions rests with the Board of Trustees. The Trustees have conferred the following functions of the implementation of this policy to the staff below.

The overall responsibility for the implementation of this policy is given to the Headteacher. The Headteacher will be strategically responsible for ensuring that sufficient staff are suitably trained and will ensure cover arrangements in cases of staff absences or staff turnover are such that someone is always available and on-site with an appropriate level of training. The Headteacher will also be responsible for ensuring that key staff (DSL, School Nurses) brief supply teachers, prepare risk assessments for school visits, and other school activities outside of the normal timetable, and for the monitoring of individual healthcare plans.

2.3 School Staff

All staff who play a role in supporting students with medical needs should have read and understood this policy, in conjunction with 'Supporting students at school with medical conditions: statutory guidance for governing bodies of maintained schools and proprietors of academies in England', DfE, 2015.

The School Nurse(s) will be responsible in conjunction with parents, carers and other staff for drawing up, implementing and keeping under review the individual healthcare plan for students and making sure relevant staff are aware of these plans. The School Nurses will be the initial and lead contact point for First Aid, health and medical referrals.

There are a number of staff across both campuses who are trained in First Aid. The school nurse/s hold the list of First Aiders.

All members of staff are expected to show a commitment and awareness of children's medical conditions and the expectations of this policy. All members of staff must read and understand the individual healthcare plans of the students they have regular contact with, or supervise, for example on trips and visits.

2.4 Parents and Carers

Parents and carers should provide the school with sufficient and up-to-date information about their child's medical needs. They may be the first to notify the school that their child has a medical condition. Parents are key partners and should be involved in the development and review of their child's individual healthcare plan (IHP).

They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Though the school will monitor drug and medicine expiry dates, it is the responsibility of the parents and carers to ensure that access to in-date medication is available for school use. The school will not administer medicines that are out of date. Parents and carers should support the school in the disposal of out of date medication.

In the event of a new diagnosis, or a change in medical condition, it is the responsibility of the parent/carer to inform the school.

Finally, parents and carers have a legal responsibility to ensure their child attends school when they are fit to do so.

2.5 Students

Students with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan (IHP).

If, after discussion with the parent/carer, it is agreed that the child is competent to manage his/her own medication and procedures, s/he will be encouraged to do so. This will be reflected in the IHP. Wherever possible children will be allowed to carry their own medicines and relevant devices. Alternatively the student will be able to access their medication for self-medication quickly and easily.

Students' medicines will be securely stored in the Student Services medicine cabinets or fridges to ensure that the safeguarding of other children is not compromised.

The School recognises that children who take their medicines themselves and/or manage procedures may require an appropriate level of supervision. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a student fails to arrive for essential medicine at a particular time that they are expected, we will send a member of staff to find them if it is felt that their health or IHP is at risk. If a child is taking low level medication to support general health but that does not constitute a risk to their health or IHP, then an adult may not be available to find them.

If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP. This will be entered into the medicine record and parents will be informed so that alternative options can be considered.

2.6 Local authorities

Local authorities are commissioners of school nurses for maintained schools and academies in Kent. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners such as governing bodies of maintained schools, proprietors of academies, clinical commissioning groups and NHS England, with a view to improving the well-being of children with regard to their physical and mental health, and their education, training and recreation.

The local authority will work with the school 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.

Providers of health services should co-operate with schools that are supporting children with medical conditions. They can provide valuable support, information, advice and guidance to schools, and their staff, to support children with medical conditions at school.

The Ofsted inspection framework places a clear emphasis on meeting the needs of disabled children and students with SEN and considering the quality of teaching and the progress made by these

students. Inspectors are already briefed to consider the needs of students with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met.

The most recent DfE Guidance – *Arranging education for children who cannot attend school because of health needs* – places a responsibility upon the local authority to provide education for those pupils who have not attended school for fifteen days or more (section 19 of the Education Act). It is the school's responsibility to inform the local authority of such cases.

3. Procedures for Supporting Students with Medical Needs

3.1 Admissions and attendance

For children being admitted to Weald for the first time, the school will make their best endeavours to have appropriate arrangements in place for the start of the relevant school term. Parent/carers have the responsibility to provide sufficient and up-to-date information to enable the school to do so. The school may arrange a pre-visit to the child's current educational setting prior to admission.

On admission to the school, all parents and carers will receive an online medical form to complete and return to school. The 'Parental Agreement for Staff to Administer Medicine' form is available on the school website.

A completed medical form that outlines medical needs will initiate a Healthcare plan.

We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all students' health is not put at unnecessary risk from, for example infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

In the event of a new diagnosis, or a student enrolling at Weald during the school year, the school will make every effort to ensure that initial arrangements are put in place within two weeks.

We will ensure that staff are properly trained and supervised to support students' medical conditions and will be clear and unambiguous about the need to support students with medical conditions to participate in all aspects of school life.

We will make arrangements for the inclusion of students in activities and school visits with any adjustments available, unless evidence from a clinician (such as a GP) states that this is not possible.

3.2 Diagnosis and evidence of Medical Needs

The school does not have to wait for a formal diagnosis before providing support to students.

It is our policy to request evidence and information regarding diagnoses to ensure that the best and safest support can be accessed.

In cases where Access Arrangements for examination are requested, a medical letter, confirmation of access needs or diagnosis is necessary. This is not sufficient on its own as evidence and the SENCos must give further evidence that the requested access is in line with the student's usual way of working (Joint Council for Qualifications guidance).

In cases where a student's medical condition is unclear, or where there is a difference of opinion, judgements will be based on available evidence and consultation with parents and carers. Where evidence conflicts, some degree of challenge may be necessary to ensure that the right support can be put in place. In these cases, a Healthcare Plan can still be put in place.

In cases where a school Designated Safeguarding Lead (DSL) feels there may be reason to question a diagnosis due to the safety of the child, for example medically unexplained symptoms or perplexing presentations, (<https://childprotection.rcpch.ac.uk/wp-content/uploads/sites/6/2021/03/Perplexing-Presentations-FII-Guidance.pdf>) they will seek the advice of Children's Services and can call on the advice of medical professionals without a parent's permission. Likewise, if the DSL is concerned that a parent/carer is not seeking medical support and this may constitute neglect, then the DSL will seek advice from Children's Services.

