

## Supporting Pupils with Medical Conditions



<b><i>Policy Ratified on</i></b>	<b><i>10/07/2024</i></b>
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## 1) Introduction

1.1 The Children and Families Act 2014 includes a duty for schools to support children with medical conditions. Pupils with a long term medical condition, such as diabetes, epilepsy or asthma, have rights under the Disability Discrimination legislation. They cannot be treated less favourably than their non-disabled peers in admissions, exclusions and access to education and associated services (SENDA 2001). The new Disability Equality duties (DDA 2005) require schools to promote equality of opportunity between disabled persons and other persons, promote positive attitudes towards disabled persons, and take steps to take account of disabled persons' disabilities even where that involves treating disabled people more favourably than their non-disabled peers.

1.2 The Special Educational Needs and Disability Act 2001 (SENDA) requires reasonable adjustments to be made to prevent the less favourable treatment of disabled pupils. Where children have a disability, the requirements of the Equality Act 2010 will also apply. Where children have an identified special need, the SEN Code of Practice will also apply. All children have a right to access the full curriculum, adapted to their medical needs and to receive the on-going support, medicines or care that they require at school to help them manage their condition and keep them well.

1.3 At Sidestrand Hall School we recognise that medical conditions may impact on social and emotional development as well as having educational implications. Sidestrand Hall School will build relationships with healthcare professionals and other agencies in order to effectively support pupils with medical conditions. Our school is clear about the need to actively support pupils with medical conditions to participate in everyday school life, including school trips, visits and sporting activities, and not prevent them from doing so. The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely in all school activities.

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

1.5 The Disability Discrimination Act (DDA) requires schools to ensure that all children with disabilities (which includes epilepsy) are not treated 'less favourably' than their classmates due to their medical condition. This section of the policy has been written in line with information provided by Epilepsy Action, the Department for Children, Families and Schools, the Local Authority, the school health service and the governing body.

### **Equality Impact Statement**

1.6 At Sidestrand Hall School we will do all we can to ensure that this policy does not discriminate, directly or indirectly. We shall do this through regular monitoring and evaluation of our policy. On review we shall assess and consult relevant



stakeholders on the likely impact of our policy on the promotion of all aspects of equality, as laid down in the Equality Act (2010). This will include, but not necessarily be limited to: race; gender; sexual orientation; disability; ethnicity; religion; cultural beliefs and pregnancy/maternity.

(See Single Equality Policy)

### **Purpose of the Policy**

1.7 The Supporting Pupils with Medical Conditions Policy is Sidestrand Hall School's overarching Medical Policy which outlines roles and responsibilities and general medical practice for supporting our students. However, this is not a stand alone document. For more detailed information and advice on specific conditions and procedures it should be read in conjunction with the following policies:

Special Educational Needs (SEN) Policy

Administration of Medication in School Policy

Admission Policy

Educational Visits Policy

First Aid Policy

## **2) Role and Responsibilities**

### **The Governing Body**

2.1 The Governing Body is responsible for the school's policy and ensuring that arrangements are in place to support children with medical conditions. The Governing Body is legally responsible and accountable for fulfilling their statutory duty.

2.2 The Governing Body must ensure that arrangements are in place to support pupils with medical conditions. In doing so they should ensure that such children can access and enjoy the same opportunities at school as any other child. Schools, local authorities, health professionals and other support services should work together to ensure that children with medical conditions receive a full education. In some cases this will require flexibility and involve, for example, programmes of study that rely on part time attendance at school in combination with alternative provision arranged by the local authority. Consideration may be given to how children will be reintegrated back into school after periods of absence. In making their arrangements, the Governing Body takes into account that many of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others. The Governing Body should therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts on their school life.



2.3 The Governing Body ensures that their arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions in school. The arrangements show an understanding of how medical conditions impact on a child's ability to learn, as well as increase their confidence and promote self-care. They ensure that staff are properly trained to provide the support that pupils need and provide indemnity for members of school staff who volunteer to administer medicine to pupils in need of help.

2.4 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. This means that no child with a medical condition should be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made.

2.5 However, in line with their safeguarding duties, the Governing Body ensures that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

2.6 The Governing Body ensures that the arrangements they put in place are sufficient to meet their statutory responsibilities and ensures that policies, plans, procedures and systems are properly and effectively implemented. This aligns with their wider safeguarding duties.

2.7 The Governing Body ensures this policy is effectively implemented, monitored and updated. They will report any successes and failures of this policy to the headteacher, members of school staff, local health authorities, parents and pupils as appropriate.

### **Headteacher**

2.8 The Headteacher is responsible for overseeing the management and provision of support for children with medical conditions. Ensuring that sufficient trained numbers of staff are available to implement the policy and deliver individual healthcare plans, including to cover absence and staff turnover. Ensuring that school staff are appropriately insured and are aware that they are insured.

2.9 The Headteacher has a responsibility to:

- Ensure the school is inclusive and welcoming and that the medical conditions policy is in line with local and national guidance and policy frameworks.
- Liaise between interested parties including pupils, Parents/carers, Teachers, Teaching Assistants, school support staff, SENCO, school nurses, governors, the school health service, the local authority transport service, and local emergency care services.
- Ensure this policy is effectively kept in line with legislation, implemented and communicated to all members of the school community.
- Ensure all aspects of this policy are effectively carried out.



- Ensure that information held by the school is accurate and up to date and that there are good information sharing systems in place using pupils' Healthcare Plans.
- Ensure pupil confidentiality.
- Assess the training and development needs of staff and arrange for them to be met. Ensure all new members of staff are made aware of the policy and provided with appropriate training.
- Delegate a staff member to check the expiry date of medicines kept at school and maintain the school medical conditions register.
- Report back to all key stakeholders about implementation of the medical conditions policy.

### **All school staff**

2.10 Teachers, teaching assistants and residential child care officers are responsible for the day to day management of the medical conditions of children they work with, in line with training received and as set out in Individual Health Care Plans (IHCPs).

2.11 All staff at Sidestrand Hall School have a responsibility to:

- Read and understand the Supporting Pupils with Medical Conditions Policy and know who to ask for clarification.
- Be aware of the potential triggers, signs and symptoms of common medical conditions and know what to do in an emergency.
- Know which pupils in their care have a medical condition and be familiar with the content of the pupil's Healthcare Plan.
- Know which pupils have medication in school (including an inhaler) and who requires support to take their medication.
- Allow all pupils to have immediate access to their emergency medication.
- Know where the school's emergency medications are stored and who can access and administer them.
- Ensure pupils who carry their medication with them have it when they go on a school visit or out of the classroom.
- Be aware of pupils with medical conditions who may be experiencing bullying or need extra social support.
- Understand the common medical conditions and the impact it can have on pupils (pupils should not be forced to take part in any activity if they feel unwell).
- Ensure all pupils with medical conditions are not excluded unnecessarily from activities they wish to take part in. For students with known allergies any food-related activities must be supervised with due caution.
- Ensure pupils have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- To keep training on asthma, anaphylaxis and allergies, diabetes and epilepsy up to date. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.





## Senior Teacher for Complex, Sensory and Medical Conditions

2.12 The Named Person responsible for children with medical conditions is the Senior Teacher for Complex, Sensory and Medical Needs. The Senior Teacher is responsible for informing relevant staff of medical conditions, arranging training for identified staff, reviewing and updating procedures and policies and ensuring that the students with medical conditions are fully supported to access all aspects of school life.

2.13 The Senior Teacher has the responsibility to:

- Review and update the school's policies relating to medical conditions, procedures, medications and first aid.
- Monitor and review the policy at least every two years.
- Update the policy according to review recommendations and recent local and national guidance and legislation.
- Know which pupils have a medical condition and which have special educational needs because of their condition.
- Ensure IHCPs are written, shared, upheld and regularly reviewed.
- To plan with SMT, Pastoral leads, medical professionals, parents and teaching staff for the return of students following medical procedures.
- To support the writing of risk assessments for students with specific medical conditions or equipment.
- Ensure medications are stored, administered and managed appropriately through regular audits of medical rooms and carrying out medication administration staff competencies, in line with the Administrations of Medications Policy.
- To securely hold a central record of students with medical conditions/IHCPs.
- To be the link between medical professionals and school staff.
- To ensure that staff have the right level of advice, guidance and training to manage medical conditions in their groups.
- To liaise with Pastoral Leads for information sharing
- To liaise with the Kitchen Manager with regards to special diets and allergies/intolerances.
- To keep a central record of PEEPs.
- To arrange for all members of staff to receive training on: how to recognise the symptoms of an asthma attack; how to distinguish asthma attacks from other conditions with similar symptoms; how to deal with an asthma attack; how to check if a child is on the Medical Register; how to access the inhalers; who the designated members of staff are and how to achieve their help.
- To ensure that the up to date Allergy Action Plan is kept with the pupil's medication. A copy of the student's Allergy Plan and IHCP will be uploaded to the student's page on Arbor.



- To keep a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given. A central record for all staff to view is kept on the school's shared Google Drive in the Medical file.
- To maintain a central list of all students' allergies and intolerances is kept on the drive. This is checked and updated termly by the Senior Teacher for Medical Needs. Staff are responsible for knowing who is on the list.

## Pastoral Leads

2.14 Pastoral Leads are responsible for:

- Knowing the medical conditions of the students in their phase
- Monitoring the wellbeing and attendance of these students and raising concerns to safeguarding leads and the Senior Teacher.
- Keeping the Senior Teacher informed of any information shared by parents regarding changes in medication, conditions, hospital visits, medical procedures, etc.
- Contributing to the writing of any pupil specific risk assessments
- To know which students in their phase have a PEEP and support with the arrangements for emergency evacuation
- Sharing information with the staff in their phase

## Teachers

2.15 Teachers at Sidestrand Hall School have a responsibility to:

- Know which students in their teaching groups (including off site visits) have a medical condition and/or an IHCP.
- Know where to access student's IHCPs.
- Contribute to the management of IHCPs through communication with parents and the Senior Teacher for Medical Needs.
- Discuss each student's IHCP with their parents/carers at the student's EHCP review and parent-teacher consultations.
- Maintain effective communication with parents/carers including informing them if their child has been unwell at school or are taking medication/ using their reliever inhaler more than usual.
- Know which members of staff are trained to administer medication or first aid to students in their groups.
- Safely store emergency medications for named students and ensure staff know where this medication is kept.
- Monitor the wellbeing of students and raise concerns
- Ensure pupils who have been unwell catch up on missed school work. Liaise with parents of students who have a long term (2 weeks or more) absence to see whether it would be appropriate to send work home.
- Be aware that medical conditions can affect a pupil's learning and provide extra help when pupils need it.





- Liaise with parents/carers, the pupil's healthcare professionals and the Pastoral Lead if a child is falling behind with their work because of their condition.
- Be aware that pupils with some medical conditions may experience tiredness during the school day due to their night-time symptoms.
- To know which students they work with need a PEEP/ have a PEEP and what the arrangements are for emergency evacuation
- Use opportunities such as RSE and other areas of the curriculum to raise pupil awareness about medical conditions.
- Staff leading offsite educational visits will complete an allergy risk assessment when planning the school visit. They will have a copy of the student's allergy plan and IHCP. They will ensure they carry all relevant emergency supplies. Visit leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion. (See section on Educational Visits)

**Members of staff leading PE or physically demanding lessons have a responsibility to:**

- Understand asthma and its impact on pupils. Pupils with asthma should not be forced to take part in activities if they feel unwell.
- Ensure pupils are not excluded from activities that they wish to take part in, provided their asthma is well controlled.
- Ensure pupils have their reliever inhaler with them during physical activity and that they are allowed to use it when needed.
- Allow pupils to stop during activities if they experience symptoms of asthma.
- Allow pupils to return to activities when they feel well enough to do so and their symptoms have subsided (a five minute waiting period is recommended before allowing the pupil to return).
- Remind pupils with asthma whose symptoms are triggered by physical activity to use their reliever inhaler before warming up.
- Ensure pupils with asthma always perform sufficient warm ups and warm downs.



