



Supporting Pupils with Medical Needs and Children with Health Needs who Cannot Attend School Policy

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Supporting Pupils with Medical Needs and Children with Health Needs who Cannot Attend School Policy

This policy is in line with our equal opportunities statement and aims to support inclusion for all of our pupils. The policy covers all statutory elements and focuses on maintaining the highest expectations for all pupils and bringing out the 'best from everyone'.

Part One: Supporting pupils with medical needs

Rationale

The number of pupils attending mainstream schools who have specific medical needs is increasing. Many children and young people have their participation in school affected by illness or a specific medical condition. This may result in a minor disruption, or it may cause regular or permanent limitation to their access to education. Most children with medical needs are able to attend school regularly and with appropriate support from family and school and can take part in the normal school activities. However, some children with long term, complex or individualised medical needs will need to have them carefully planned and monitored by school, parents/carers, medical and other professionals and where appropriate for the child, to maximise curriculum access, their inclusion and to safeguard the child's health and safety. It is crucial that all involved have an understanding of the policy and procedures the school is operating.

Introduction

United Learning is committed to ensuring that the necessary provision is made for every pupil within their schools' communities. The Trust celebrates the inclusive nature of its schools and strives to meet the needs of all pupils including those with medical needs and conditions.

Section 100 of The Children and Families Act 2014 places a duty on the governing body of each school to make arrangements for supporting children with medical conditions. The Department of Education have produced statutory guidance 'Supporting Pupils with Medical Conditions' and we will have regard to this guidance when meeting this requirement.

The Trust endeavours to ensure that children with medical conditions are properly supported so that they have full access to education, including school trips and physical education.

Each school will ensure that all medical information will be treated confidentially by the Headteacher and staff.

All administration of medicines is arranged and managed in accordance with the Supporting Pupils with Medical Needs document.

All staff have a duty of care to follow and co-operate with the requirements of this policy.

Where children have a disability, the requirements of the Equality Act 2010 will apply.

Where children have an identified special need, the SEND Code of Practice will also apply.

We recognise that medical conditions may impact social and emotional development as well as having educational implications.

Banstead Prep School: Supporting Pupils with Medical Needs Policy

Context
This policy was developed in consultation with parents/carers, staff and pupils and has regard to: • Statutory Guidance: Supporting pupils at school with medical conditions – DfE – December 2015 • Section 100 of the Children and Families Act 2014 and associated regulations • The Equality Act 2010 • The SEND Code of Practice (updated 2020)
Headteacher: Jon Chesworth
The named member of school staff responsible for this medical condition policy and its implementation is: Name: Julia Adams Role: Executive Assistant and Office Manager (First Aid Appointed Person)
Governor with responsibility for Medical Needs: Mr Noble Matthew
This policy will be reviewed annually
Agreed by Governing Body:
Review date:

This policy is to be read in conjunction with our:

- SEND Policy
- Safeguarding policy
- Equal Opportunities
- Behaviour for Learning policy
- Curriculum and Teaching policy
- Health and Safety Policy
- School Visits Policy
- Complaints Policy

Aims and Objectives

Aim

To ensure that all children with medical conditions, in terms of both their 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.

Objectives

- To establish a positive relationship with parents and carers, so that the needs of the child can be fully met
- To work in close partnership with health care professionals, staff, parents and pupils to meet the needs of each child
- To ensure any social and emotional needs are met for children with medical conditions
- To minimise the impact of any medical condition on a child's educational achievement
- To ensure that a Health Care Plan is in place for each child with a medical condition and for some children who may be disabled or have special educational needs, that their Education, Health and Care Plan is managed effectively
- To ensure as little disruption to our pupils' education as possible
- To develop staff knowledge and training in all areas necessary for our pupils
- To ensure safe storage and administration of agreed medication
- To provide a fully inclusive school.

Roles and Responsibilities

The Governing Body

- The overall implementation of the Supporting Pupils with Medical Conditions Policy and procedures of Banstead Prep School.
- Ensuring that the Supporting Pupils with Medical Conditions Policy, as written, does not discriminate on any grounds including, but not limited to ethnicity/national origin, culture, religion, gender, disability or sexual orientation.
- Handling complaints regarding this policy as outlined in the school's Complaints Policy.
- Ensuring that all pupils with medical conditions are able to participate fully in all aspects of school life.
- Ensuring that relevant training provided by specialists is delivered to staff members who take on responsibility to support children with medical conditions.
- Guaranteeing that information and teaching support materials regarding supporting pupils with medical conditions are available to members of staff with responsibilities under this policy.
- Monitoring written records of any and all medicines administered to individual pupils and across the school population.
- Ensuring the level of insurance in place reflects the level of risk.