3.3 Individual Healthcare Plans

Individual healthcare plans (IHP) will help to ensure that the school effectively supports students with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. However, not all children will require one. See Appendix 1.

In creating an Individual Healthcare Plan the school will:

- Seek parents/carers and the student's views in all circumstances.
- Seek to reach an agreement as to whether an IHP is appropriate.
- Use a graduated approach to assessing and reviewing support for those with medical conditions. A flow chart for identifying and agreeing the support a child needs and developing an IHP is provided in Appendix One.
- Make IHPs available to all who need to refer to them, while preserving confidentiality and abiding by Local Authority training on Information Sharing.
- Clearly outline the outcomes sought in an IHP.
- Alter, change or adapt the IHP if it is not achieving outcomes required.
- Cease the use of an IHP if it is deemed by parents, carers and staff with responsibility (listed in this policy) as no longer being required.
- Agree suitable review dates for the plan, at least annually.
- Add the IHP to an Education, Health and Care plan (EHCP) if a student has been through statutory assessment.
- Hold the final responsibility in the creation and implementation of the IHP.
- Work with the Local Authority and related agencies to seek support in the creation and implementation of the IHP when appropriate.

An Individual Healthcare Plan should, where relevant, include:

- The medical condition, its triggers, signs, symptoms and treatments.
- The student'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 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.
- The level of support needed (some children will be able to take responsibility for their own health needs) including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs and expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
- The staff in the school who need to be aware of the child's condition and the support required.
- Arrangements for written permission from parents/carer for medication to be administered by a member of staff, or self-administered by the student 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 child can participate e.g. risk assessment.
- Where confidentiality issues are raised by the parent or child, the designated individual to be entrusted with information about the child's condition.

- What to do in an emergency, including whom to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their IHP.

3.4 Support from Other Services in producing Individual Healthcare Plans

In addition, we can refer to the Community Health professionals for support with drawing up Individual Healthcare Plans, provide or commission specialist medical training, liaison with lead clinicians and advice or support in relation to students with medical conditions.

Other healthcare professionals, including GPs and paediatricians should notify the Community Nursing Team when a child has been identified as having a medical condition that will require support at school. Specialist local health teams may be able to provide support, and training to staff, for children with particular conditions (e.g. asthma, diabetes, epilepsy)

3.5 Other issues for consideration

Where a student uses home-to-school transport arranged by the LA and they also have a medical condition which is life-threatening, we will share the student's individual healthcare plan with the local authority.

All pupils who require assistance to move around the site will complete a Personal Emergency Evacuation Plan (PEEP). This will be completed and signed by the parent/carer and pupil, and submitted to the school nurse/s. Where crutches are being used in school, the parent/carer and pupil will read and sign a copy of the Use of Crutches agreement.

See Appendices 2 and 3 for the PEEP form and Use of Crutches in School guidance.

When a pupil is absent from school due to illness, staff will not set work or homework, as the pupil needs to rest and be ready to return to school when well enough.

In the event of long-term absence from school due to a medical condition (fifteen days; either consecutive, or within a school year), or when a pupil cannot attend school because of health needs, the school plays an important role in ensuring the pupil receives a suitable education and where appropriate, is reintegrated back into school once well enough to do so. The school has a duty to inform the local authority of any pupil who is not attending regularly due to their health needs. The school will liaise with relevant services, including hospital schools, to support the delivery of effective and appropriate levels of education, and make our best endeavours to ensure continuity of provision. The school will consider arrangements to respond to what may be a changing health situation. This may include, but not limited to: part-time timetable, curriculum reduction, referrals to external agencies, setting work to be completed at home, access to online resources, invitations to school events, consideration of an EHCP application. The school will not offer online or hybrid learning to any pupil who cannot attend the school site.

Appendix 5 contains specific guidance to support staff and parent/carers in arranging the reintegration of pupils who have been absent due to a health condition including an eating disorder.

4. First Aid

A list of all qualified First Aiders and those trained in the use of a defibrillator can be accessed from Student Services.

4.1 First Aid at school

The Student Services department is responsible as the lead contact point for First Aid support and holds medicines for students. The medical rooms are also within the Student Services departments on both sites.

In the event of an emergency help should be summoned via Student Services or reception who will arrange for a qualified First Aider to attend the scene. Staff can send a sensible student to request this if leaving the scene might present a risk to a student.

The location of First Aid boxes will be clearly marked and placed around the school including those areas using specialist equipment such as ovens, tools and chemicals. First aid boxes will be checked for stock on a regular basis, at least every term (i.e. six times a year), or replenished after an incident.

First aid should be administered by qualified First Aiders in line with training (see section 6). This includes:

- Only plasters from the First Aid boxes should be given to students.
- Plastic gloves should be worn when treating open wounds.
- Applying heat or ice is a method of First Aid treatment and therefore should not be given to a student without a prior First Aid check.
- Contaminated dressings should be wrapped and carefully disposed of in the Clinical Waste bin provided in the Medical Rooms.
- All head injuries in school will be reported at the earliest opportunity to the parents and carers of the student.
- The school is not required to report each incident to parents but all accidents happening in a school context or property must be recorded on an official accident report.

4.2 First Aid on Day Trips, Residential Visits, and Sporting Activities

We will actively support students with medical conditions to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments unless there is evidence from a clinician such as a GP that this is not possible.

We will always conduct a risk assessment so that planning arrangements take account of any steps needed to ensure that students with medical conditions can be included safely. This will involve consultation with parents and carers and relevant healthcare professionals and will be informed by Health and Safety Executive (HSE) guidance on school trips.

The staff member in charge of organising the trip is responsible for contacting Student Services for additional information regarding the health and well-being of all students attending. Healthcare plans are available, divided by campus and year group, to all staff at all times on the staff electronic drive.