## Residential Managers

2.15 The Residential Managers have responsibility for:

- Knowing which students that board have a medical condition
- Disseminating information, including IHCPs, to the Residential Child Care Officers
- Ensuring that medications are stored and administered, in line with the Administrations of Medications Policy, through carrying out audits and staff competency checks.
- Ensure access to emergency medications
- Support the Senior Teacher with the updating of policies relating to Medical Conditions and residential procedures.
- Contribute to the writing of IHCPs for students that have medication during their residential hours.

## Administration of Medication trained staff

2.16 Staff trained to administer medication are responsible for:

- Keeping up to date with school practice and procedures through reading updated medical conditions and procedures policies
- Keeping their training up to date
- Having a good knowledge of the IHCPs for students they work with and administer to
- Passing their competency checks and continuing good practice between checks
- Keeping their medical cabinet/room and administration area clean and organised as per the audit document.
- Ensuring administration, storage and transportation of medication are completed as outlined in the Administration of Medication policy.
- Ensuring that records are kept as outlined in the policy.
- Having the 'Medication file' available to all administration of medication trained staff who may administer from your cabinet.
- Ensuring that keys are stored safely and key safe codes are not shared with staff who are not trained to administer medications with the exception of the Head teacher.

## First Aiders

2.17 First aiders at Sidestrand Hall School have a responsibility to:

- Keep their training up to date and attend any refresher courses
- Attend training for specific conditions held at school by the school nurse or other medical professionals
- Give immediate help to casualties with common injuries or illnesses and those arising from specific hazards with the school.



- When necessary ensure that an ambulance or other professional medical help is called.
- Keep your first aid kit clean and well stocked with in date resources
- To know where the nearest emergency inhaler/ epipen is kept and how to access them.

(See First Aid Policy)

### Healthcare Professionals

2.18 Individual doctors and specialist healthcare professionals caring for pupils, who attend Sidestrand Hall School, have a responsibility to:

- Complete the pupil's Healthcare Plans provided by parents/carers as appropriate.
- Ensure children and young people have regular reviews of their condition and their medication.
- Provide the school with information and advice regarding individual children and young people with medical conditions (with the consent of the pupil and their parents/carers).
- Understand and provide input into the school's medical conditions policy as appropriate.

### Norfolk HCP team

2.19 The school has access to school nurses and other health practitioners via the Just One Number (0300 300 0123) Single Point of Access:

[www.justonenorfolk.nhs.uk](http://www.justonenorfolk.nhs.uk). Schools can contact the service for advice and support when a young person has a health condition and needs additional support and advice. Where a health condition is impacting on school attendance, schools can also refer young people for a Health assessment to help explore the impact of their health needs. Where a child is already open to more specialist/community nursing or medical services, the HCP team may recommend liaison with the specialist service in the first instance. School/community/specialist nursing services may be able to provide advice on developing individual healthcare plans and support associated staff training needs. The Children & Young People's Health Services (Norfolk HCP) website also offers a range of online information and resources for children, young people, families and professionals: [www.justonenorfolk.nhs.uk/our-services](http://www.justonenorfolk.nhs.uk/our-services)

### Other Healthcare Professionals

2.20 Other healthcare professionals, including GPs, paediatricians and mental health professionals, may communicate with schools when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing individual healthcare plans. Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. asthma, diabetes, epilepsy).



## **Pupils**

2.21 The pupils who attend Sidestrand Hall School have a responsibility to:

- Treat other pupils with and without a medical condition equally.
- Tell their parents/carers, teacher or nearest staff member when they are not feeling well.
- Let a member of staff know if another pupil is feeling unwell.
- Let any pupil take their medication when they need it, and ensure a member of staff is called.
- Treat all medication with respect.
- Know how to gain access to their medication in an emergency.
- Ensure a member of staff is called in an emergency situation.
- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- 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. Where a student is too young or deemed unable to carry their own AAI a trained member of staff will take responsibility for ensuring that it is safe and close by.

## **Parents/Carers**

2.22 The parents/carers of a child attending Sidestrand Hall School have a responsibility to:

- Inform the school if their child has a medical condition.
- Ensure the school has a complete and up-to-date Healthcare Plan for their child.
- Inform the school about the medication their child requires during school hours.
- Inform the school of any medication their child requires while taking part in visits, outings or field trips and other out-of-school activities.
- Tell the school about any changes to their child's medication, what they take, when, and how much.
- Inform the school of any changes to their child's condition.
- Ensure their child's medication and medical devices are labelled with their child's full name.
- Provide the school with appropriate spare medication labelled with their child's name.
- Ensure that their child's medication is within expiry dates.
- Keep their child at home if they are not well enough to attend school.



- Ensure their child catches up on any school work they have missed.
- Ensure their child has regular reviews about their condition with their doctor or specialist healthcare professional.
- Ensure their child has a written care/self-management plan as appropriate from their doctor or specialist healthcare professional to help their child manage their condition.

### **3) School Procedures**

#### **Admission forms**

3.1 After receiving confirmation of a placement offer parents/carers will be asked to complete a set of admission forms. Within the admission paperwork there are questions which will inform the school of their child's health conditions or health issues. Parents of new pupils starting at other times during the year are also asked to provide this information on admission forms.

#### **Procedures when notification is received that a pupil has a medical condition**

3.2 The Senior Teacher will liaise with relevant individuals, including as appropriate parents/carers, the individual pupil, health professionals and other agencies to decide on the support to be provided to the child. Information will then be shared with the relevant pastoral lead, teaching and residential staff. Where appropriate, an Individual Healthcare Plan will be drawn up.

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

3.3. An IHCP will be written for pupils with a medical condition that is long term and complex. It will clarify what needs to be done, when and by whom and include information about the child's condition, special requirements, medicines required, what constitutes an emergency and action to take in the case of an emergency. IHCPs are reviewed at three points annually and if evidence is provided that a child's needs have changed.

#### **Drawing up Healthcare Plans**

3.4 Sidestrand Hall School uses a Healthcare Plan to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments. Further documentation can be attached to the Healthcare Plan if required.

3.5 A Healthcare Plan, accompanied by an explanation of why and how it is used, is sent to all parents of pupils with a long-term medical condition. This is sent:

- At the start of the school year.
- At admission.
- When a diagnosis is first communicated to the school.



3.6 If a pupil has a short-term medical condition that requires medication during school hours, a medication form plus explanation is sent to the pupil's parents to complete.

3.7 The parents/carers, healthcare professional and pupil with a medical condition, are asked to fill out the pupil's Healthcare Plan together. Parents then return these completed forms to the school.

3.8 Sidestrand Hall School ensures that a relevant member of school staff is also present, if required to help draw up a Healthcare Plan for pupils with complex healthcare or educational needs.

### **School Healthcare Plan register**

3.9 Healthcare Plans are used to create a centralised register of pupils with medical needs. This is held with the Senior Teacher and shared with relevant staff on the Shared Drive.

### **Ongoing communication and review of Healthcare Plans**

3.10 Parents/carers are regularly reminded to update their child's Healthcare Plan if their child has a medical emergency or if there have been changes to their symptoms (getting better or worse), or their medication and treatments change.

3.11 Staff at Sidestrand Hall School use opportunities such as teacher–parent evenings and home–school books to check that information held by the school on a pupil's condition is accurate and up to date.

3.12 Every pupil with a Healthcare Plan at Sidestrand Hall School has their plan discussed and reviewed at least once a year at their EHCP annual review.

### **Storage and access to Healthcare Plans**

3.13 Parents/carers and pupils at Sidestrand Hall School are provided with a copy of the pupil's current agreed Healthcare Plan.

3.14 Healthcare Plans are kept securely on pupils' individual records on Arbor (MIS System) and the Shared Drive.

3.15 All members of staff who work with groups of pupils have access to the Healthcare Plans of pupils in their care via Arbor

3.15 When a member of staff is new to a pupil group, for example due to staff absence, the school makes sure that they are made aware of (and have access to) the Healthcare Plans of pupils in their care.

3.16 Sidestrand Hall School ensures that all staff protect pupil confidentiality.

3.17 Sidestrand Hall School seeks permission from parents/carers to allow the Healthcare Plan to be sent ahead to emergency care staff, should an emergency





happen during school or boarding hours. This permission is included on the Healthcare Plan.

3.18 Sidestrand Hall School seeks permission from the pupil and parents/carer before sharing any medical information with any other party, such as when a pupil takes part in a work experience placement.

### **Use of Healthcare Plans**

3.19 Healthcare Plans are used by Sidestrand Hall School to:

- Inform the appropriate staff about the individual needs of a pupil with a medical condition in their care.
- Remind pupils with medical conditions to take their medication when they need to and, if appropriate, remind them to keep their emergency medication with them at all times.
- Identify common or important individual triggers for pupils with medical conditions at school that bring on symptoms and can cause emergencies. This school uses this information to help reduce the impact of common triggers.
- Ensure that all medication stored at school is within the expiry date
- Ensure Sidestrand Hall School's local emergency care services have a timely and accurate summary of a pupil's current medical management and healthcare in the event of an emergency.
- Remind parents/carers of pupils with medical conditions to ensure that any medication kept at school for their child is within its expiry dates.

### **Medication**

3.20 Written consent from parents must be received before administering any medicine to a child at school. Medicines will only be accepted for administration if they are: prescribed 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 inside an insulin pen or pump, rather than in its original container.

3.21 There are clear guidelines on the safe storage and administration of medications in the Administration of Medications Policy. Please refer to this document for all protocols regarding medications onsite and for off site visits.

### **Medical Conditions**

3.22 Each student with a medical condition that requires medical intervention will have an IHCP and in some cases a risk assessment. Students that are recovering from an operation or illness may not require an IHCP. However, a plan may be put into place to support the management of their recovery. This may involve a phased return, accessibility to lessons and areas, looking at catch up work, different equipment needed or short term medications, namely antibiotics or pain relief.



3.23 The School Nurse supports with training of specific conditions such as epilepsy, diabetes and asthma. Please refer to the individual policies for further information. We treat all students with a medical condition as individuals and support for two students with the same condition may look different.

### **Training and Guidance**

3.24 Training for specific conditions may be available via external websites for example: [www.asthma.org.uk](http://www.asthma.org.uk) [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk) [www.epilepsy.org.uk](http://www.epilepsy.org.uk) To discuss sources for training for specific health conditions contact the Just One Number (0300 300 0123) and consult the Just One Norfolk website. This has a specific section with information and resources relating to [mental health support](#)

3.25 Training for mental health champions and senior leadership training detailing implementing whole school approach policies and procedures can be found via The Link Programme at [www.ormiston.org](http://www.ormiston.org) and is free to access.

