Supporting Pupils with Medical Conditions, Allergies and Anaphylaxis Policy

Policy Reference No	H&S019
Review Frequency	Annual
Reviewed	Summer 2026
Next Review Date	Summer 2027
Approved by	Full Board

(This policy supersedes all previous Supporting Pupils with Medical Conditions policies)

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Change Log

Date	Changes to Policy
November 2019	Opening statement updated General wording update to The Trust Supporting pupils at school with medical conditions DfE version updated to 2015 Administration of Medicine including the use of asthma inhalers - section changed to refer to First Aid Policy.
December 2020	Reference; 0-25 SEND CoP updated April 2020
January 2023	Head of Academy amended to Head Teacher
September 2023	
January 2024	Updates sections to specifically include allergies. Sections 4, 5, 8 and 9
July 2024	Reviewed – no updates
April 2025	Introduction – added in 'The individual school Accessibility Plan'
May 2026	Policy previously known as Supporting Pupils with Medical Conditions Updated policy with additional information for allergies and anaphylaxis 7 Training, updated to include all staff trained to recognise and react to allergic reactions Strengthened GDPR compliance by introducing lawful basis for processing health data, clarifying secure storage and controlled access to Individual Healthcare Plans, limiting sharing to minimum necessary (including catering information), adding safeguards for use of photographs, and introducing retention and disposal requirements.

Contents

1. Introduction

The Learning Academy Partnership accepts that it has the responsibility to ensure that; Pupils with medical conditions should be properly supported so that they have full access to education, including school trips and physical education whilst attending the Academy sites. In addition, we seek to minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school-related activity. We will ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

The **Ofsted** inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN and considering the quality of teaching and the progress made by these pupils. Inspectors are already briefed to consider the needs of pupils with chronic or long-term medical conditions alongside these groups and to report on how well their needs are being met. Schools are expected to have a policy dealing with medical needs and to be able to demonstrate that it is being implemented effectively.

We process personal data, including special category health data, in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. The lawful basis for processing is the performance of a task carried out in the public interest. The processing of health data is permitted as it is necessary for safeguarding and supporting pupils with medical conditions.

Further information is set out in the Trust's Data Protection Policy and Privacy Notices

This policy is written in line with the requirements of:

- **Children and Families Act 2014 - section 100**
- **Supporting pupils at school with medical conditions DfE - August 2017**
- **0-25 SEND Code of Practice, DfE 2014 - updated April 2020**
- **Equalities Act 2010**
- **Children's Wellbeing and Schools Bill**

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

- SEND Inclusion Policy
- Safeguarding Policy
- First Aid Policy.
- The individual school Accessibility Plan

2. The Statutory Duty of the Governing Body

The Board of Trustees remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils with medical conditions. The Learning Academy Partnership Board of Trustees fulfils this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so, we will ensure that such children can access and enjoy the same opportunities at school as any other child.

- Taking into account that many medical conditions that require support at school will affect the quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts their school life.

- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions, should 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. We will ensure that staff are properly trained to provide the support that pupils need.

- Ensuring that no child with a medical condition is denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so.

- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures, and systems are properly and effectively implemented.

- Developing a policy for supporting pupils with medical conditions that is reviewed regularly and accessible to parents and academy staff.
- Ensuring that the policy includes details on how the policy will be implemented effectively, including who has overall responsibility for policy implementation.
- Ensuring that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition.
- Ensuring that the policy covers the role of individual healthcare plans, and who is responsible for their development, in supporting pupils at school with medical conditions.
- Ensuring that the Trust's policy clearly identifies the roles and responsibilities of all those involved in arrangements for supporting pupils at school with medical conditions and how they will be supported, how their training needs will be assessed and how and by whom training will be commissioned and provided.
- Ensuring that the Learning Academy Partnership's policy covers arrangements for children who are competent to manage their own health needs and medicines.
- Ensuring that the policy is clear about the procedures to be followed for managing medicines including the completion of written records.
- Ensuring that the policy sets out what should happen in an emergency situation.
- Ensuring that the arrangements are clear and unambiguous about the need to support actively pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- Ensuring that the appropriate level of insurance is in place and appropriate to the level of risk.
- Ensuring that the policy sets out how complaints may be made and will be handled concerning the support to pupils with medical conditions.

3. Policy Implementation

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Board of Trustees.

All members of staff are expected to show an awareness of children's medical conditions and the expectations of this policy. All new members of staff will be inducted into the arrangements and guidelines in this policy upon taking up their post.