A First Aid certified staff member must be present on all school trips. A first aider must be available to all pupils for the duration of the visit. Visit leaders must consider this in their risk assessments and take into account travel arrangements and different locations, and how groups are divided during the visit. Teachers at sporting or other activities on other sites including schools should take measures to be certain that First Aid is available at the school and/or that a portable First Aid kit is taken. Portable First Aid kits are available for all school visits from Student Services. During school trips the first aid trained member of staff will carry all medical devices and medicines required.

4.3 Emergency Procedures

The Headteacher and the Board of Trustees will ensure that arrangements are in place for dealing with emergencies for all school activities wherever they take place, including school trips within and outside the UK, as part of the general risk management process.

Where a child has an Individual Healthcare Plan, this should clearly define what constitutes an emergency and explain what to do. Other students in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

A child who has fallen on, or who may have injured, their neck, back, or spine **should NOT be moved** from their location. Staff and/or students will seek a First Aider to attend the scene.

All accidents and emergencies in school are recorded on efficient and up to date recording and monitoring systems and are regularly reviewed by the Health and Safety group.

Appendix 4 contains the school's Defibrillator Policy. At the Weald of Kent School, we currently have 4 automated external defibrillators. At the Tonbridge site these can be found in the main reception, Maths block and sports hall. There is also a defib at the Sevenoaks site outside the sports hall. These are available during the school day and at weekends for staff and pupils. These are located in both the sports halls and also at the They have been placed at these locations in order that they can be located swiftly in the event of a cardiac arrest. The policy contains further information.

Appendix 6 contains the school's Allergy, Anaphylaxis and Asthma policy. This policy sets out how the school will support pupils with allergies and asthma, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life. All efforts are made to ensure that a child with an allergy or asthma has the opportunity to participate in all school activities and are not made to feel self-conscious or excluded. It includes emergency procedures and the school's protocols in order to mitigate the chance of an emergency.

5. Medicines

5.1 Key principles:

- Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours.
- Students are expected to administer doses of medicines themselves whenever appropriate.
- Any student bringing medicine into school must have completed a Medicine Form available to download from the school website.
- A staff member is not under an obligation to administer medicines. However the school will endeavour to support students in this way whenever possible.
- The administration of medicines that require specialist training for use, such as injections or administering of medicines to a student who has a strong emotional or physical reaction to the process, are circumstances that can only be done with the approval of staff members involved and the Headteacher's permission.

5.2 Procedures

At Weald the following procedures relating to medicines are to be followed. These can be found on page 20 of 'Supporting students at school with medical conditions', DfE, 2015.

- Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- No child under 16 should be given prescription or non-prescription medicines without their parents' written consent, except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
- Students taking prescribed medicines during school hours must administer doses themselves. Drugs can be stored in Student Services, provided instructions on dosage and the student's name and form are clearly marked on the original packaging or in an envelope clearly marked with the dosage instructions.
- We will not administer non-prescription medicines without parental consent and then only in exceptional circumstances where it would be detrimental to a student's health or well-being not to do so.
- The school will only accept prescribed medicines, with written permission from parent/carer that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include

instructions for administration, dosage and storage. The exception to this is insulin which must be in-date, but will generally be available to schools inside an insulin pen or a pump, rather than the original container.

- No antiseptic cream or pain relief should be given to students unless we have permission from parents.
- Staff administering medicines should do so in accordance with the prescriber's instructions. Weald will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of medication administered at school should be noted. Written records are kept of all medicines administered to children. These records offer protection to staff and children and provide evidence that agreed procedures have been followed.

5.3 Storage of Medicines

All medicines will be stored safely in Student Services. Medicines will be kept in secure, locked storage. Students should know where their medicines are at all times and be able to access them immediately. Medicines are stored in individual boxes labelled with the pupil name and includes a paper copy of the IHP.

Back up medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available in Student Services and are not locked away. Students should carry an adrenaline pen and inhaler with them.

Asthma inhalers should be marked with the child's name.

Spare asthma inhalers are held in Student Services for emergency use.

At Weald, all students under the age of 16 must pass on prescribed medications to Student Services to be stored securely.

Students should not keep any prescription medicine on their person, however school policy allows students to have a maximum of two over-the-counter painkillers with them each school day (e.g. ibuprofen/ paracetamol). Passing it to another child for use is an offence that will be dealt with through school disciplinary procedures. Otherwise we will keep all controlled drugs that have been prescribed for a student securely stored in a clearly labelled container and only Student Services staff and staff leading a trip will have access.

When no longer required, medicines should be returned to the parent/carer to arrange safe disposal. The school will also safely dispose of expired and unnecessary medications.

Sharps boxes should always be used for the disposal of needles and other sharps.

Creams and ointments including ice and heat rubs and sprays are medication and must be stored in the Student Services medical room.

The school provides a locked fridge on each campus for medications.

6. Staff Training

Records of all staff training for supporting students with Medical Needs will be held by the school nurse/s. The school nurse/s are responsible for the regular review of staff training to ensure that sufficient staff are suitably trained.

Training should 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 set out in the Individual Healthcare Plans (IHP). They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

The first aid training will involve a one-day course in paediatric and emergency first aid and involve in-person practical work. This is valid for three years. Following this training, first aiders will complete an annual 'refresher' through online training on First Aid and Administering Medicines.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid certificate does not constitute appropriate training in supporting children with medical conditions. Healthcare professionals, including the school nurse, can provide confirmation of proficiency of staff in a medical procedure, or in providing medication.

All staff will receive induction training and regular whole school awareness training so that all staff are aware of the school's policy for supporting students with medical conditions and their role in implementing the policy. The Headteacher will seek to access advice from relevant healthcare professions about training needs, including preventative and emergency measure for staff.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met, and parents will be asked for their views. They should provide specific advice but should not be the sole trainer.

Following significant accidents and emergencies, staff involved will review processes followed and ensure staff are supported.

7. Record keeping

The school nurse/s are responsible for collating and maintaining accurate records of pupils with medical conditions. This may include healthcare plans, the accident log, the Medical Administration log, and notes held on medical treatments provided in school.