### **Pregnant pupils and school age parents**

3.26 Norfolk County Council Medical Needs Service has developed guidance to help schools support pregnant pupils and school age parents. The policy provides links to national guidance and services within Norfolk which can offer support. It highlights the responsibilities of schools, and actions that schools can take to keep the pregnant pupil safe and ideally, remaining in education. The [Pregnant pupils policy for schools](#) can be accessed via the Medical Needs Service webpage.

### **Food and Drink**

3.27 At Sidestrand Hall School we support a number of students who have specific dietary requirements due to allergies and intolerances. The Kitchen Manager and kitchen staff receive annual allergy training and are made aware of any students that may have food allergies /intolerances.

3.28 Kitchen staff and adults working directly with students who have eating plans and/or specialist diets also receive annual dysphagia training. Students that have a dysphagia eating plan will be supported by trained staff whenever they eat/drink during the school day and their boarding sessions. The Senior Teacher arranges dysphagia training via specialist speech therapists for each student with a plan at least once annually. Parents are invited in to join these sessions. Students' plans are stored on the Shared Drive where all staff working with them have access.

3.29 Students that are fed via a gastrostomy feeding tube are also supported in class by trained staff.

### **Intimate Care Procedures**

3.30 Students requiring support with toileting or more invasive procedures will have an intimate care plan. This is completed with parents/carers to agree the level of support needed. Please refer to the Intimate Care Policy for more information.



## **First Aid**

3.31 Sidestrand Hall School has a team of staff qualified to supply Emergency First Aid at Work (1 day) and First Aid at Work (3 day) across the school. Please refer to the First Aid Policy for further information.

## **Illness**

3.32 If a child is unwell at home parents should contact the school absence line and inform school of the reason for absence. If their child has experienced an episode of vomiting or diarrhoea the Reception Office will send a text message to the parent requesting them to observe the 48 hour rule. We do not expect children to return within 48 hours of their last episode, unless pre agreed with SMT or if there is a known reason.

3.33 If a student is ill on the taxi the passenger assistant will inform the school reception office. The student will be escorted by school staff to ELM, whilst parents are contacted and asked to collect their child.

3.34 If a pupil is feeling unwell during the school day they will be offered a quiet space within the classroom or asked to sit in ELM. Parents will be contacted for permission for staff to administer medication such as Calpol/Piriton or if appropriate to come and collect their child.

3.35 If a student is unwell during their residential evening parents will be contacted and depending on the nature of the illness they will be asked to come and collect their child or to agree care needed with the Residential Care Officers.

## **Emergency Procedures**

3.36 All staff understand and are trained in what to do in an emergency for the most common serious medical conditions at Sidestrand Hall School

3.37 Emergency procedure posters for anaphylaxis, asthma, diabetes and epilepsy are displayed throughout the school download from [www.medicalconditionsatschool.org.uk](http://www.medicalconditionsatschool.org.uk).

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

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

3.40 At times it may be necessary for a student to be transported to the Minor injuries clinic at Cromer Hospital. This will only be done by a school vehicle by a member of staff who is qualified and insured to transport students. They will be accompanied by a first aider.



**The medical conditions policy is supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation**

3.41 Pupils are informed and regularly reminded about the medical conditions policy:

- Through the school council
- In the school newsletter at several intervals in the school year
- In RSE classes
- Through school-wide communication about results of the monitoring and evaluation of the policy.

3.42 Parents are informed and regularly reminded about the medical conditions policy:

- By including the policy statement in the school's prospectus and signposting access to the policy
- At the start of the school year when communication is sent out about Healthcare Plans
- In the school newsletter at several intervals in the school year
- When their child is admitted as a new pupil
- Via the school's website
- Through school-wide communication about results of the monitoring and evaluation of the policy.

3.43 School staff are informed and regularly reminded about the medical conditions policy:

- Through electronic copies being shared before Healthcare Plans are distributed to parents and after any policy amendments.
- At scheduled medical conditions training
- Through school-wide communication about results of the monitoring and evaluation of the policy
- All newly appointed staff are informed of their responsibilities and provided with a copy of this policy prior to start date at Sidestrand Hall School.
- All temporary staff are informed of the policy and their responsibilities.
- Relevant local authority health staff are informed and regularly reminded about the school's medical conditions policy:
- Via primary care trust (PCT) links and the school/community nurse
- Through communication about results of the monitoring and evaluation of the policy.

3.44 All other external stakeholders are informed and reminded about the school's medical conditions policy:

- By letter accompanied with a printed copy of the policy summary at the start of the school year
- Through communication about results of the monitoring and evaluation of the policy.



### **Residential visits, day trips, off-site activities, sporting activities, work experience**

3.45 Reasonable adjustments will be made to enable pupils with medical needs to participate fully and safely in day trips, residential visits, sporting activities and other activities beyond the usual curriculum. When carrying out risk assessments, parents/carers, pupils and healthcare professionals will be consulted where appropriate

3.46 Risk assessments are carried out by Sidestrand Hall School prior to any out-of-school visit and medical conditions are considered during this process. Factors Sidestrand Hall School considers include: how all pupils will be able to access the activities proposed, how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency.

3.47 Sidestrand Hall School understands that there may be additional medication, equipment or other factors to consider when planning residential visits. Sidestrand Hall School considers additional medication and facilities that are normally available at school.

3.48 Risk assessments are carried out before pupils start any work experience or off-site educational placement. It is Sidestrand Hall School's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents/carers before any medical information is shared with an employer or other education provider.

3.49 Sidestrand Hall School is aware of the common triggers that can make medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this

3.50 Sidestrand Hall School is committed to reducing the likelihood of medical emergencies by identifying and reducing triggers both at school and on out-of-school visits.

3.51 School and residential staff have been given training on medical conditions. This training includes detailed information on how to avoid and reduce exposure to common triggers for common medical conditions.

3.52 The school has a list of common triggers for the common medical conditions at Sidestrand Hall School. The school has a trigger reduction schedule and is actively working towards reducing or eliminating these health and safety risks.

3.53 Written information about how to avoid common triggers for medical conditions has been provided to all school staff.

3.54 Sidestrand Hall School uses Healthcare Plans to identify individual pupils who are sensitive to particular triggers. The school has a detailed action plan to ensure



these individual pupils remain safe during all lessons and activities throughout the school day.

3.55 Full health and safety risk assessments are carried out on all out-of-school activities before they are approved, including work experience placements and residential visits, taking into account the needs of pupils with medical conditions.

3.56 The school reviews medical emergencies and incidents to see how they could have been avoided. Appropriate changes to this school's policy and procedures are implemented after each review

(See Educational Visits Policy)

### **Home-to-school transport**

3.57 Home-to-school transport is the responsibility of Local Authority, who may find it helpful to be aware of a pupil's individual healthcare plan and what it contains, especially in respect of emergency situations. When the school is aware of changes in respect of a pupil's health condition they will notify the local authority on behalf of parents/carers as appropriate.

### **Defibrillator**

3.58 Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. A defibrillator is situated at the Main House Entrance and staff members appointed as first-aiders are trained in the use of CPR.

### **Hygiene and Infection Control**

3.59 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and aprons where appropriate and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment. Sharps bins are available where needed.

### **Unacceptable practice**

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

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents





- Ignore medical evidence or opinion
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities unless this is specified in their IHCPs
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child

### **Complaints/Concerns**

3.61 An individual wishing to make a complaint or raise a concern regarding the school's actions in supporting a child with medical conditions should discuss this with the school in the first instance. If the issue is not resolved, then a formal complaint may be made.

(See Complaints Policy)

### **Insurance**

3.62 Where a member of staff acting in the course of employment supports pupils with medical conditions at schools, they will be indemnified by the school's liability insurance for any claim for negligence relating to injury or loss through their actions, providing that the following criteria have been met.

- They have received full appropriate training and are competent to carry out any medical interventions for that pupil
- They have received refresher training at the required intervals
- They have used the relevant protective equipment for that purpose
- There is written parental instruction and consent
- It is made clear to non-trained staff that they should not administer or be the second signatory when medication is administered.



#### **4) Legislation and Guidance**

4.1 Local authorities, schools and governing bodies are responsible for the health and safety of pupils in their care. Areas of legislation that directly affect a medical conditions policy are described in more detail in *Managing Medicines in Schools and Early Years Settings*. The main pieces of legislation are the Disability Discrimination Act 1995 (DDA), amended by the Special Educational Needs and Disability Act 2001 (SENDA) and the Special Educational Needs and Disability Act 2005. These acts make it unlawful for service providers, including schools, to discriminate against disabled people. *Managing Medicines in Schools and Early Years Settings* (2004). This provides guidance from the DfES (now DCFS) and DH on managing medicines in schools and early year's settings. The document includes the following chapters:

developing medicines policies

roles and responsibilities

dealing with medicines safely

drawing up a Healthcare Plan

relevant forms

4.2 Disability Discrimination Act 1995 (DDA) and the Special Educational Needs and Disability Acts (2001 and 2005). Many pupils with medical conditions are protected by the DDA and SENDA, even if they don't think of themselves as 'disabled'.

2.3 The Commission for Equality and Human Rights (CEHR) (previously the Disability Rights Commission) publishes a code of practice for schools, which sets out the duties under the DDA and gives practical guidance on reasonable adjustments and accessibility. The CEHR offers information about who is protected by the DDA, schools' responsibilities and other specific issues.

4.4 Schools' responsibilities include:

- Not to treat any pupil less favourably in any school activities without material and sustainable justification.
- To make reasonable adjustments that cover all activities – this must take into consideration factors such as financial constraints, health and safety requirements and the interests of other pupils. Examples of reasonable adjustments can be found in the DfE resource: *Implementing the DDA in Schools and Early Years Settings*.
- To promote disability equality in line with the guidance provided by the DCSF and CEHR through the Disability Equality Scheme.

4.5 DfE publications are available through the publications at GOV.UK.

The Education Act 1996



Section 312 of the Education Act covers children with special educational needs, the provisions that need to be made and the requirements local health services need to make to help a local authority carry out its duties.

#### 4.6 The Care Standards Act 2000

This act covers residential special schools and responsibilities for schools in handling medicines.

#### 4.7 Health and Safety at Work Act 1974

This act places duties on employers for the health and safety of their employees and anyone else on their premises. This covers the head teacher and teachers, non-teaching staff, pupils and visitors.

#### 4.8 Management of Health and Safety at Work Regulations 1999

These regulations require employers to carry out risk assessments, manage the risks identified and to communicate these risks and measures taken to employees.

#### 4.9 Medicines Act 1968

This act specifies the way that medicines are prescribed, supplied and administered

#### 4.10 Children's and Families Act 2014 and Equality Act 2010

These acts ensure that children have access to support and provision that allows them to thrive.

## **5) Allergy Awareness and Management**

5.1 Sidestrand Hall School recognises that a number of community members (pupils, parents, visitors and staff) may suffer from potentially life-threatening allergies or intolerances to certain foods.

5.2 Sidestrand Hall School is committed to a whole school approach to the care and management of those members of the school community. The School's position is not to guarantee a completely allergen free environment, rather to minimise the risk of exposure by hazard identification, instruction and information. It is also important that the School has robust plans for an effective response to possible emergencies. This policy has been created to



ensure compliance under The Food Information Regulations 2014. Please also refer to Appendix 1.

5.3 Sidestrand Hall School is committed to proactive risk allergy and intolerance management through:

- The encouragement of individual responsibility and learned avoidance strategies amongst those suffering from allergies and intolerances.
- The establishment and documentation of a comprehensive management plan for menu planning, food labelling, stores and stock ordering and customer awareness of food produced on site.
- Provision of a staff awareness programme on environmental and food allergies and food intolerances, possible symptoms (anaphylaxis) and recognition and treatment.