The Headteacher

- The day-to-day implementation and management of the Supporting Pupils with Medical Conditions Policy and procedures of Banstead Prep School.
- Ensuring the policy is developed effectively with partner agencies.
- Making staff aware of this policy.
- Ensure that all supply staff are aware of the policy and are briefed on individual pupil needs where appropriate

- Liaising with healthcare professionals regarding the training required for staff.
- Making staff who need to know aware of a child's medical condition.
- Developing Individual Healthcare Plans (IHCPs).
- Ensuring that there are sufficient staff who have agreed to have supporting medical conditions as part of their job description and contract.
- Ensuring a sufficient number of trained members of staff are available to implement the policy and deliver IHCPs in normal, contingency and emergency situations.
- If necessary, facilitating the recruitment of a member of staff for the purpose of delivering the promises made in this policy.
- Ensuring the correct level of insurance is in place for teachers who support pupils in line with this policy.
- Contacting the school nursing service in the case of any child who has a medical condition.

Staff Members

- Taking appropriate steps to support children with medical conditions.
- Where necessary, making reasonable adjustments to include pupils with medical conditions into lessons.
- Administering medication, if they have agreed to undertake that responsibility.
- Undertaking training to achieve the necessary competency for supporting pupils with medical conditions, if they have agreed to undertake that responsibility.
- Familiarising themselves with procedures detailing how to respond when they become aware that a pupil with a medical condition needs help.
- Fully aware of who is a named staff member responsible for administering injections (if applicable).

There is no legal duty which requires staff members to administer medication; this is a voluntary role.

Parents/Carers/Guardians

- Parents have prime responsibility for their child's health and should provide the school with up-to-date information about their child's medical conditions, treatment and/or any special care needed.
- Completing a parental agreement for school to administer medicine form before bringing medication into school. Draft in Annex 1
- Providing the school with the medication their child requires and keeping it up to date.
- Collecting any leftover medicine at the end of the course or year.
- Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- If their child has a more complex medical condition, they should work with the School and/or other health professionals to develop an individual healthcare plan, which will include an agreement on the role of the school in managing any medical needs and potential emergencies.
- It is the parent/carers responsibility to make sure that their child is well enough to attend school.

The Pupil

- Pupils are often best placed to provide information about how their condition affects them.

- Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures.
- In the case of extreme allergies and for those in Y3 above pupils will be allowed to carry their own medicines and devices. Where this is not possible, their medicines will be located in an easily accessible location.
- If pupils refuse to take medication or to carry out a necessary procedure, parents will be informed so that alternative options can be explored.
- Where appropriate, pupils will be encouraged to take their own medication under the supervision of an adult.

Local Authorities

- Local authorities are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-operation between relevant partners with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation.
- Local authorities and clinical commissioning groups (CCGs) must make joint commissioning arrangements for education, health and care provision for children and young people with SEN or disabilities (Section 26 of the Children and Families Act 2014).
- Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively.
- Local authorities should work with schools to support pupils with medical conditions to attend full-time.
- Where pupils would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements.
- Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

Individual Health Care Plans

- An Individual Healthcare Plan is a document that sets out the medical needs of a child, what support is needed within the school day and details actions that need to be taken within an emergency situation. They provide clarity about what needs to be done, when and by whom. The level of detail within the plans 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.
- Individual healthcare plans may be initiated by a member of school staff, the school nurse or another healthcare professional involved in providing care to the child. Plans must be drawn up with input from such professionals e.g. a specialist nurse, who will be able to determine the level of detail needed in consultation with the school, the child and their parents.
- Plans should be reviewed at least annually or earlier if the child's needs change. They should be developed in the context of assessing and managing risks to the child's education, health and social well-being and to minimise disruption. Where the child has a special educational need, the individual healthcare plan should be linked to the child's statement or EHC plan where they have one.
- Parents will receive a copy of the Health Care Plan with the originals kept by the school. Medical notices, including pictures and information on symptoms and treatment are placed in the staff room and given to the child's class teacher for quick identification, together with details of what to do in an emergency.