The school nurse/s will ensure that all staff have access to the appropriate amount of information about medical conditions. This information will be easily accessible and written so that non-medical professionals can understand the content. This includes:

- A summary of all pupils and their medical condition,
- Individual health care plans stored by campus and year group,
- Medical notes entered onto the pupil's SIMS medical log.

GDPR laws exist to help protect pupils' medical information held by public bodies and must be adhered to by the school.

To ensure appropriate support is in place, the school may request the permission of parents to share information across agencies e.g. between Family Doctor and School Nurses. This will always be requested in writing and the prerogative to share that information lies with the parent/carer.

8. Unacceptable Practice

Although staff at Weald should use their discretion and judge each case on its merit with reference to the child's Individual Healthcare Plan (IHP), it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication 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 and carers; or ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHP;
- 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 breaks whenever they need to in order to manage their medical condition effectively;
- Require parents and carers, 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; or
- Prevent children from participating, or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Liability and Indemnity

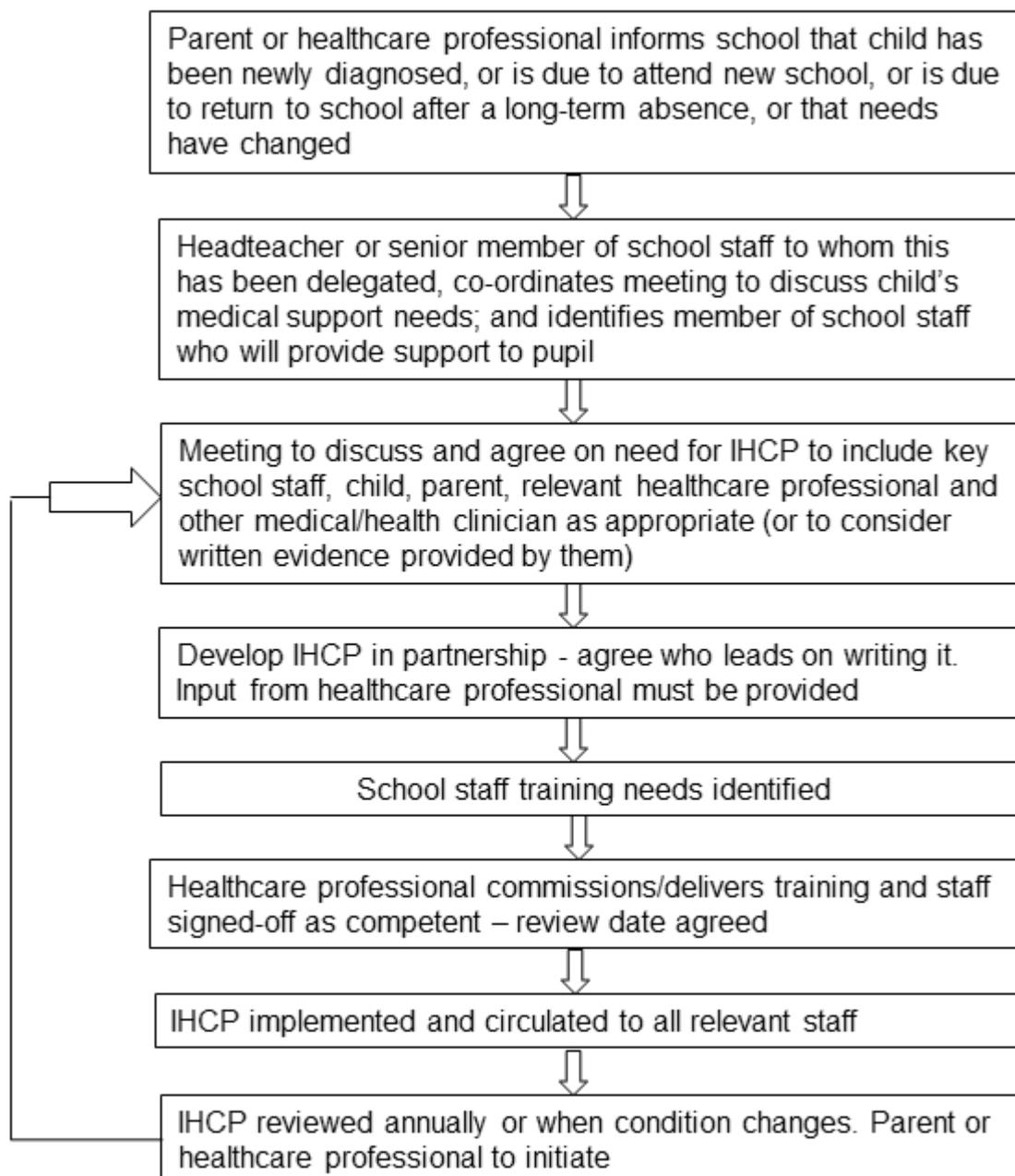
The school's insurance is covered by risk protection arrangement (RPA) membership with the Department of Education.

Complaints

Should parents and carers be unhappy with any aspect of their child's care at Weald, they must discuss their concerns with the school. If this does not resolve the problem or allay the concern, the problem should be brought to a member of leadership team, who will, where necessary, bring concerns to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent\carer must make a formal complaint using the Weald Complaints Procedure.

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| Author/s: | Ken MacSporran Yvonne Clarke Fionna Molloy | Date: | July 2024 |
| Next Review Date: | September 2026 | Link Trustee/s: | Liz Kinnersley |
| Ratified: | July 2024 FTB Meeting | | |

Appendix 1 Model process for developing individual healthcare plans



Appendix 2 Use of Crutches on School Property

The use of crutches on school property by a student untrained in their use poses a safety risk for both the student and other persons on school property, including fellow classmates. Thus, only a student trained in the use of crutches, particularly on stairs, shall be permitted on school property.

Before a student on crutches shall enter upon school property, they are required to obtain from a physician, or other appropriate medical personnel, documentation of the following: That the use of crutches has been authorized by the physician or other appropriate medical personnel.