5.4 The intent of this policy is to minimise the risk of any person suffering allergy-induced anaphylaxis, or food intolerance whilst at Sidestrand Hall School or attending any school related activity. The policy sets out guidance for staff to ensure they are properly prepared to manage such emergency situations should they arise.

### **Allergies and Anaphylaxis**

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

5.6 Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later.

5.7 If someone has an allergy, it's because their body is reacting to a substance that should be harmless; this substance is known as an allergen. If they taste, eat, swallow, inhale or touch an allergen, their immune system sees it as a threat. When a person who is susceptible to allergies is exposed to an allergen for the first time, their immune system creates antibodies that prepare to fight against it. This means their body now has a sensitivity to the allergen. The next time they're exposed to the allergen, it will trigger an allergic reaction. Someone who has asthma is more likely to have allergies. And someone who already has allergies AND asthma is more at risk of having a severe reaction.

5.8 Allergic reactions usually happen very quickly - normally within just a few minutes of being exposed to an allergen - and they can be mild, moderate or severe. Mild



and moderate allergic reactions usually affect only one part of the body. Common symptoms of a mild or moderate allergic reaction include:

- Sneezing,
- Vomiting,
- Difficulty talking,
- Stomach ache,
- Red, raised,
- Itchy rash
- Swelling of the face (especially the lips and eyelids)
- An itchy, runny or blocked nose and itchy, red, or watering eyes.

5.9 The way a child reacts to an allergen can change over time. Even if they've only had a mild or moderate reaction in the past, it does not mean they will react the same way next time. They are always at risk of having a severe reaction. Even a small amount of exposure to an allergen can trigger a severe reaction.

5.10 Around 50% of children in the UK have allergies. The most common things that children are allergic to are: Insect bites and stings, food, pollen, animals, dust mites and mould. Medication, latex and exercise can also be allergens. They are less common, but can still cause a severe allergic reaction. Sometimes, an allergen can't be found or identified. A child may have an allergic reaction and you may not know what's caused it. It shouldn't be assumed that two children who react to the same allergen will react in the same way. This is not the case. For example, two children can both be allergic to strawberries. One of them may only get a stomach ache, but the other one may start vomiting and experience face swelling, or worse. It's vital that you're aware of any known allergens that cause a child in your care to have a reaction. You should also be aware of how severe the child's reaction usually is.

5.11 Food and Insect bites and stings are the most common causes of allergic reactions. Around one in 100 people will have an allergic reaction to a wasp or bee sting. The reaction will normally happen within 30 minutes. A small number of these will have a severe reaction. Wasp and bee stings are the most common insect allergens, but any insect bite or sting can trigger an allergic reaction – even something as minor as an ant bite.

5.12 A child could be allergic to any type of food, but there are a number of commonly known food allergens. Milk and eggs tend to be the most common food allergens for children. However, many of them outgrow this allergy between the ages of 3 and 5. Other common food allergens for children include: Peanuts, Tree nuts, Soy, Gluten, Fruit, Wheat and fish and shellfish. If a child in your care has a food allergy, you need to know what foods they should avoid.



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

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

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

### **Allergy Action Plans and IHCPs**

5.16 Allergy action plans are designed to function alongside the pupil's Individual Healthcare Plans (IHCPs) for children with anaphylaxis or allergies. It provides 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.

5.17 Sidestrand Hall School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK. It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the School.

5.18 An Individual Healthcare Plan (IHCP) is a document that contains information about a child's health. It will be drawn up by their parents/carers and the school, in some cases it will be approved by their doctor or the school nurse.

The IHCP additional contents for a child with allergies:

- A list of the child's allergens
- A list of their medication and when they need to take it
- Day-to-day management of their allergies
- What to do in an emergency such as a severe allergic reaction (or Anaphylaxis)





### **Emergency Treatment and Management of Anaphylaxis**

5.19 An anaphylactic reaction is a medical emergency and should be treated as one. Adrenaline must be administered with the minimum of delay as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

5.20 Therefore, any staff member trained in administering AAI should do so as soon as the first signs of anaphylaxis occur. Anaphylaxis Emergency Procedure (Appendix 2)

#### **ACTION:**

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

Ask a member of staff to collect the defibrillator

Contact SLT ( Main House Office) and The Reception office to inform that a 999 call has been made.

- Phone parent/carer as soon as possible

Have the pupil's empty AAI, IHCP, AAP at hand for the emergency services.

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

5.22 Afterwards, the member of staff who administered the AAI alongside the first aider must complete the school's ancillary database and inform the Senior Teacher for Medical Needs. The Senior Teacher will email the following persons to inform them of the reaction and 999 call:

- Headteacher
- Assistant Headteachers
- School Business Manager
- The kitchen staff (if food related)
- Designated Teacher for LAC (if relevant)
- Relevant Pastoral Lead
- The class team



- Medication HLTA
- First aiders

5.23 Risk assessments and the pupil's documentation will be relooked at with parents following the hospital visit.

### **Supply, Storage and Care of Medication**

5.24 Where it is deemed appropriate pupils throughout Key Stages 3-5 will be encouraged to take responsibility for and to carry their own adrenaline injectors on them at all times (in a suitable bag/ container labelled clearly with their name). However, symptoms of anaphylaxis can come on very suddenly, so school staff need to be prepared to administer medication if the young person cannot.

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

5.26 Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

5.27 The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext®
- an up-to-date Allergy Action Plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

5.28 It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled. However the class teacher/ form tutor will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

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

5.30 Pupils will take their AAI kits with them on school transport. It is the parents' responsibility to ensure that transport staff know that their child has an allergy and an emergency kit. School staff will ensure the pupil has it with them when leaving the classroom and where a child is too young or unable to care for their own kit a member of staff will pass it to the taxi passenger assistant or driver.



### **Disposal**

5.31 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 Sharps bin. The Sharps bin is kept in the Medical room near the Reception Office.

### **Staff Training**

5.32 All staff will complete online anaphylaxis awareness training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff. When a student carries an AAI the School Nurse will conduct a practical anaphylaxis training session at the start of every new academic year for those staff who may work with this student.

5.33 Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites [www.epipen.co.uk](http://www.epipen.co.uk) and [www.jext.co.uk](http://www.jext.co.uk) )

### **Inclusion**

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

5.35 In order to ensure all students with an allergy or an intolerance are kept safe from contact with an identified allergen or potential contamination Sidestrand Hall School staff, parents, pupils and visitors adhere to the Department of Health guidance recommendations (Appendix 1).



## Catering

5.36 Sidestrand Hall School follows the Food Information Regulations 2014. A list of all ingredients and potential allergens used in the menu cycle can be obtained from the kitchen on request. Parents/carers are encouraged to meet with the Senior Teacher for Medical Needs to discuss their child's needs. A list of pupils with food allergies and intolerances is given to the kitchen staff at the beginning of each academic year and each time that it is updated.

5.37 The common causes of allergies and intolerances relevant to this policy are the 14 major food allergens:

- Cereals containing **Gluten**
- **Celery** including stalks, leaves, seeds and celeriac in salads
- **Crustaceans**, (prawns, crab, lobster, scampi, shrimp paste)
- **Eggs** - also food glazed with egg
- **Fish** - some salad dressings, relishes, fish sauce, some soy and Worcester sauces
- **Soya** (tofu, bean curd, soya flour)
- **Milk** - also food glazed with milk
- **Nuts**, (almonds, hazelnuts, walnuts, pecan nuts, Brazil nuts, pistachio, cashew and macadamia (Queensland) nuts, nut oils, marzipan)
- **Peanuts** - sauces, cakes, desserts, ground nut oil, peanut flour
- **Mustard** - liquid mustard, mustard powder, mustard seeds
- **Sesame Seeds** - bread, bread sticks, tahini, houmous, sesame oil
- **Sulphur dioxide/Sulphites** (dried fruit, fruit juice drinks, wine, beer)
- **Lupin**, seeds and flour, in some bread and pastries
- **Molluscs**, (mussels, whelks, oyster sauce, land snails and squid).

Posters showing this information are displayed in the food preparation areas.

5.38 The allergy to nuts and peanuts is the most common high-risk allergy and, as such, demands more rigorous controls. However, it is important to ensure that all allergies and intolerances are treated equally as the effect on the individual can be both life-threatening and uncomfortable, if suffered.

5.39 Note: the above list is documented in The Food Information Regulations 2014, however it is known that additional food groups could cause allergies or reactions (for example Kiwi Fruit/ Melon, Strawberries). Therefore, it is important that kitchen staff are made aware of any individual's dietary needs.

5.40 Sidestrand Hall School respects that all pupils are entitled to a school meal and may want to eat what their friends are eating with their friends. Catering staff ensure that the eating environments are clear of cross contamination of allergens prior to the pupils sitting down to lunch. Sidestrand Hall School has a strict no sharing of food



rule. This is to prevent pupils eating foods which are potentially contaminated or are unchecked by parents.

### **Educational Visits**

5.41 Staff leading educational visits will ensure they carry all relevant information and emergency supplies. This includes: a copy of the pupil's IHCP, a member of staff who is trained to use an auto-injector and the pupil's medication – which must be stored correctly and be easily accessible for all staff and the child. Pupils unable to produce their required medication will not be able to attend the excursion.

5.42 All of the activities on the visit, including the environment, will be risk assessed for potential threats to allergic pupils. Where it is deemed unsafe alternative activities will be planned to ensure inclusion. Staff will prepare for things that take place outside of the normal school day, such as exposure to different allergens, the child using more medication, and possibly needing help during the night. Packed lunches and any other food and drink items are prepared carefully following the Department of Health Allergy Awareness Guidance.

5.43 During the visit pupils with allergies will be very closely monitored to ensure their safety, avoiding allergens and preventing an allergic reaction. They will also be very closely observed for early symptoms of a reaction as a measure of good practice and potential unforeseen allergens.

5.44 Overnight school visits will be carefully planned. The visit leader will have a meeting with parents at the planning stage in order that the IHCP and the visit environment and activities can be thoroughly discussed. Staff at the venue for an overnight visit will be briefed early on that a pupil with an allergy is attending and what accommodations need to be made in order to keep the pupil safe and included. If the venue is providing food during the visit a list of meals with ingredients will be given to the parents to check during the planning stage.

### **Sporting Excursions**

5.45 The excursion leader will ensure that the sporting venue, coaches and staff supporting the visit are fully aware that a pupil with a specific allergy will be on the visit. A member of staff trained in administering adrenaline will accompany the team.

A risk assessment will be carried out during the planning stages of the visit.



## **Risk Assessments**

5.46 Sidestrand Hall School keeps a central record of pupils with known allergies. This record helps to inform the risk assessment to identify any gaps in our systems and processes for keeping allergic children safe. This includes identifying how many first aiders and spare AAIs to have on site and where they should be kept.

5.47 For all new pupils with severe allergies or Anaphylaxis and any pupils newly diagnosed during the school year the Senior Teacher for Medical conditions and the class teacher will meet with parents to complete a more in depth risk assessment (Appendix 4). This risk assessment is a thorough document which scrutinises the practical aspects of teaching a child with a severe allergy/ anaphylaxis.