Medicines

- Where possible, it is preferable for medicines to be prescribed in frequencies that allow the pupil to take them outside of school hours.
- If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form.
- No child will be given any prescription or non-prescription medicines without written parental consent except in exceptional circumstances.
- Where a pupil is prescribed medication without their parents'/carers' knowledge, every effort will be made to encourage the pupil to involve their parents while respecting their right to confidentiality.
- No child under 16 years of age will be given medication containing aspirin without a doctor's prescription.
- Medicines MUST be in date, labelled, and provided in the original container (except in the case of insulin which may come in a pen or pump) with dosage instructions. Medicines which do not meet these criteria will not be administered.
- A maximum of four weeks supply of the medication may be provided to the school at one time.
- Controlled drugs may only be taken on school premises by the individual to whom they have been prescribed. Passing such drugs to others is an offence which will be dealt with under our Drug and Alcohol Policy.
- Medications will be stored in the Medical Room or in a lockable box in the fridge in the School Office. All medicines must be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenalin pens should be always readily available to children and not locked away;
- Any medications left over at the end of the course will be returned to the child's parents.
- Pupils with asthma are encouraged to carry their inhalers with them. From Year 3 onwards this will be expected of children unless there are any factors preventing them doing so. A spare inhaler should also be kept in the Medical Room. Children with diabetes are encouraged to keep medication close to hand. They can take high energy snacks when needed and at any point in the day.
- Written records will be kept of any medication administered to children. When medicine has been administered at BPS it is recorded on Medical Tracker. When on school trips staff will have access to medical Tracker on their school iPads. When an inhaler is used, an e-mail should be sent to the child's parent (see Appendix 4)
- Pupils will never be prevented from accessing their medication.
- Sharps boxes should always be used for the disposal of needles and other sharps.
- Our defibrillator is kept in the School Office and can be used by any adult as it has full instructions.
- Banstead Prep School cannot be held responsible for side effects that occur when medication is taken correctly.

Educational Visits

- We actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities but are mindful of how a child's medical condition will impact on their participation. Arrangements will always be made to ensure pupils with medical needs are

included in such activities unless evidence from a clinician such as a GP or consultant states that this is not possible.

- A risk assessment will be completed at the planning stage to take account of any steps needed to ensure that pupils with medical conditions are included. This will require consultation with parents and pupils and advice from the school nurse or other healthcare professional that are responsible for ensuring that pupils can participate. A copy of the child's health care plan should be taken with the child on an Educational Visit.
- The class teacher must also ensure that medication such as inhalers and epi-pens are taken on all school trips and given to the responsible adult that works alongside the pupil throughout the day. A First Aid kit must be taken on all school trips. The Trip Leader must ensure that all adults have the telephone number of the school in case of an emergency.
- The school will refer to the OEAP National Guidance documents on First Aid (4.4b) and Medication (4.4d) to ensure suitable provision at the planning stage of every trip.
- The party leader must ensure that all necessary medicines are taken on the trip. This will mean checking the medical requirements of the class and ensuring that any child with a specific medical condition has access to prescribed medicine whilst on the trip.

Staff Training

- The school provides regular whole-school awareness training to ensure that all staff are aware of this policy and their role in implementing the policy. This is also included in induction arrangements for new staff.
- Any member of staff providing support to a pupil with medical needs must have received suitable training. It is the responsibility of the Headteacher to lead on identifying with health specialists the type and level of training required and putting this in place. The school nurse or other suitably qualified healthcare professional should confirm that staff are proficient before providing support to a specific child.
- Training must be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. They will need to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.
- Staff should not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect individual healthcare plans at all times) from a healthcare professional. A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.
- It is important that all staff are aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy. The school ensures that training on conditions which they know to be common within their school is provided (asthma, epi pen, sickle cell, diabetes for example)
- Parents can be asked for their views and may be able to support school staff by explaining how their child's needs can be met but they should provide specific advice, nor be the sole trainer.

Emergency Procedures

- Medical emergencies will be dealt with under the school's emergency procedures
- Where an Individual Healthcare Plan (IHCP) is in place, it should detail
 - What constitutes an emergency
 - What to do in an emergency
 - Ensure all members of staff are aware of emergency symptoms and procedures
 - Other children in school should know to inform a teacher if they think help is needed

If a pupil needs to be taken to hospital, a member of staff will remain with the child until a parent arrives.