4. Governance and Assurance

The Trust Operations Lead will monitor compliance with the policy in schools through annual audits, reporting results to the Board of Trustees. All incidents of a medical emergency will be reported to the Trust Operations Lead and the Head Teacher.

The Governance Team will monitor training compliance, and report results to the Board of Trustees

5. Procedure to be followed when notification is received that a pupil has a medical condition or allergy

For children being admitted to the academy for the first time with good notification given, the arrangements will be in place for the start of the relevant school term. In other cases, such as a new diagnosis or a child moving to the Academy mid-term, we will make every effort to ensure that arrangements are put in place within two weeks.

In making the arrangements, we will take into account that many of the medical conditions and allergies that require support at school may affect the quality of life and may be life-threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the needs of each individual child and how their medical condition impacts their school life. We aim to ensure that parents/carers and pupils can have confidence in our ability to provide

effective support for medical conditions and avoidance of allergic reactions in school, so the arrangements will show an understanding of how medical conditions impact on the child's ability to learn, as well as increase their confidence and promote self-care.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and unambiguous about the need to actively support pupils with medical conditions and allergies to participate in school trips and visits, or in sporting activities, and not prevent them in doing so. We will make arrangements for the inclusion of pupils in such activities with any adjustments as required unless evidence from a clinician, such as a GP states that this is not possible. We will make sure that no child with a medical condition is denied admission or prevented from attending the school because arrangements for supporting their medical condition have not been made. However, in line with our safeguarding duties, we will ensure that all pupils' health is not put at unnecessary risk from, for example, infectious disease. We will therefore not accept a child in school at times where it would be detrimental to the health of that child or others.

In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence. This would normally involve some form of medical evidence and consultation with parents/carers. The Head Teacher, supported by the Senior Leadership Team and Healthcare professionals, will have the final decision on whether an Individual Healthcare Plan is required, except for pupils with allergies, all of whom MUST have an IHCP in place.

The Head Teacher is responsible for the implementation of this policy within their setting but may request the input of specialised staff for example Special Educational Needs Co-Ordinator.

6. Individual Healthcare Plans

Individual healthcare plans will help ensure that the Trust effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed.

The Individual Healthcare Plan template in Appendix 1 is to be used for each plan required within the Trust when one is not provided by the pupil’s GP or specialist.

Individual healthcare plans will be easily accessible only to staff who need the information to support the pupil, with appropriate controls in place to maintain confidentiality

Plans will capture the key information and actions required to support the child effectively. The level of detail within the plan will depend on the complexity of the child's condition and the degree of support needed. This is important because different children with the same health condition may require very different support. Where a child has SEN but does not have an EHCP, their special educational needs should be mentioned in their individual healthcare plan.

Individual healthcare plans should be drawn up in partnership between the academy, parents/carers and a relevant healthcare professional who can advise on the particular needs of the child. Pupils should also be involved when appropriate. The aim should be to capture the steps which the Trust should take to help manage their condition and overcome any potential barriers to getting the most from their education.

The Trust will ensure that individual healthcare plans are reviewed annually or earlier if evidence is presented that the child's needs have changed. Where a child is returning to school following a period of hospital education or alternative provision, we will work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

Healthcare plans will be held on the MIS system and Medical Tracker. Paper copies for pupils with medication will be held with medication. Catering Teams will be provided with a paper copy of the healthcare plan of pupils with allergies along with a colour photo.

Individual healthcare plans will be stored electronically on secure systems with access restricted to staff who require the information to fulfil their role.

Where paper copies are necessary (for example, to accompany medication or for emergency use), these will be kept securely and accessible only to authorised staff.

Information shared with specific staff groups, such as catering teams, will be limited to the minimum necessary to ensure the safety of the pupil (for example, allergen information only), rather than the full healthcare plan.

Where photographs are used to support identification, their use will be proportionate, justified, and subject to appropriate safeguards.

All handling of healthcare plans will comply with UK GDPR, including requirements for confidentiality, security, and data minimisation

Parents/carers should provide the school with sufficient and up-to-date information about their child's medical needs and allergies. They may in some cases be the first to notify the school that their child has a medical condition. Parents should carry out any action they have agreed to as part of the healthcare plan's implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Healthcare plans will be retained only for as long as necessary and in accordance with the Trust's Data Retention Policy. Outdated or superseded paper copies will be securely disposed of.