5.48 Educational visit leaders also carry out thorough risk assessments during the planning phase.

5.49 All pupils with a severe allergy/anaphylaxis will have this identified on their Risk Management Plan.

## **Allergy Awareness - Practice in School**

5.50 It is primarily the responsibility of parents/guardians to teach their child to manage their allergies and care for their equipment. However, it is important for all children to be educated about allergies and anaphylaxis and suitable risk minimisation strategies (e.g. washing hands after eating, not sharing food.). At Sidestrand Hall School we endeavour to educate our pupils using Allergy Wise lessons throughout our RSE curriculum. In addition to this, allergies and safe practices such as washing hands/surfaces to prevent cross contamination will be taught in lessons such as food technology, science and independent living.

5.51 In food preparation areas including the staff room, food technology room, common rooms and main kitchen there are posters displaying the 14 allergens in schools, Allergy Wise and Anaphylaxis Awareness and How to Save an Allergy Sufferer's Life.





### **The Classroom Environment**

5.52 When a child/ young person with allergies starts at Sidestrand Hall School a risk assessment is carried out to identify potential allergic triggers in the classroom. This will include looking at the environment and materials used in lessons.

Common things that staff will consider include:

- Class pets,
- Dusty classrooms,
- Open windows and pollen,
- Art and craft lessons that use play dough, paint and glue (for example),
- Chemicals in science lessons,
- Anything children could bring into school that can trigger allergic reactions.

5.53 Good practice is for parents or guardians to be involved in the risk assessment and a discussion with class staff about how their child can be included in all activities. Changes may need to be made so the child can participate safely.

### **Food Technology**

5.54 When planning their food technology recipes for the term teachers will amend recipes that include allergens of any students in their groups.

5.55 Staff will ensure that:

- Recipes are thought out carefully,
- The cooking area is cleaned thoroughly before and after use,
- Risks of a child being exposed to their allergens by cross-contamination are greatly reduced.
- Using different utensils for different foods,
- Washing their hands in-between handling different foods,
- Wearing aprons when working with different foods,
- Storing all foods separately,
- Disposing of waste correctly.
- All pupils wash their hands before and after the lesson.
- Pupils with food allergies must be monitored closely

### **Outdoor Lessons**

5.56 At Sidestrand Hall School, we have an extensive site with areas of woodland and grass. The site is readily used throughout the year for outdoor learning, gardening and sports. Staff working with pupils with allergies are extra vigilant due to the increased risk of potential unforeseen encounters with allergens.

5.57 Pupils with allergies - particularly those who also have asthma - are monitored very closely during playtime, sports, PE and swimming lessons. As they're at a higher risk of exercise-induced anaphylaxis. A member of staff working with the



pupil/group will ensure that medication is close by at all times and is prepared to act in an emergency.

### **School Events**

5.58 If the School hosts any coffee mornings or cake sales for charity it is important that no food poses a risk to the consumer. Where products are not made on site by the pupils or kitchen appropriate signage should be in place. This will state the following: *'This item was not produced at Sidestrand Hall School, therefore we cannot guarantee that it **does not** contain nuts or any other allergens'*.

5.59 All products should be plated separately, and stored as such (wrapped where possible) to prevent cross contamination to other items for sale. It should be left to the discretion of the adult buying the food that they accept the risk that allergens may be present. Pupils with allergens should be guided to an area of the sale where the produce is allergen free.



## **6) Supporting Pupils with Asthma**

### **Statement of intent**

#### 6.1 Sidestrand Hall School:

- Recognises that asthma is a serious but controllable condition and welcomes all pupils with asthma.
- Ensures that pupils with asthma can and do participate fully in all aspects of school life including physical exercise, visits, field trips and other out-of-school activities.
- Recognises that pupils with asthma need immediate access to reliever inhalers at all times.
- Keeps a record of all pupils with asthma and their medicinal requirements.
- Ensures that the school environment is conducive to the education of pupils with asthma.
- Ensures that all members of school staff (including supply teachers and support staff) who come into contact with pupils with asthma know what to do in the event of an asthma attack.
- Understands that pupils with asthma may experience bullying and has procedures in place to prevent this occurring.
- Works in partnership with interested parties, such as the governing body, members of school staff, parents, pupils and outside agencies, to ensure the best educational outcomes possible for pupils with asthma.

### **Background**

#### 6.2 This policy has been created with regard to the following DfE guidance:

- 'Supporting pupils at school with medical conditions' December 2015.
- 'Guidance on the use of emergency salbutamol inhalers in schools' March 2015.

This policy enables pupils with asthma to manage their condition effectively in school and provides clear procedures to help ensure their safety and wellbeing.

This policy also encourages and assists pupils with asthma in achieving their full potential in all aspects of school life.

### **Asthma medicines**

6.3 Pupils with asthma are encouraged to carry their reliever inhaler as soon as their parent/carer agrees they are mature enough.

6.4 Reliever inhalers kept in the school's charge are held in the pupil's classroom in a designated storage area.

6.5 Parents/carers must label their child's inhaler.



6.6. Parents/carers must ensure that the school is provided with a labelled spare reliever inhaler, in case their child's inhaler runs out, is lost or forgotten.

6.7 Members of school staff are not required to administer medicines to pupils (except in emergencies).

6.8 Staff members will let pupils take their own medicines when they need to.

6.9 Staff members may have to closely supervise and guide some pupils when self-administering using their inhaler.

6.10 This policy is predominantly for the use of reliever inhalers. Preventer inhalers are very rarely required at school. However, if they are needed, staff members may need to remind pupils to bring them in if they consistently forget.

### **Emergency inhaler**

6.11 Sidestrand Hall School keeps a supply of blue salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in 'emergency asthma kits'.

6.12 Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- A minimum of two plastic, compatible spacers
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler
- A record of administration showing when the inhaler has been used

6.13 Sidestrand Hall School buys our supply of salbutamol inhalers from a reputable online pharmacy.

6.14 The emergency inhaler (Salbutamol) should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication.

6.15 Parental consent for the use of an emergency inhaler (Salbutamol) should form part of any pupil with asthma's Individual Healthcare Plan.



6.16 When not in use, emergency salbutamol inhalers are located in Reception, The Main House office and the Sixth Form office in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away. Members of staff who work in these areas have quick access to the inhalers.

6.17 Expired or used-up emergency salbutamol inhalers are returned to the local pharmacy to be recycled.

6.18 Spacers must not be reused and may be given to the pupil for future home use.

6.19 Emergency salbutamol inhalers may be reused, provided that they have been properly cleaned after use.

6.20 Appropriate support and training will be provided for relevant staff on the use of the emergency salbutamol inhaler and administering the emergency inhaler. A list of trained staff is kept with the inhalers.

6.21 Whenever the emergency salbutamol inhaler is used, the incident must be recorded in the corresponding record of administration.

6.22 Whenever the emergency salbutamol inhaler is used, the incident must also be recorded on the school's records, indicating where the attack took place, how much medication was given, and by whom, and the pupil's parents will be informed in writing(home school book or email), telephone call or by text message.

6.23 The Senior Teacher for supporting Medical Needs is responsible for overseeing the protocol for the use of the emergency salbutamol inhaler, monitoring its implementation, and maintaining the Asthma Register.

6.24 The Senior Teacher for supporting Medical Needs is responsible for:

- Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.
- Ensuring replacement inhalers are obtained when expiry dates are approaching.
- Ensuring replacement spacers are available following use.
- Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary.

### **Symptoms of an asthma attack**

6.25 Members of school staff will look for the following symptoms of asthma attacks in pupils:

- Persistent coughing (when at rest)



- Shortness of breath (breathing fast and with effort)
- Wheezing
- Nasal flaring
- Complaints of tightness in the chest
- Being unusually quiet
- Difficulty speaking in full sentences

Younger pupils may express feeling tight in the chest as a 'tummy ache'.

### **What to do when a child has an asthma attack**

6.26 In the event of an asthma attack, staff will follow the procedure outlined below:

- Keep calm and encourage pupils to do the same.
- Encourage the child to sit up and slightly forwards – do not hug them or lie them down.
- If necessary, call another member of staff to retrieve the inhaler– do not leave the affected pupil unattended.
- If necessary, summon the assistance of a designated member of staff, to help administer an inhaler.
- Ensure the child takes two puffs of their reliever inhaler immediately, preferably through a spacer.
- Ensure tight clothing is loosened.
- Reassure the child.

If there is no immediate improvement:

- Continue to ensure the child takes two puffs of their reliever inhaler every two minutes, until their systems improve, but only up to a maximum of 10 puffs.

If there is no improvement before you have reached 10 puffs:

- Call 999 for an ambulance.
- If an ambulance does not arrive in 10 minutes, administer another 10 puffs of the reliever inhaler

Call 999 immediately if:





- The child is too breathless or exhausted to talk.
- The child is going blue.
- The child's lips have a blue/white tinge.
- The child has collapsed.
- You are in any doubt.

### **Important points to remember**

6.28 Never leave a pupil having an asthma attack unattended.

6.29 If the pupil does not have their inhaler, send another teacher or pupil to retrieve their spare inhaler or an emergency Salbutamol inhaler.

6.30 In an emergency situation, members of school staff are required to act like a 'prudent parent' – known as having a 'duty of care'.

6.31 Reliever medicine is very safe. Do not be overly concerned that a pupil may overdose.

6.32 Send another pupil to get a teacher/adult if an ambulance needs to be called. There are long distance walk about phones located in Bay Office, ELM and the Sixth Form office which can be used at the site of the unwell student.

6.33 Contact the pupil's parents/carers immediately after calling an ambulance.

6.34 A member of staff should always accompany a pupil taken to hospital by ambulance and stay with them until their parent/carer arrives.

6.35 Generally, staff will not take pupils to hospital in their own car. However, in some extreme situations Sidestrand Hall School understands that it may be the best course of action.

6.36 If a situation warrants a staff member taking a pupil to hospital in their car, another adult (often a first aider) must accompany them.

### **Record keeping**

6.37 At the beginning of each school year, or when a child joins Sidestrand Hall School parents/carers are asked to inform the school if their child has any medical conditions, including asthma, on their enrolment form.

6.38 The school keeps a record of all pupils with asthma, complete with medication requirements, in the Medical Register.

6.39 Parents must inform the school of any changes to their child's condition or medication during the school year via an Asthma Action Plan (Appendix 1).



3.40 These details will then be recorded on the pupils' Individual Healthcare Plan and on Arbor.

### **Exercise and physical activity**

3.41 Games, activities and sports are an essential part of school life for our pupils. All teachers know which children in their class have asthma and are aware of any safety requirements.

3.42 Outside suppliers of sports clubs and activities are provided with information about pupils with asthma taking part in the activity.

3.43 Pupils with asthma are encouraged to participate fully in PE lessons when they are able to do so. Pupils whose asthma is triggered by exercise will be allowed ample time to thoroughly warm up and cool down before and after the session.

3.44 During sports, activities and games, each pupil's labelled inhaler will be kept in a box at the site of the activity.

3.45 Classroom teachers will follow the same guidelines as above during physical activities in the classroom.

### **Further advice and resources**

#### **Asthma UK**

3.46 Asthma UK has downloadable school guidelines that provide information on asthma, asthma in PE and sports, and what to do when a child with asthma joins the class. Also available are school asthma cards and information and posters for young people to encourage them to be active with their asthma.