Unacceptable Practice

As outlined in the DfE statutory guidance.

Although school staff should use their discretion and judge each case on its merits 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; or ignore medical evidence or opinion (although this may be challenged)
- send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- prevent 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 child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Complaints

Please refer to the school's complaint's policy.

Other Considerations

Defibrillators

The defibrillator is kept in the School Office, it is clearly signposted and staff are informed of it's location.

Emergency Inhalers

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies.

Schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish. The First Aid Policy details the use of the emergency inhaler based on - [*Guidance on the use of emergency salbutamol in schools \(DoH, 2015\)*](#). The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been

given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. One is kept in the Medical Room one in the Sports Office – there are two kits that can be taken on trips or sports matches.

The inhaler can be used with written permission if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Relevant Documents

Supporting pupils with medical conditions – DfE – December 2015

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions-3>

Section 100 – Children and Families Act 2014

<http://www.legislation.gov.uk/ukpga/2014/6/section/100/enacted>

The Equality Act 2010

<https://www.gov.uk/guidance/equality-act-2010-guidance>

The SEND Code of Practice – 2015 (updated 2020)

<https://www.gov.uk/government/publications/send-code-of-practice-0-to-25>

Health Conditions in Schools Alliance – this site has Individual Healthcare Plan information for specific conditions

<http://medicalconditionsatschool.org.uk/>

Annex 1: parental agreement for setting to administer medicine

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This form is completed online.

 BANSTEAD PREPARATORY SCHOOL		Administration of Medicine Form Medicine should be clearly labelled and in its original container/packaging.	
Name of child:		Date of Birth:	
Name of doctor/prescriber:		Dose and time of medicine to be administered:	
Date medicine provided by parent:		Class/Form:	
Expiry date:		Quantity received:	Form e.g. liquid:
Name and strength of medicine:		Special Instructions e.g. refrigerate	
If this is not a prescribed medicine, please list extenuating circumstances for it to be administered.			
Member of Staff Name:		Name of Parent/Caregiver	
Staff signature:		Signature of parent/Caregiver:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s): _____ Date: _____

- Medicine can not be administered unless this form is completed. All medication must be handed to the School Office.
- All medicine administered must be recorded online via Medical Tracker.

Annex 2: Individual Healthcare Plan and Emergency Medication

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This form is completed online by parents.

	INDIVIDUAL HEALTH CARE PLAN PHOTO HERE
	Pupil's address:
DOB:	Form/Class:
Medical diagnosis or condition:	
Date:	Review Date:
FAMILY CONTACT INFORMATION:	
Parent/s name: Parent/s signature:	Phone (work): Home: Mobile:
Relationship to child:	
Clinic/Hospital Contact	
Name:	Phone no:
GP Name:	GP Phone no:
Who is responsible for providing support in school:	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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 (not permitted to go on school visit/trips unless current medication is provided)

Other information (including medication storage in school)

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

Updated:

Asthma Plan

To be completed for all children who have an inhaler in school.

NB: 2 inhalers are to be provided to the school

Name	
Class	
Date	

What are the signs we should look for prior to an asthma attack?	
Are there any key words your child may use to express their symptoms?	
Name of your child's reliever medicine and the colour of the device	
Does your child use a spacer?	
Does your child need help using their inhaler?	
Does your child need to carry their inhaler at all times?	

Please list your child's asthma triggers	
Should your child take their medication prior to exercise? If yes please provide details.	

I give my consent for the school staff to administer/assist my child with their own reliever inhaler as required. I understand it is my responsibility to ensure my child's inhaler is named and in date. I confirm I will update the school should any of these details change.	
Signed	
Name	
Relationship to child	

I confirm I give consent for the use of the emergency salbutamol inhaler should it be required. I can confirm my child has been diagnosed with asthma and prescribed an inhaler.	
Signed	
Name	
Relationship to child	

Office use only

- added to isams
- added to class medical lists
- 2 x inhaler received and named
- spacer received/ITP created and shared with staff (if appropriate)

Annex 3: record of medicine administered to a child

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Record of Medicine Given to Individual Pupil

To be used for all children that are given medication. Only staff trained to administer medicine may give medication. This is completed on Medical Tracker and a log is maintained online. This can also be completed by staff who are on school trips using their iPads. Parents are notified via e-mail when medication has been given.