If a student is non weight bearing, they cannot use the stairs unless they have been taught how to do so by a Physiotherapist and parents/carers particularly on stairs to confirm they are safe.

- In most cases the school will be able to accept students who are using crutches into school. Due to the size and multiple levels within the weald of Kent's parent should consider whether their child is confident to use the crutches within the school environment. **Please speak to the nursing team and make appropriate arrangements.**
- The diagnosis and the duration of the authorized use of crutches
- Anticipated length of time the student will be excused from gym/recess
- Parents/Carers will be permitted onto the school site to drop off and pick up students from school
- Students must not be in the corridors at busy times; they should not be walking around during lesson change over, lunch or break time an early leave pass can be provided, and this will include being able to leave site 5 mins early at the end of the school day
- Students should not walk outside to lessons if it is very wet or icy
- At break and lunch students should remain inside, either: In their Tutor room or In the Head of Year (HOY) area or In the Library
- Students must be accompanied by another student who will open doors, carry bags and second crutch on stairs if appropriate
- Students may use short cuts and avoid one-way systems to reduce distance between lessons out of peak times
- Students can register at Reception if their Tutor room is difficult to access
- Toileting arrangements can be made with the School Nurse if necessary
- Personal Emergency Evacuation Plan (PEEP) will be given to student's Relevant staff will be emailed to advise that a student is on crutches. **Appendix A**
- Students are able to work in learning support if unable to get lesson and teachers will provide the work
- **In all cases students are required to complete the Use of Crutches in School Agreement with the School Nurse before moving around the school**

Appendix 3 PEEP form

PEEP FORM

(Personal Evacuation Emergency Plan)

This form should be completed for anyone who requires assistance with any aspect of emergency evacuation. Once developed, the PEEP will describe the pupil's intended means of escape in the event of an emergency, including drills. The PEEP will describe the pupil's intended means of escape. The PEEP will specify what type of assistance is required from the point of raising the alarm to passing through the final fire exit of the building.

A signed and completed form should be **Read, acknowledged and held** as follows:

- In the pupil's personal records on SIMS.
- By the Head of Year.
- By the nominated Fire Warden in Student Services.
- By the Form teacher.

Note: *This plan must be reviewed on an annual basis or when a significant change in circumstances is anticipated or identified.*

Student Name: _____ **Form:** _____

Reason for PEEP (injury description):

Length required: _____

Crutches agreement read & signed if applicable? YES/NO

Emergency Exit procedure:
*(From raising alarm, method of assistance,
equipment needed, final meeting point)*

Signed by Student: _____

Date: _____

Appendix 4 Defibrillator policy

Automated external defibrillators (AEDs)

In the UK in 1999, the government-led 'Defibrillators in Public Places Initiative' promoted the use of AEDs by people other than health professionals. AEDs were placed in railway stations, airports, and other public places where cardiac arrest occurred most frequently. Staff working at these sites were trained in CPR and AED use. This strategy was effective and saved many lives. As AEDs became more readily available, similar schemes were introduced in the UK and across the world and expanded to promote AED use by members of the public.

Location

At the Weald of Kent School, we currently have 4 automated external defibrillators. 3 at the Tonbridge site these can be found in the main reception, Maths block and sports hall. There is also 1 at the Sevenoaks site outside the sports hall.

These are available during the school day and at weekends for staff and pupils. These are located in both the sports halls and also at the They have been placed at these locations in order that they can be located swiftly in the event of a cardiac arrest. The location is highly visible, and it is sign posted so that anyone can access the defibrillator quickly and easily. All devices are within a two-minute walk of each other and places where they are most likely to be needed.

All proposed defibrillator locations should be subject to a risk assessment considering:

- availability for timely deployment (including the likely time required to climb stairs, open doors, unlock a cabinet etc)
- health and safety risks (e.g., slip, trip and fall hazards)
- safety and security (e.g., is the area well-lit? Does the location render the defibrillator susceptible to tampering or vandalism and, if so, what measures would be proportionate to counter that risk?).

Schools should always ensure that all defibrillators are registered on The Circuit, <https://www.thecircuit.uk/> the national defibrillator network. This will ensure they are visible to local ambulance services and means someone can be directed to the defibrillator location.

A local AED for use by those present may provide a person suffering cardiac arrest with the only realistic chance of survival.

- Cardiac arrest affects middle-aged and older people.
- Some younger people (including athletes, elite sports people and some children) suffer cardiac arrest or sudden cardiac death; although less common, this attracts understandable public attention.
- People with underlying heart disease are particularly vulnerable but, for some of these, cardiac arrest may be the first manifestation of their heart condition.
- The more people present in or passing through any one place the greater is the risk of cardiac arrest occurring there (see Appendix B).
- Cardiac arrest may occur during exertion. The stress of travel is also a recognised precipitant, but in many cases no trigger is identified.
- The purpose of setting up an AED programme or PAD scheme is to save lives. • To save a person's life, an AED must be used to deliver a shock at the earliest possible moment after cardiac arrest – if possible, within 3–5 minutes

There are no generally agreed criteria on whether or not AEDs should be provided in specific places, but consideration of the following points may be helpful if you are making decisions about buying an AED or planning an AED programme or PAD scheme– ideally even sooner.

- Any delay in fetching an AED or delay caused by having to get a code to open a locked AED cabinet will reduce the chance of saving a life (see Appendix C).
- Untrained members of the public have used AEDs successfully to save lives. PAD schemes should promote AED use by members of the public by placing them in prominent positions, displaying clear instructions (see section 11) and using direction signs to make sure that people can find them quickly (see section 12).
- In the past, many examples of successful AED use have involved people who had received some training (often only modest training) and who were nearby.
- When installing one or more AEDs it is important to promote training in CPR and familiarisation with AEDs among people on site who may be called on to use an AED. This gives people confidence to respond quickly to cardiac arrest, start CPR and to use an AED.