Summit House, 70 Wilson Street, London. EC2A 2DB

Phone 020 7786 4900

Helpline 08457 01 02 03

info@asthma.org.uk

[www.asthma.org.uk](http://www.asthma.org.uk)



## **7) Supporting Pupils with Diabetes**

### **What is Diabetes?**

7.1 Diabetes is a condition in which the amount of glucose in the blood cannot be controlled due to the autoimmune destruction of special cells within the Pancreas. All the food we eat is broken down into glucose. Glucose passes via the gut out into the bloodstream. If you do not have diabetes your body will release the hormone insulin in exactly the right amount at the same time as the glucose releases into the bloodstream. If you do have diabetes, both the production of insulin, and the regulation of how much glucose is available in the bloodstream, fails.

7.2 The aim of the treatment for diabetes is to keep the blood glucose levels close to the normal range so that it is neither too high (hyperglycaemia) nor too low (hypoglycaemia, also known as a hypo).

7.3 Most children with diabetes will have Type 1 diabetes. Their pancreas does not produce insulin so they will need insulin injections to regulate their blood sugar levels.

### **Treating Diabetes**

7.4 Insulin has to be injected, and most children with diabetes will need several injections every day. While some injections will be given out of school hours, it is increasingly likely that pupils will require one or more injections during the school day.

### **Blood Glucose Monitoring**

7.5 Most children with diabetes will need to test their blood sugar levels during school time. This is vital to the management of the condition and must be facilitated. Blood glucose testing involves pricking the finger, using a special device, and placing a small drop of blood onto a reagent strip. The level is displayed on a small electronic metre. The procedure takes as little as a minute to complete. Schools should endeavour to provide privacy for the child to carry out this procedure (if the pupil desires it) though that need not be out of the classroom.

7.6 Staff may need to oversee the blood glucose test and help a young child to interpret the reading. If a child has low blood glucose level (hypo) they may also interpret the reading incorrectly, or need assistance inserting the testing strip etc.



7.7 There are no exposed sharps that could pose a danger to other pupils in a blood glucose testing kit, though it is important to discuss the safe use and disposal of equipment in the classroom.

### **Insulin Injections**

7.8 In most cases the equipment will be an insulin 'pen' rather than a syringe. Pupils are taught to administer the insulin injection themselves, however a trained staff member should be on hand to 'double check' each step of the procedure.

### **Diet**

7.9 A balanced diet is just as important for children with diabetes as all other children. A regular intake of starchy carbohydrate foods is important to keep the blood glucose levels within the normal range. Meals and snacks will need to be eaten at regular intervals, usually at normal school break and lunchtimes. However, there may be occasions when a snack or dextrose will need to be taken during lesson times. Pupils should feel that they are able to ask to eat during lesson time if they need to do so, without fear of reprisal.

7.10 It is important to know the times the child needs to eat and make sure that they keep to these times. It may be necessary to allow the pupil to attend first sitting for lunch for example. Children should eat all of their lunch to prevent a hypo occurring.

### **Hypoglycaemia (Hypo)**

7.11 Hypoglycaemia is the most common short-term complication in diabetes and occurs when blood sugar levels fall too low. Hypos are most likely to happen before meals and during or after exercise.

7.12 It is important to understand that a hypo cannot be predicted. It is a physiological response that can happen very suddenly and without warning. It is during a hypoglycaemic episode that adult support is most likely to be required and there is a need for awareness and training for all staff.

7.13 This can happen as a result of:

- Too much insulin
- Not enough food to fuel an activity
- Too little food at any stage of the day
- A missed meal, or delayed meal or snack
- Cold weather



- The child vomiting
- Hormonal development (particularly menstruation)
- Growth
- Emotional changes – exam stress, peer pressures etc.

7.14 Most children will have warning signs that will alert them, or people around them, to a hypo. However, some children will have no hypo awareness at all and can be completely unaware of their deteriorating state. It is vital to encourage pupils displaying symptoms to test their blood glucose levels.

7.15 The warning signs can include:

- Hunger
- Sweating
- Drowsiness
- Glazed eyes
- Pallor
- Trembling or shakiness
- Headache
- Lack of concentration
- Mood changes, especially angry or aggressive behaviour

7.16 The symptoms can be different for every child and it important to get information from the child and the parents about each individual. It is vital that a hypo is treated quickly. If left untreated, the blood sugar level could fall so low that the child can become unconscious. A pupil should never be left alone during a hypo, nor be sent off to get food to treat it. Recovery treatment must be brought to the child.

7.17 Most children will know when they are going hypo and will be able to take appropriate action themselves. Pupils with diabetes will usually have a snack in their school bag and an emergency kit box kept in their classroom. The emergency kit box should contain snacks, a sugary drink and dextrose tablets. It is the family's responsibility to keep that box stocked. If the child is becoming very drowsy, providing they are still able to swallow, you can offer a sugary drink (non-diet). If they are reluctant to drink, massage a glucose gel, honey or jam, into the inside of their cheek. The glucose will be absorbed through the lining of the mouth, or swallowed and they will recover.

7.18 Having some starchy food on recovery is important to prevent blood glucose levels falling again. In the unlikely event of a child losing consciousness, do not give them anything by mouth. Place them in the recovery position and call an ambulance informing them that the child has diabetes.



7.19 All pupils with diabetes have an Individual Health Care Plan in place and all staff should be made aware of it.

### **Physical Activity**

7.20 Diabetes should not stop children with the condition from enjoying any kind of physical activity or being selected to represent the school and other teams, providing they have made some simple preparations.

7.21 If a child does not eat enough before starting an activity, their blood sugar level could fall too low and cause a hypo. The more strenuous and prolonged the activity, the more food will be needed beforehand, and possibly during and afterwards. A snack whilst preparing for the exercise may be appropriate. Many pupils with diabetes are having a sports drink prior to activities. While it is important to keep an eye on all children, the child with diabetes should not be singled out for special attention as this can lead to embarrassment.

### **Other Considerations**

7.22 If a child is unwell their blood glucose levels may rise. This can cause them to become very thirsty and to need to go to the lavatory more frequently. If staff notice this they should report it to the parents.

7.23 If a child vomits at school contact the parents and support the child to monitor their blood glucose level.

7.24 Day visits out of school should not cause any real problems as the routine should be very similar to that at school. The child with diabetes should take their insulin and injection kit with them, in case of any delays over their usual injection time. They should have some starchy food with them to eat after the injection. It is a good idea for parents to provide extra snacks in case of delay in returning home. The usual supply box should also be taken as back up. On residential visits the child's routine will include insulin injections and blood glucose monitoring. If the pupil is not able to do their own injections then there will need to be a member of staff willing to take responsibility for their medical care. Staff volunteering to administer medicines can receive training and support from Health colleagues.

7.25 Overnight assistance may be required to check blood glucose levels do not fall too low, and to assist pupils with snacks during the night should this occur.





## **8) Supporting Pupils with Epilepsy**

### **Epilepsy: information**

#### **How common is epilepsy?**

8.1 Epilepsy is the most common serious neurological condition. It affects about one in 279 children under 16. This means that there are about 42,000 children with epilepsy in UK schools. To put it another way, an average sized secondary school will have three to four children with the condition, while an average sized primary school will have one or two children with epilepsy. Over 10 percent of calls to the Epilepsy Helpline in each year are about issues relating to epilepsy in children.

#### **What is epilepsy?**

8.2 Epilepsy is defined as having a tendency to have seizures. A seizure happens when the nerve cells in the brain stop working in harmony. When this happens the brain's messages become temporarily halted or mixed up. A child with epilepsy has recurrent seizures, unless the seizures are controlled by medicine. Some children have epilepsy as a result of damage to the brain. This may have been due to injury before, during or after birth, and is known as symptomatic epilepsy. For other children, there is no known or identifiable cause. They have an inherited tendency to have epilepsy. This is known as idiopathic epilepsy, and is thought to be related to a low seizure threshold. Everyone has a seizure threshold; having a low seizure threshold means that a child is more likely to have seizures than children in general.

#### **Seizures**

8.3 A seizure can either affect part of the brain or the whole brain. There are around 40 different types of seizure, some of which are more common in children. Depending on whether a seizure affects the whole or part of the brain it is called either generalised or partial. Generalised seizures affect the whole, or a large part, of the brain and result in a loss of consciousness, which may be very brief, or may last several minutes. Partial seizures only affect part of the brain and only partly affect consciousness.

8.4 The most common types of seizure school staff will come across are as follows:

#### **Tonic-clonic seizures**

8.5 Children who have tonic-clonic seizures (previously known as grand-mal) lose consciousness and fall to the ground. Their body goes stiff and their limbs jerk. When their seizure is over, their consciousness returns, but they may be very confused and tired. It's important that you stay with them at this point, to make sure they are alright.



### **Absence seizures**

8.6 During an absence seizure (previously known as petit-mal) the child will briefly lose consciousness, but will not lose muscle tone or collapse. They will appear to be daydreaming or distracted for a few seconds. While these episodes may seem unimportant, they can happen hundreds of times a day. This can cause the child to become confused about what is happening around them.

8.7 Absence seizures are most common in children between the ages of six and 12 years old. As the child will lose consciousness during seizures, they are at risk of missing out on vital learning. If a child is having absence seizures during the day, the child's parents may not be aware that their child has epilepsy. Spotting these seizures can help doctors make a diagnosis. There is no first aid needed for absence seizures, but they must not be mistaken for daydreaming or inattentiveness.

### **Complex partial seizures**

8.8 This type of seizure can be difficult to recognise. The child's consciousness level will be affected to some extent, and they will not be fully in touch with what is happening around them. During the seizure they may do things repeatedly, such as swallowing, scratching or looking for something. Complex partial seizures can be misinterpreted as bad behaviour. In fact the child will not know what has happened and will not remember what they were doing before the seizure started.

8.9 Although there is no real first aid needed for complex partial seizures, it's important not to restrain the young person unless they are in immediate danger. This is because they may not recognise you and become frightened. However, if the child is walking towards a busy road, you should try to guide them to safety. When the seizure ends the child is likely to be confused, so it is vital to stay with them and reassure them.

### **Myoclonic seizures**

8.10 When a child has a myoclonic seizure the muscles of any part of their body jerks. These jerks are common in one or both arms and can be a single movement or the jerking may continue for a period of time. Myoclonic seizures happen most often in the morning, and teachers need to bear in mind that a child may be tired or lack concentration if they start school after having one of these. There is no first aid needed for myoclonic seizures unless the child has been injured, when usual first aid procedures are used. If the child is distressed by the seizure, they may need comforting and generally reassuring.

### **Atonic seizures**

8.11 Atonic seizures cause a child to lose muscle tone. When this happens the child falls to the ground without warning. This can result in injuries to the face and head. Children who have regular atonic seizures may need to wear protective headgear to



avoid injuries. There is no first aid needed for atonic seizures, unless the child is injured during the fall.

### **General seizure advice**

8.12 Tonic-clonic seizures are the most widely recognised type of epileptic seizure. It's important to note that most children need a rest following this kind of seizure. Depending on how they are feeling, they may be able to return to lessons. However, if they take many hours to recover, they may need to be taken home.

8.13 In different seizures, such as absences, there are other issues. For example, symptoms may not be recognised by staff as being seizures. It is extremely important that staff understand and can recognise the lesser known seizures, so that they can provide students with the right support.

### **Triggers**

8.14 A trigger is anything that causes a seizure to occur, in someone who already has a predisposition. There are many different triggers, but some are more relevant to school settings than others. This can include the following situations.