7. Administration of Medicine including the use of asthma inhalers and EpiPens

7.1 Medicines

Medication can only be administered to children by the Head Teacher or the Head Teacher nominee(s). Following the Department for Education guidance, in exceptional circumstances, non-prescribed medicine can be administered if written parental permission is provided.

There are two forms which require completion:

1. 'Administration of Medicines in Schools' declaration form to be completed by the parent or guardian of the child and be delivered personally, together with the medicine, to the Head Teacher or to the academy office. (Appendix 1)

2. 'Record of Medicine Administered to an Individual' must be completed by a member of staff and signed by a second member of staff (to confirm the correct dosage and medication) prior to administering each dose of medicine in Medical Tracker.

Medication can only to administered to employees under the following circumstances

- A risk assessment has been complete
- An Individual Heathcare Plan has been completed, and the employee has signed to consent

7.2 Process of Administering Medicine

The medicine should be clearly labelled with.

- Contents
- Name of person
- Dosage and frequency
- Quantity received ml/number of tablets.
- Expiry Date (checked)
- Name of prescribing doctor (if required)
- Expiry date

Medicines must be kept in an individual container in a locked cupboard. The only exception to this is for adrenaline pens which should not be locked away but stored in a safe space that pupils cannot access. If the medicine requires refrigeration, it should be placed in a suitably labelled container in a fridge only accessible to staff. Both the medicine and the container must be labelled with the person's name.

Medication should only be administered in the academy office or staffroom by the nominee(s), exceptions to this are inhalers and Epi Pens.
Only one child should be in the office/staffroom at any one time.

7.3 Employee Medication

Staff have a legal responsibility to advise the Trust, as their employer, if they are taking medication that could have adverse side effects e.g. drowsiness, blood thinning medication or medication that may impair decision making. This may be prescribed or purchased medication.

7.4 Inhalers

Asthma inhalers should be kept in the child's classroom under the charge of the teacher. Parents must complete the 'Administration of Medicines in Schools' declaration form to give their permission to administer the medicine to their son/daughter during the time he/she is at school. All inhalers and spacers should be clearly marked with the child's name. If the child has an Asthma plan prescribed by his/her own GP this must be discussed with and made available to the class teacher.

Parents who require the school to administer an asthma inhaler to their child on an ad-hoc basis must make their request known to the office first thing in the morning.

- An updated list of all children who are Asthmatic must be kept and relevant staff advised.
- Asthma inhalers must be kept as per storage of medicines.
- Inhalers for children with Asthma in KS2 must be made easily accessible for them to self-administer.
- Staff must ensure that inhalers are taken on school trips, visits and P.E. lessons.
- All inhalers should be clearly labelled and sent home at the end of each term to be checked.

7.5 EpiPens

If a pupil is admitted to school with known allergies, the parents will arrange for a IHCP to be completed which will define the severity of the allergy and type of reaction expected.

If the pupil is likely to suffer anaphylactic shock through exposure, the parents will provide an EpiPen and complete the Trust administration of medicine consent form.
All relevant staff will be made aware of the pupils needs and trained in its use.

As explained in H&S019 Supporting Pupils with medical conditions, this will also need to be considered when any trips or activities are planned to ensure the risk assessment considers the allergies and pupils needs.

8. Catering

The Trust complies with the Food Information for Consumers Regulation 2011 which states that allergen information must be provided on all food served. All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

Please refer to Learning Academy Partnership Policy CAT001 Allergen Policy

9. Staff training and support

There are staff within all settings with basic first aid training and pediatric first aid training; further details can be found in the; H&S002 First Aid Policy.

All Trust staff will be trained to recognise and respond to allergic reactions.

This 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 AAIs) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what
- Managing allergy action plans and ensuring these are up to date

Specific training according to pupils needs will be completed as necessary, and the Appendix 2 Training Record will be completed.

The Trust will ensure that training remains up to date with sufficient numbers of trained staff based on the assessment of risk for each site.

Where a member of staff has a concern around a pupil's medical issue, they will escalate this to the DSL.

10. Emergency Procedures

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the Academy should know what to do in general terms, such as informing a teacher immediately.

If a child requires emergency care above that as identified in individual healthcare plan or there is no healthcare plan, the academy is to telephone 999 and request an ambulance, and then contact the parent/s or named contact to request them to come to where the child is. A member of staff is to remain with the child at all times. If the child requires hospitalisation and the parent/contact does not arrive before the ambulance leaves, a member of staff is to remain with the child until the parent/contact arrives.