- In a workplace, whilst there may be designated first-aiders who receive training in CPR and AED use, it is best to familiarise as many staff as possible with the use of an AED and encourage all staff to have training in CPR.
- They may get this from a training session, or by using an interactive app such as those developed by the Resuscitation Council UK – Lifesaver and Lifesaver VR. A guide to AEDs 13 June 2019
- Performing good-quality CPR is a vital skill that increases survival from cardiac arrest and can buy time until an AED can be used.
- Staff who may be called on to attempt CPR or use an AED can be reassured that by trying to save a person's life they will not be subject to criticism or blame, and they should be protected by their Employer's Liability Insurance against litigation if the person does not recover. By using an AED, they cannot make the person's condition worse. An AED will discharge a shock only if the person has a heart rhythm that warrants a shock to try to save their life.
- After an AED has been used, information from its electronic memory should be downloaded to help with the person's further treatment. Whilst this will usually be done by the ambulance service immediately after the event, details of how this is done should be clarified when buying the AED.
- After use of an AED, it should be returned as soon as possible to its usual position, together with new adhesive pads (electrodes).
- Ambulance services cannot guarantee to respond immediately to an emergency call, even when it is given high priority. When they can respond promptly, it is not often that they can provide defibrillation within 3–5 minutes. Often, that can be achieved by a PAD scheme.

For further information see the Resuscitation Council UK's guide CPR, AEDs and the law. Schools should always ensure that all defibrillators are registered on The Circuit, <https://www.thecircuit.uk/> the national defibrillator network. This will ensure they are visible to local ambulance services and means someone can be directed to the defibrillator location.

Background Information

Cardiac Arrest & Chain of Survival

The heart is controlled by an electrical impulse which helps it to maintain the correct rhythm. During a cardiac arrest, the normal rhythm of the heart is disrupted. The heart stops beating properly, and normal breathing is disturbed.

In response to a suspected cardiac arrest, the Resuscitation Council promotes the 'chain of survival'^[3] – which overall increases the chances of a person surviving a cardiac arrest. The chain of survival is:

1. Early recognition and call for help - to prevent a cardiac arrest and receive instructions on how to perform cardiopulmonary resuscitation (*ring 999*);
2. Start early cardiopulmonary resuscitation (CPR) - to buy time (*especially chest compressions*);
3. Early defibrillation - to restart the heart (*if located nearby and other bystanders are nearby to help, use an automated external defibrillator*);
4. Post resuscitation care - to restore quality of life (*let the emergency services/ NHS/ Public Services take over*).

The annual incidence of out-of-hospital cardiac arrest (OHCA) in the UK is approximately 55 per 100,000, with most cardiac arrests (72%) occurring in the home. Evidence suggests that where bystanders start defibrillation, survival rate is higher. This is because bystanders are likely to arrive at the scene and start the chain of survival and defibrillation faster

4.2 Prevention

Whilst the 'chain of survival' is vital in preventing poor outcomes associated with a cardiac arrest, such as death, it is important to promote healthy behavioural factors to support a healthy heart. These include maintaining a healthy weight through a balanced nutritional diet, and regular physical activity. As well as avoiding tobacco use and substance misuse, including harmful use of alcohol. Other determinants of cardiovascular diseases, a risk factor associated with cardiac arrests, include poverty, stress, and hereditary factors, some of which are more preventable than others.

Legal Considerations

Organisations and first aiders are advised to keep up to date with guidance:

Publication: CPR, AEDs and the law | Resuscitation Council UK

This publication sets out the legal position in relation to potential liability around the provision and use of an AED. Organisations are encouraged to review this publication and to note the need to correctly maintain the equipment to avoid any potential liability occurring.

Training

The crucial factor in the resuscitation of an individual from VF is to provide a shock from a defibrillator with the minimum of delay. Time should not be wasted if a trained person is not available immediately. Untrained people have used AEDs successfully to save lives and lack of training (or of recent training) should not be a barrier. If someone is willing to use the AED they should do so, and by calling 999 and requesting the ambulance service information and advice will be given to initiate emergency life support.

AEDs can be used safely and successfully by people with no specific training. Untrained members of the public have saved lives in this way, so lack of training should not deter people from using an AED. Familiarisation with AEDs is included in first aid and CPR training, as it gives people confidence to send someone to fetch an AED and to use it without delay.

The Resuscitation Council UK and British Heart Foundation recommend that the poster shown in Figure 1 is displayed beside or on an AED cabinet, to inform and encourage members of the public to use the AED when it is needed, regardless of whether or not they have received any familiarisation or training.

Figure 1: Location Defibrillator Training Poster



However, there are advantages of having a core number of appropriately trained personnel in the vicinity of any AED. Training people to use an AED can be achieved quickly with minimal cost and gives these people the confidence to act quickly and use the AED to try to save a life. Nevertheless, use of the AED by others should never be discouraged or prohibited. People should not wait for a trained responder to arrive before calling 999, starting CPR, sending someone to retrieve an AED, and using an AED.

The Resuscitation Council UK has produced 'Lifesaver' (www.resus.org.uk/apps/lifesaver) and 'Lifesaver VR' (www.resus.org.uk/apps/lifesaver-vr), interactive video educational apps, which teach people how and when to give CPR and use an AED. These resources are free of charge and are very useful educational resources for this type of training. Lifesaver can be used easily on any computer, and on most popular smartphones and tablets.

The following links are available that give a short presentation and demonstration on how deliver basic life support and the use of an automated external defibrillator, for the North West Ambulance Service NHS Trust:

Adult Emergency Life Support video:

<https://www.resus.org.uk/cpr/cpr-with-connor>

[Learn how to restart a heart - YouTube](https://www.youtube.com/watch?v=jQqizq8yCvQ)

<https://www.youtube.com/watch?v=jQqizq8yCvQ>

<https://www.communityheartbeat.org.uk/tv/adult-basic-life-support-and-use-aed>

<https://www.resus.org.uk/>

Appendix 5 Return to school guidance for pupils diagnosed with an eating disorder.