- When a child first starts school, or changes class, they may be excited or anxious. Both of these emotions can trigger seizures.
- When a child or young person is preparing for exams, they may become stressed or not sleep properly. Stress and lack of sleep can be triggers for seizures.
- It's often thought that all people with epilepsy have seizures triggered by flickering light (known as photosensitive epilepsy). This is not the case, as fewer than one in 20 people with epilepsy have photosensitive epilepsy.

### **Procedures and Practice**

#### **8.15 Principles**

1. Sidestrand Hall School recognises that epilepsy is a common condition affecting many children and young people, and welcomes all students with epilepsy.
2. Sidestrand Hall School believes that every child with epilepsy has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips.
3. This school keeps a record of all the medical details of children with epilepsy and keeps parents updated with any issues it feels may affect the child.
4. This school ensures that all children and staff in the school understand epilepsy and do not discriminate against any children with the condition.
5. This school ensures that all staff fully understand epilepsy and seizure first aid, and that there is at least one member of staff trained to administer emergency medicines in school at all times.
6. This school will work together with children, parents, staff, governors, educational psychologists and health professionals to ensure this policy is successfully implemented and maintained.



## **What to do when a child with epilepsy joins Sidestrand Hall School**

8.16 When a child with epilepsy joins Sidestrand Hall School, or a current pupil is diagnosed with the condition, a meeting with the pupil (if appropriate) and the parents will be arranged to establish how the pupil's epilepsy may affect their school life. This should include the implications for learning, playing and social development. They will also discuss any special arrangements the pupil may require. With the pupil's and parent's permission, epilepsy will be addressed as a whole-school issue through assemblies and in the teaching of RSE lessons. If appropriate, students in the same class/es as the pupil will be introduced to epilepsy in a way that is sensitive and at a level they will understand. This will ensure the student's classmates are not frightened if the child has a seizure in class.

8.17 The school nurse or an epilepsy specialist nurse may also attend the meeting to talk through any concerns the family or staff may have, such as whether the student requires emergency medicine.

## **Record Keeping**

8.18 During the meeting information will be gathered about the child's condition and management of the condition including whether medication is required and any staff training needs. Following the meeting, an individual healthcare plan (IHCP) will be drawn up. The IHCP will be sent home to be checked and agreed by parents before being shared on the school's central electronic system (Arbor). Any other medical documentation will also be uploaded to Arbor.

8.19 Staff will be made aware of any special requirements, such as seating the pupil facing the class teacher to help monitor if the student is having absence seizures and missing part of the lesson.

## **Medication**

8.20 If a pupil requires medication this will be written on their IHCP and NHS care plan. Both documents can be found on the pupil's Arbor pinned documents. Some children, parents/carers feel safer if a small supply medication, for use in emergencies, is held in school. If emergency medication is held at school, there will be an emergency treatment protocol for using it in the child's IHCP. The protocol can vary from child to child, but it will usually say that emergency medication is to be given if a seizure lasts 5 minutes, or 2 minutes longer than is usual for the child, or if there's a cluster of seizures without regaining consciousness in between. In this situation, an ambulance must always be called, whether or not emergency medication is given. There are two main treatments for emergencies - each is administered in a different way. Both are sedatives and help reduce the effects of a seizure by calming the brain.



8.21 Midazolam is the most commonly used. Midazolam for buccal administration to treat seizures is ordered as a Controlled Drug; however despite being a Schedule 3 preparation it **does not** need to be stored in a Controlled Drug cabinet. It should be stored safely and maybe carried by a member of staff when appropriate to allow for prompt administration in the event of a child experiencing a seizure.

8.22 In Lower School, the Buccal Midazolam Preparation is stored in the classroom in a safe but unlocked cupboard. All staff have access to it, class staff and first aiders are trained to administer the emergency medication as per the student's care plan. In the older year groups, the Buccal Midazolam Preparation is stored in the classroom cupboard. However, due to the increased likeliness of the student being taught elsewhere on the school site or off site as part of their vocational curriculum, the emergency medication is kept in a hi vis medication bumbag which the class TA is responsible for. A copy of the student's care plan is kept in the bumbag.

8.23 Midazolam is a liquid which is trickled into the child's mouth between the side of their gums and their cheek and absorbed through the cheek lining (the buccal pocket). It's not intended to be swallowed, although it won't cause any harm if it is, however, it might not work as quickly.

8.24 The child's doctor will have prepared a dose which is calculated for their weight. It's provided in a pre-filled oral syringe.

- Check the expiry date.
- Put the syringe into the side of the child's mouth.
- If possible, divide the dose, so you give half into one cheek and the remaining half into the other cheek.
- Slowly push the plunger of the syringe down until the syringe is empty.
- Watch for any breathing difficulties.
- Confirm that the seizure has stopped.
- And then dispose of the syringe safely.

8.25 As with all Controlled Drugs, records must be kept for Midazolam and it should be signed in and out when brought on to the premises, taken off the premises (e.g school trip or end of term) or used. These records are kept in the ELM Medical room. The class staff working with the child are responsible for checking it is still in date and contacting parents when more is required.

8.26 The other treatment is diazepam which is administered rectally. The dose will be calculated and provided by their doctor. This will be stored in the same way as the midazolam.

8.27 Any medication held at school must be stored safely, out of sight and reach of children. It should be kept at room temperature and away from heat, bright light and out of direct sunlight. It's important to check expiry dates regularly and return expired medication to a pharmacy for disposal. Don't wash it down a sink, flush it down the toilet or throw it in the bin.



## First Aid

8.28 First aid for the pupil's seizure type will be included on their IHCP. If a pupil is suspected to be having a seizure the member of staff should ensure that they are safe (not likely to choke or bang their head). Ask another adult to remove the other students and to call a First Aid at Work (FAW) first aider.

8.29 The following procedure giving basic first aid for tonic-clonic seizures:

- 1 Stay calm.
- 2 If the child is convulsing then put something soft under their head.
- 3 Protect the child from injury (remove harmful objects from nearby).
- 4 NEVER try and put anything in their mouth or between their teeth.
- 5 Try and time how long the seizure lasts – if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance.
- 6 When the child finishes their seizure, stay with them and reassure them.
- 7 Do not try and move the child unless they are in danger.
- 8 Do not try and restrain the child.
- 9 Do not give them food or drink until they have fully recovered from the seizure.
- 10 Aid breathing by gently placing the child in the recovery position once the seizure has finished.

8.30 Sometimes a pupil may become incontinent during their seizure. If this happens, try and put a blanket around them when their seizure is finished to avoid potential embarrassment. First aid procedures differ for different seizure types which FAW first aiders will be trained to manage.

## Learning and Behaviour

8.31 Sidestrand Hall School recognises that children with epilepsy may miss periods of school through related illness or may miss parts of lessons due to having absent seizures. This could result in the pupil falling behind in their work and learning. Staff will be asked to monitor the pupil's progress and support the pupil if they are beginning to fall behind in lessons. If this starts to happen the teacher will initially discuss the situation with the parents and referrals may be made to our Intervention Team to support with catch up lessons in numeracy and literacy. Depending on the severity of the pupil's condition medical advice may be sought.

## School Environment

8.32 Sidestrand Hall School recognises the importance of having a school environment that supports the needs of children with epilepsy. Should a pupil have a seizure in class the other students will be removed to save the pupil's dignity. Once they are well enough to move they will be given the opportunity for a post seizure recovery period. Depending on the pupil and their location in the school, post seizure





recovery may take place on soft matting in their classroom or in a calm, quiet space in ELM. A FAW would stay with the pupil for their full recovery and only leave when they feel the pupil is well enough to leave with class staff. Should the pupil want/need to be moved from the classroom space to ELM we have a wheelchair accessible to support this.

8.33 The above epilepsy policy applies equally within the school and at any outdoor activities organised by the school. This includes activities taking place on the school premises, and residential stays. Any concerns held by the pupil, parent or member of staff will be addressed at a meeting prior to the activity or stay taking place.

### **Staff Training**

8.34 All staff that work directly with the pupils are expected to carry out the TES EDUcare online epilepsy training annually. This is monitored by the Senior Teacher for Medical Needs. Staff that have a pupil who has been prescribed emergency medication such as Buccal Midazolam will also attend an annual training session delivered by the school nurse. This session talks through the pupil's individual medical needs and how to effectively administer the emergency medication and what care to provide (i.e. call 999) Sidestrand Hall School has a number of Emergency First Aid at Work and FAW first aiders across all departments of the school. The FAWs will be invited to the Emergency Medication training session and are also trained in using the school's defibrillator.

8.35 All school personnel need to be aware of the needs of individual pupils with epilepsy. This will include:

- The type and frequency of seizures
- Any known triggers
- Routine first aid procedures when seizures occur
- Medication and possible side effects
- What to do in an emergency, for example how to give emergency medicine.

## **9) Supporting Pupils with their Mental Health**

9.1 Schools have an important role to play in supporting the mental health and wellbeing of their pupils, by developing approaches tailored to the particular needs of their pupils. All schools are under a statutory duty to promote the welfare of their pupils, which includes: preventing impairment of children's health or development, and taking action to enable all children to have the best outcomes. Full details are set out in Keeping Children Safe in Education (KCSIE) statutory guidance 3.

9.2 Early intervention to identify issues and provide effective support is crucial. The school role in supporting and promoting mental health and wellbeing can be summarised as:

- Prevention: creating a safe and calm environment where mental health problems are less likely, improving the mental health and wellbeing of the whole school population, and equipping pupils to be resilient so that they can



manage the normal stress of life effectively. This will include teaching pupils about mental wellbeing through the curriculum and reinforcing this teaching through school activities and ethos;

- Identification: recognising emerging issues as early and accurately as possible.
- Early support: helping pupils to access evidence based early support and interventions; and
- Access to specialist support: working effectively with external agencies to provide swift access or referrals to specialist support and treatment.

9.3 Where a student is displaying early signs of poor mental health, class staff should alert the pastoral lead and begin to record evidence using Arbor and /or CPOMS. A Strengths and Difficulties Questionnaire (SDQ) or Boxall Profile will help identify any emerging deterioration in mental well being.

9.4 The SDQ is an online tool which can assist schools in taking an overview and making a judgement about whether a pupil is likely to be suffering from a mental health problem

9.5 The Boxall Profile – an online assessment tool for social emotional and behavioural difficulties for children and young people.

9.6 Students suffering from poor mental health will be offered support through in school therapies, such as Draw and Talk, Thrive, or 1:1 time with the ELM team. Where it is becoming progressive referrals will be made to the appropriate external professionals and CAMHS teams.



## Appendix 1

### Department of Health 2014 Allergy Awareness Guidelines:

- Sharing food, containers and utensils should not be allowed. This is especially important if food and utensils (e.g. lunchboxes and drink bottles) are brought from home.
- Bottles, lunchboxes, other utensils and other drinks provided by parents should be clearly labelled with the name of the child for whom they are intended.
- Eating areas and utensils should be thoroughly cleaned with warm soapy water. Utensils should be put through a dishwasher cycle if appropriate, to remove traces of potential allergens.
- Children and staff should be encouraged to wash their hands before and after meal times.
- Bench tops should be wiped down before and after meal times.
- For some children it may be necessary to have food and drinks checked by parents. For severely allergic children it may be preferable to have parents provide meals prepared at home.
- Food should only be avoided following recommendation by the child's medical specialist and the provision of documentation supporting this recommendation.
- Food preparation staff should be instructed about necessary measures to prevent cross-contamination during handling, preparation and serving of food.
- Ongoing training and education for educators about food allergy management, anaphylaxis and use of adrenaline injectors should be available.
- Materials such as cow's milk cartons, egg cartons and cereal and other food boxes should be clean and free from contamination before using for art and craft activities.
- Educators should be made aware of the risk to an identified child of using allergenic foods in cooking activities (e.g. baking cakes, frying eggs).
- Use of food in crafts, cooking classes and special activities may need to be restricted depending on the allergies of particular children. Often, an appropriate



alternative ingredient can be substituted (e.g. wheat-free flour for playdough or cooking).