11. Day trips, residential visits, and sporting activities

The Trust will actively support pupils with a medical condition or allergy to participate in day trips, residential visits and sporting activities by being flexible and making reasonable adjustments, unless there is evidence from a clinician, to the contrary.

The Trust will ensure a risk assessment is conducted so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions and allergies can be included safely. This will involve consultation with parents\carers and relevant healthcare professions and will be informed by Health and Safety Executive (HSE) guidance on school trips.

12. Unacceptable practice

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

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents\carers; or ignore medical evidence or opinion
- Send children with medical conditions home frequently or prevent them from staying for normal school activities unless this is specified in their individual healthcare plans
- Send pupils with medical needs to the school office unaccompanied
- Penalise children for their attendance record if their absences are related to their medical condition e.g. attending hospital appointments
- Prevent pupils from drinking, eating or taking toilet breaks whenever they need to manage their medical condition effectively
- Require parents/carers or otherwise make them feel obliged to attend school to administer medication or provide medical support to their child, including toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent children from participating or creating unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

13. Complaints

Should parents/carers be unhappy with any aspect of their child's care, they should discuss their concerns with the child's class teacher in the first instance. If this does not allay the concern or resolve matters, the problem should be brought to a member of the leadership team, who will, where necessary, bring it to the attention of the Head Teacher.

In the unlikely event this does not resolve the issue, the parent/carer should make a formal complaint using the Trust's Complaints Procedure.

Appendix 1: Individual Healthcare Plan Template

Academy:	
Child's Name:	
Year Group & Class	
Date of birth:	
Child's address:	
Medical diagnosis or condition	
Date:	
Review date:	

Family Contact information:	
Name:	
Phone no. (work)	
(home)	
(mobile)	
Name:	
Relationship to child:	
Phone no. (work)	
(home)	
(mobile)	

Clinic/hospital contact	
Name:	
Phone no.	

GP	
Name:	
Phone no.	

Describe medical needs (give details of symptoms, triggers etc.)

Name of medication - dose, method of administration and when to be taken (as applicable)

Specific support for the pupil's educational, social and emotional needs (as applicable)

Arrangements for school visits/trips etc.

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

Plan developed with:	
	Signature: **Signature:**

Staff training required/undertaken – who; what; when

Copies of this form to:

Appendix 2: Staff Training Record

Administration of medicines and/or medical procedures

Name:	
Type of training received:	
Date of training:	
Training provided by:	
Profession and title:	

I confirm that _____has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated.

Trainer's signature:	
Date:	

I confirm that I have received the training detailed above.

Staff signature:	
Date:	
Suggested review date:	

Appendix 3: Emergency Treatment and Management of Anaphylaxis

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

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

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

Circulation).

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but are not limited to):-

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

What to look for:

Symptoms usually come quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:

• a red raised rash (known as hives or urticaria) anywhere on the body

• a tingling or itchy feeling in the mouth

• swelling of lips, face or eyes

• stomach pain or vomiting.

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

• AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).

• BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.

• CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

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

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

Anaphylaxis can develop very rapidly, so a treatment is needed that works

rapidly. Adrenaline is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?

· It opens up the airways

· It stops swelling

· It raises the blood pressure

As soon as anaphylaxis is suspected, adrenaline must be administered without delay. Action:

· Keep the child where they are, call for help and do not leave them unattended.

· LIE CHILD FLAT WITH LEGS RAISED – they can be propped up if struggling to breathe but this should be for as short a time as possible.

· USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.

· CALL 999 and state ANAPHYLAXIS (ana-fil-axis).

· If no improvement after 5 minutes, administer second AAI.

· If no signs of life commence CPR.

· Call parent/carer as soon as possible.

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

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

Appendix 4: Supply, Storage and Care of Medication for Allergies

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs on them at all times in a suitable container clearly marked with their name.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is kept within 5 minutes of them, not locked away and accessible to all staff.

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

· Two AAIs i.e. EpiPen® or Jext®

· An up-to-date allergy action plan

· Antihistamine, tablets or syrup (if included on allergy action plan)

· Spoon if required

· Asthma inhaler (if included in an allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the School will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Storage

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

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.

'Spare' adrenaline auto-injectors in school

Every School has spare AAIs for emergency use in children who are at risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in the Kitt Medical Boxes, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen, kept safely and accessible and known to all staff.

Each school holds 2 x 300mcg and 2 x 150mcg pens.

The First Aider is responsible for checking the spare medication is in date on a monthly basis; any pens used must be logged on the Kitt Medical website, who will immediately dispatch replacements.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.