- This guidance is for parent/cares and staff and is designed to support the safe and effective reintegration of pupils into education following a period of absence due to a diagnosis of an eating disorder.
- Contract to be signed by parents when it is known that are returning to school
- Only once they have had clearance from the ED team the school agrees to support the child in the school setting.
- The nurses then request a meeting with the ED services before a meeting is arranged with parents - this is helpful to discuss stats/%/ratios and support required and will be helpful when speaking with the parents as we are then offering the support direct from the team themselves and there is no confusion of information, everyone knows what is expected and where the boundaries are.
- Where students have been restricting fluid's, they meet weekly or fortnightly with the student and parents to openly discuss progress and to tweak the plan if necessary.
- Parents are called if they deviate from the plan. The contract is signed by all parties, so compliance is required from parents and the pupil.
- The plans contribute to all the documentation we have and can be updated and maintained for pupils with ED's. This can be tailored to the pupil and if there are additional concerns such as hiding food, we can state that they would be searched before returning to class.
- The policy makes it clear we will not diagnose conditions or recommend a course of treatment but will facilitate care directed by specialist services.
- Teachers need to update the nurses weekly in order to get feedback as to the student's progress.
- Examples of support provided at school if complimentary to external healthcare: counselling, pastoral support, observations of heart rate and blood pressure, provision of quiet space to eat/during breaktimes
- Examples of support not provided at school: supervised eating, measurement of weight/height ratio

Allergies & Anaphylaxis

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

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes. It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. Common UK Allergens include (but not limited to):-

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

Here at Weald of Kent grammar school we are a nut free school and strive to provide a safe environment for all students and staff.

This policy sets out how Weald of Kent grammar school will support pupils with allergies and asthma, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life. All efforts are made to ensure that a child with an allergy or asthma has the opportunity to participate in all school activities and are not made to feel self-conscious or excluded. Some school staff may not imagine that they are ever likely to be with someone who might need to use their auto-injector in an emergency, or they may believe that “someone else” is responsible and will know what to do. In reality it is important to understand that any member of staff at any time might be with a child or adult who is experiencing a severe allergic reaction, and therefore that all staff need to understand four key issues:

- 1) Allergen avoidance: in order to prevent children coming into contact with their allergen.
- 2) Early recognition of symptoms: how to spot the signs early and understand about patient positioning – which could save a child’s life.
- 3) Crisis management: which would include using an adrenaline auto-injector (AAI) and understand about patient positioning which could save the child’s life.
- 4) The signs of an asthma attack and what to do in the event of one

Role and Responsibilities: Parent/carer responsibilities

On entry to the school, it is the parent’s responsibility to inform the school of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication. Parents/carers are to supply a copy of their child’s Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible between the parent/carer, school and a healthcare professional. Parents/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary. Parents/carers are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly. It is the parent’s responsibility to ensure that the student has their EpiPen with them for school trips and events where the student will not be on school property.

School and staff Responsibilities

All staff will complete anaphylaxis training using the Anaphylaxis UK online training and training to use an adrenaline auto-injector (AAI). Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff. This is available online on national college or face to face teaching is available by the school nursing team.

When school is informed that a child has an allergy, the school nurse will be in contact with the parents/carers and write an individual care plan. Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be risk assessed and supervised with due caution. Staff leading school trips will risk assess the activities taking place and whether they could pose a risk for children with allergens. If risks are identified they take appropriate action to ensure the

risk is minimized and do so in collaboration with the Head of School. They ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication/EpiPen's. Pupils unable to produce their required medication will not be able to attend the excursion.

The school nurses will ensure that the up to date Allergy Action Plan and Individual Care Plan is kept with the pupil's medication and ensure that the medication is accessible at all times. It is the parents'/carers' responsibility to ensure all medication is in date however the school nurses will check medication kept at school on a monthly basis and send a reminder to parents/carers if medication is approaching expiry. For cooking activity these activities and ingredients are fully NUT FREE. All ingredients are checked thoroughly by the staff member involved. School will inform parents/carers of all children the importance of being 'Allergen and Nut Aware' and the aim to significantly reduce to risk of contact for children with allergies to their known allergen. Families are asked not to include nut products in lunch boxes, as this poses a significant risk to others in school who have a nut allergy. This information is updated termly.

Pupil Responsibilities

Pupils are encouraged and supported to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction. Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times. Pupils are supported to understand the risk factors and how to avoid these. Pupils are also encouraged and reminded to bring their EpiPen's on school trips with them.

Allergy Action Plans & Health care plans

Allergy action plans are designed to function alongside or in place of Individual Care Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector (AAI) when required. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school. If this is not in place the school will collaborate with the family and professionals and will discuss whether an individual care plan is also needed.

Emergency Treatment and Management of Anaphylaxis What to look for:

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

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

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

Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases don't occur at all. If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction and is treated as this. Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an injection into the muscle (intramuscular injection)

What does adrenaline do?

- It opens up the airways
- It stops swelling

- It raises the blood pressure

ACTION

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

ALL PUPILS MUST GO TO HOSPITAL FOR OBSERVATION AFTER ANAPHYLAXIS EVEN IF THEY APPEAR TO HAVE RECOVERED AS A REACTION CAN REOCCUR AFTER TREATMENT

Patient positioning

| | |
|---|---|
| <p>Symptoms only affecting breathing</p> <ul style="list-style-type: none"> ✓ If symptoms are only affecting the airway (breathing), the patient may be more comfortable sitting up or in a semi-recumbent position |  |
| <p>Symptoms of low blood pressure</p> <ul style="list-style-type: none"> ✓ If the patient is showing any signs of low blood pressure, (being cold, clammy, sweaty, dizzy or feeling weak) they should lie down with their legs raised to ensure that the heart is the lowest part of the body. (If they are also having breathing problems, they may need to be semi-recumbent with legs propped up e.g. on a cushion. You can seek advice on this from the 999 operator). It is very important that they do not sit up or stand after getting adrenaline as a sudden change of position may lower blood pressure drastically and worsen their condition, potentially fatally. |  |
| <p>Unconscious patient</p> <ul style="list-style-type: none"> ✓ If the patient is unconscious, they should be placed in the recovery position. |  |

Supply, storage and care of medication

Here at Weald of Kent, students are encouraged to take as much responsibility as possible in managing their condition and are usually assessed as ready to take full responsibility for their own medication. Where this is not the case, or if parents would prefer, then students can store both or one of their EpiPen's in student services in the medical room. Students on site tend to either carry both EpiPen's or one, and then store a second one in student services in the medical room. EpiPen's and inhalers are always easy to access with the cupboard containing them opened first thing in the morning and locked away at the end of the day. Medication is stored with the students name visible and their HCP and MPF attached.