### **Implementation of practical strategies to avoid exposure to medically confirmed allergens**

Strategies should be put in place to reduce the risk of exposure to allergens. This is at the discretion of the centre.

This should include measures such as:

- having a separate pantry shelf for low allergy ingredients (e.g. wheat free flour)
- preparing low allergen meals first
- eliminating particular ingredients as required
- using clean/separate utensils and preparation surfaces
- having separate margarine/spreads for wheat free children (to reduce crumb contamination when spreading bread)
- having a separate toaster for wheat free/gluten free toast
- communicating with parents that the centre is caring for or educating a child with an allergy and request that the food which triggers the reaction is not brought into the centre.



## Appendix 2

### Anaphylaxis Emergency Procedure

Call a first aider.

Any trained member of staff should administer the AAI in an emergency situation. When symptoms are those of anaphylactic shock the position of the pupil is very important because anaphylactic shock involves a fall in blood pressure.

- If the patient is feeling faint or weak, looking pale, or beginning to go floppy, lay them down with their legs raised. **They should not stand up.**
- If there are also signs of vomiting, lay them on their side to avoid choking.
- If they are having difficulty breathing caused by asthma symptoms and/or by swelling of the airways, they are likely to feel more comfortable sitting up.

If a pupil is showing even **one** symptom of anaphylaxis:

- Administer the Auto-Injector, if they cannot do it themselves

To use the auto-injector:

- Remove the needle shield
- Press the needle into the middle of the child's upper thigh
- Hold it there for the recommended number of seconds (3, 5 or 10 depending on the brand of auto-injector)
- You may need to massage the injection site afterwards (again depending on the brand of auto-injector)

Ask other staff to assist, particularly with making phone calls. **DO NOT LEAVE THE PUPIL ALONE** One person must take charge and ensure that the following is undertaken:

Call 999 and inform them that

- That the child is having an anaphylactic reaction
- That they've taken medication, how much and at what time
- Your position of authority and your exact location

Call SLT (or the Main House Office) and Reception to let them know there has been a medical emergency and 999 has been called.

Have the pupils empty AAI, AAP and IHCP at hand to give to the emergency services.  
Call the pupil's parents



## Anaphylaxis

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

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

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

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

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





## Appendix 4



### Sidestrand Hall School - Severe Allergy and Anaphylaxis Risk Assessment

This form should be completed by the setting in liaison with the parents and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young person:	Date of Birth:
Class:	Teacher/Tutor:
House:	Pastoral Lead:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	
Date of Assessment:	Reassessment due:
<p><b>I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:</b></p> <p><b>Signatures:</b></p> <p>Head teacher: <span style="float: right;">Date</span></p> <p>Parents <span style="float: right;">Date</span></p>	



Young person	Date
What is this child/young person allergic to?	
Under which conditions is the allergy?    Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/>	
Does this child already have an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Summary of current medical evidence seen as part of the risk assessment (copies attached)	
Describe the container the medication is kept in:	
<b>Outcome of Risk Assessment</b>	
<b>Is an Individual Health Care Plan required?                      YES <input type="checkbox"/>                      NO <input type="checkbox"/></b>	
Key Questions - Please consider the activities below and insert any considerations that need to be put in place to enable the pupil to take part.	
Crayons/painting:	
Creative activities, i.e. craft paste/glue, pasta	
Science type activity: i.e. bird feeders, planting seeds, food	
Musical instrument sharing (cross contamination issue):	
Cooking (food prep area and ingredients):	

Supporting Pupils with Medical Conditions including Allergy Awareness, Diabetes, Epilepsy and Asthma



Meal time: kitchen prepared food (is allergy information available): sandwiches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child):
Indoor play/PE (AAIs to be with the child/YP):
Outdoor play/PE (AAIs to be with the child/YP):
School field (AAIs to be with the child/YP):
Forest school/outdoor learning/ gardening (AAIs to be with the child/YP):
Offsite trips (are staff who accompany trip trained to use AAI):
Does the child/YP know when they are having a reaction?
What signs are there that the child/YP is having a reaction?
What action needs to be taken?
If the medication is stored in one secure place are there any occasions when this will not be close enough if required?    Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes state when and how this can be adjusted:

Staff responsible: JBo/SWh  
Approval: PDBW  
Date: 17.04.24

Review frequency: 2 years  
Review date: 17.04.26  
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If the child is old enough – can the medication be carried by them throughout the day? Yes  No

If No state reason:

How many Epipens are required in the setting?

How many staff need are required to be trained to meet this child/YP's need?

What is the location of the backup AAI?

Is a generic AAI available in school?

-----  
Staff responsible: JBo/SWh

Approval: PDBW

Date: 17.04.24

Review frequency: 2 years

Review date: 17.04.26

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Staff responsible: JBo/SWh  
Approval: PDBW  
Date: 17.04.24

Review frequency: 2 years  
Review date: 17.04.26  
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**Appendix 5** – Asthma Action Plan (separate copies available)



## My Asthma Plan

### 1 My usual asthma medicines

- My preventer inhaler is called \_\_\_\_\_  
\_\_\_\_\_ and its colour is \_\_\_\_\_
- I take \_\_\_\_\_ puff/s of my preventer inhaler in the morning and \_\_\_\_\_ puff/s at night. I do this every day even if I feel well.
- Other asthma medicines I take every day:  
\_\_\_\_\_  
\_\_\_\_\_
- My reliever inhaler is called \_\_\_\_\_  
\_\_\_\_\_ and its colour is \_\_\_\_\_  
  
I take \_\_\_\_\_ puff/s of my reliever inhaler when I wheeze or cough, my chest hurts or it's hard to breathe.
- My best peak flow is \_\_\_\_\_

If I need my blue inhaler to do any sport or activity, I need to see my doctor or asthma nurse.



### 2 My asthma is getting worse if...

- I wheeze or cough, my chest hurts or it's hard to breathe, **or**
- I need my reliever inhaler (usually blue) three or more times a week, **or**
- My peak flow is less than \_\_\_\_\_, **or**
- I'm waking up at night because of my asthma (this is an important sign and I will book a next day appointment)

#### If my asthma gets worse, I will:

- Take my preventer medicines as normal
- And also take \_\_\_\_\_ puff/s of my blue reliever inhaler every four hours
- See my doctor or nurse within 24 hours if I don't feel better



**URGENT!** "If your blue reliever inhaler isn't lasting for four hours you are having an asthma attack and you need to take emergency action now (see section 3)"



Remember to use my spacer with my inhaler if I have one.

(If I don't have one, I'll check with my doctor or nurse if it would help me)

#### Other things to do if my asthma is getting worse

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3 I'm having an asthma attack if...

- My reliever inhaler isn't helping or I need it more than every four hours, **or**
- I can't talk, walk or eat easily, **or**
- I'm finding it hard to breathe, **or**
- I'm coughing or wheezing a lot or my chest is tight/hurts, **or**
- My peak flow is less than \_\_\_\_\_

#### If I have an asthma attack, I will:



**Call for help**



**Sit up** — don't lie down. Try to be calm.



Take one puff of my reliever inhaler (with my spacer if I have it) **every 30 to 60 seconds** up to a total of 10 puffs.



**If I don't have my blue inhaler, or it's not helping,** I need to call **999** straightaway.



While I wait for an ambulance I can use my blue reliever again, every 30 to 60 seconds (up to 10 puffs) if I need to.

**Even if I start to feel better,** I don't want this to happen again, so I need to see my doctor or asthma nurse **today**.





## Appendix 6 EMERGENCY SALBUTAMOL INHALER CONSENT FORM

Sidestrand Hall School  
Parental Consent Form

### FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL

Treatment for a child/young person diagnosed with asthma showing signs and symptoms of having an asthma attack.

#### Possible signs and symptoms

Difficulty breathing, wheezing breath sounds originating from the lungs, difficulties speaking will need to take a breath in the middle of a sentence), pale and/or clammy skin, grey/blue lips and skin (cyanosis), use of muscles in the neck and chest to help the casualty breathe, casualty becomes exhausted in a severe attack, may become unconscious and stop breathing in a prolonged attack

#### Treatment of asthma attack

Help the casualty to sit upright leaning on a table or chair, help the casualty use their own or schools Salbutamol (reliever) inhaler which can be repeated every few minutes if the attack does not ease, try to take the casualty's mind of the attack being calm and reassuring, if the attack is prolonged, severe or appears to be getting worse or the casualty becoming exhausted call 999/112 for emergency help, cold winter air can make an attack worse, keep the casualty upright – even if they become too weak to sit up on their own, only lay an asthma attack casualty down if they become unconscious, be prepared to carry out resuscitation

I can confirm that my child has been diagnosed with asthma / has been prescribed a Salbutamol (reliever type/usually blue) inhaler.  
My child has usable (not empty), in date inhaler, clearly labelled with their name, which they bring to school every day  
In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

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Parent/Carer Signature ..... Date:

.....

Print Name:

.....

Child's Name:

.....

Child's D.O.B:

.....

Parent/Carer address:

.....

.....

.....

Home number: ..... Mobile number:

.....



## Appendix 7

### Action in Medical Emergencies

A copy of this information will be displayed in the school reception and main house offices.

Action to be taken to request an ambulance,

- dial 999 and be ready with the information below
- speak slowly and clearly and be ready to repeat information if asked
- the school's telephone number – 01263 578144
- your name
- your location: (school address – Sidestrand Hall School, Cromer Road, Sidestrand, NR27 0NH)
- provide the exact location of the patient within the school
- provide the name of the child and a brief description of their symptoms
- inform ambulance control that the crew will be met and taken to the patient
- reception/main house office staff will open gates for entry
- reception/main house office staff will contact the parents/carers to inform them of the situation
- a member of staff will stay with the pupil until the parent/carer arrives
- if a parent/carer does not arrive before the pupil is transported to hospital, a member of staff should accompany the child in the ambulance.



## Appendix 8

Letter inviting parents to contribute to individual healthcare plan development

Dear Parent/Carer

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

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

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

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

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

Yours sincerely



## APPENDIX 9 IHCP FORM

### Individual Healthcare Plan

Child's name	
Tutor group	
Date of birth	
Child's address	
Medical diagnosis or condition	

#### Family Contact Information

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

#### Clinic/Hospital Contact

Name	
Phone no.	

#### G.P.

Name	
Phone no.	

Who is responsible for providing support in school	
--	--



Describe medical needs and give any additional details relevant to the condition

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

Daily care requirements

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

Arrangements for school visits/trips etc.

Other information

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

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

Plan developed with



Staff training needed/undertaken - who, what, when

--

Form copied to

--

Additional documents

--

In the event of an emergency during school or boarding hours, I give permission for this form to be given to NHS emergency care staff.

Parent/Guardian	Signature	Date
-----------------	-----------	------

Individual Health Care Plan Agreed by:

Parent/Guardian	Signature	Date



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Headteacher/SLT	Signature	Date
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