As outlined above it is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school nurses will check medication kept at school on a monthly basis and send a reminder to parents if medication is approaching expiry. Storage AAls are

stored at room temperature, protected from direct sunlight and temperature extremes. Disposal AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. The sharps bin is kept in the nurse's office.

Spare adrenaline auto injectors in school

Spare adrenaline auto-injector (AAI) devices 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 or they have forgotten them) are kept in school. Here at Weald of Kent, we have anaphylaxis kits in school on both sites and follow the department of health guidance on the use of adrenaline auto-injectors in schools (2017). These are located in the canteen and are accessible to all. There are also other spares in the nurse's office and we have some spare that we can give staff to take on school trips.

Training

Here at Weald of Kent, a number of staff are trained on allergy and anaphylaxis training and the use of AAI's. Staff will complete a first aid course every 3 years which includes yearly refreshers and they are also expected to complete further online training on national college for allergy awareness and EpiPen administration.

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 and asthma, carry their medication such as EpiPen's and inhalers. Pupils unable to produce their required medication will not be able to attend the excursion. This will be a clear part of the school visits planning checklist. All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion. Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip and the school nurse 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).

Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma (Source: Asthma UK).

As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- An up to date list of children students with Asthma
- An up to date policy
- All students have access to their inhalers at all times
- All students have an up to date action plan or health care plan
- Staff have up to date asthma training
- Promote asthma awareness amongst staff and students for example regarding the use of aerosols in school

Medication and Inhalers

All students with asthma should have immediate access to their reliever (usually blue - salbutamol) inhaler at all times. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe. (Source: Asthma UK). Some children will also have a

preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit.

Students should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed. (Source: Asthma UK).

Students are encouraged to carry an inhaler and a spacer with them at all times and then store a spare in the medical room in the event of an emergency.

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible. Staff are aware of certain triggers and should have completed relevant training during first aid courses and refreshers.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register. (Source: Asthma UK) Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so. (Source: Asthma UK)

Emergency Salbutamol Inhaler in school

As a school we are aware of the guidance 'The use of emergency salbutamol inhalers in schools from the Department of Health' (March, 2015) which gives guidance on the use of emergency salbutamol inhalers in schools (March, 2015).

As a school we are able to purchase salbutamol inhalers and spacers from community pharmacists without a prescription. We have emergency asthma kits stored on both sites. These are available in PE and we also keep spare inhalers and spacers in the nurse's office. Each box contains;

- A salbutamol metered dose inhaler
- At least two spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instruction on cleaning and storing the inhale
- Manufacturer's information
- A checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- A record of administration

The emergency salbutamol inhaler will only be used by children:

- Who have been diagnosed with asthma and prescribed a reliever inhaler OR who have been prescribed a reliever inhaler AND for whom written parental consent for use of the emergency inhaler has been given.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states the signs of an asthma attack are:

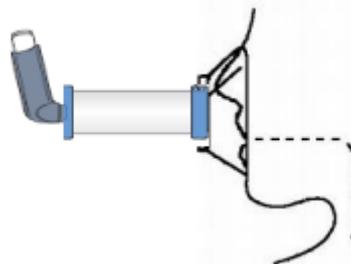
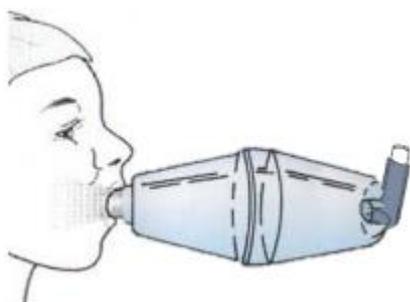
- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)

- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
 - Nasal flaring
 - Unable to talk or complete sentences. Some children will go very quiet
 - May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)
- If the child is showing these symptoms we will follow the guidance for responding to an asthma attack, which are well sign posted in the medical room and in various locations around the school

However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child: *Appears exhausted *is going blue *Has a blue/white tinge around lips *has collapsed.

Administering reliever inhaled therapy through a spacer A metered dose inhaler can be used through a spacer device

1. Keep calm and reassure the child
 2. Encourage the child to sit up
 3. Remove cap from inhaler
 4. Shake inhaler and place it in the back of the spacer
 5. Place mouthpiece in mouth with a good seal, (or if using the mask place securely over the mouth and nose)
 6. Encourage the child to breathe in and out slowly and gently
 7. Depress the canister encouraging the child to continue to breathe in and out for 5 breaths
 8. Remove the spacer
 9. Wait 30 seconds and repeat steps 2-6
 10. Assess for improvement in symptoms
- Dependent on response steps 2-7 can be repeated according to response up to 10 puffs. If there is no improvement CALL 999. If help does not arrive in 10 minutes give another 10 puffs in the same way. If the child does not feel better or you are worried ANYTIME before you have reached 10 puffs, call 999 for an ambulance and continue to treat as above.



Useful Links:

- Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>
- AllergyWise training for schools <https://www.anaphylaxis.org.uk/information-training/allergywisetraining/for-schools/>
- AllergyWise training for Healthcare Professionals <https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-healthcare-professionals/>
- Allergy UK - <https://www.allergyuk.org>
- Asthma UK <https://www.asthmaandlung.org.uk/>
- Emergency asthma inhalers for use in schools <https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>
- Guidance on the use of adrenaline auto-injectors in schools (2017) https://assets.publishing.service.gov.uk/media/5a829e3940f0b6230269bcf4/Adrenaline_auto_injectors_in_schools.pdf
- Certificate in food allergy awareness and anaphylaxis for secondary schools & academies <https://nationalcollege.com/courses/food-allergy-awareness-and-anaphylaxis-2023>