Record Medication Use ×

Student/Staff*

Medication use date & time*

Oct 06, 2025 16:04  

Name of medication*

Exact dosage administered*

Medication administered by*

--- Please select --- 

Staff name

Second staff name

Any side effects experienced?

Notes

These notes are only visible to Medical Tracker users.

Additional fields

☐ Confidential?
Only teams with confidential access will be able to view this record

Save

Cancel

Annex 4: staff training record – administration of medicines

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Training is given via TES Educare – staff training is recorded on a training log and also downloadable through TES . Example of training record below.

	First Aid Training	Expires	Type/Notes	Understanding Asthma	Concussion Awareness	Administration of Medic (Teachers)	Anaphylaxis	Notes
	ALL STAFF WORKING WITH CHILDREN							
	Completed 9/2/2024		Essentials	2/13/2024	9-Feb-24	2/10/2024	2/10/2024	
	Completed 5/03/2022	Mar-25 (FAAW)	First Aid at Work 3 Day	Expires Oct 25	Expires Oct 25	Expires Oct 25	Expires Oct 25	

Annex 5: Contacting emergency services

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Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

Annex 6: Model letter inviting parents to contribute to individual healthcare plan development

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IHCP – New Pupil

Dear {Title} {LastName}

Thank you for informing us of {Students:{FirstName}}, | and }'s medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions, for your information.

[Supporting Pupils with Medical Needs Policy \(bansteadprep.com\)](#)

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the 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.

Please be advised that the IHCP form is now available on the portal for completion, at your earliest convenience.

If you have any queries or would like to discuss further, or feel a meeting would be beneficial, please do not hesitate to contact us on 01737 363 601.

Yours sincerely

IHCP – Current Pupil with IHCP

Dear {Title} {LastName}

IHCP's require review annually and are now available to complete, via the portal. Please could you kindly complete for {Students:{FirstName}}, | and }, at your earliest convenience.

Please click on link, for further details of the policy

[Supporting Pupils with Medical Needs Policy \(bansteadprep.com\)](#)

If there are any changes to the diagnosis or medication during the school year, please update accordingly, on the portal.

Thank you for your assistance.

The School Office

Annex 7: Allergy Awareness

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All pupils with medical conditions – including severe food allergies – should have an Individual Healthcare Plan agreed between the parents and the school along with an emergency treatment plan which serves as a risk assessment. Where a pupil has been prescribed an adrenaline auto-injector (AAI) for use in an emergency, teachers and other non-healthcare professionals are permitted – but not obligated – to administer an AAI under existing legislation.

The School has their own supply of AAI to be used in emergency circumstances. Staff are given online Anaphylaxis Training every year.

1. Introduction

An allergy is a reaction of the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more serious reaction called anaphylaxis. Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes can include foods, insect stings, and drugs.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves difficulty breathing or affects the heart rhythm or blood pressure. Anaphylaxis symptoms are often referred to as the ABC symptoms (Airway, Breathing, Circulation). It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens. Common UK Allergens include -but are not limited to: Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

The School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and responsibilities

Parent Responsibilities

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

- Parents are to supply a copy of their child's Allergy Action Plan to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.
- The School Office will develop an ITP for children with allergies in conjunction with parents, this will be uploaded to medical tracker and confirmed by parents.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution
- Staff leading school trip/Sports Fixtures will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The School Office will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the School Office will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- The School Office keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- 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 AAIs will be encouraged to take responsibility for carrying them on their person at all times

3. Allergy awareness and nut bans

The School supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education. A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the nine pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

4. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view termly in advance with all ingredients listed and allergens highlighted on the school website the School Office will inform the Catering Manager of pupils with food allergies. Children with allergies are identified with a lanyard which they collect at lunchtime. Parents/carers are able to meet with the Catering Manager to discuss their child's needs.

The school adheres to the following Department of Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- The pupil should be taught to also check with catering staff before selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Adrenaline Auto Injectors Procedure - Anaphylaxis

Emergency management of anaphylaxis (ABC) and involving family/carers

All pupils at risk of anaphylaxis, should have an Allergy Action Plan that describes exactly what to do and who to contact in the event that they have an allergic reaction. The [BSACI Allergy Action Plans](#) include this information, and are recommended for this purpose. The plan should include First Aid procedures for the administering of adrenaline.

Identify activities which the child may be at risk - for example food-based and outdoor activities.

Symptoms of anaphylaxis include one or more of the below:

Airway:

- Swollen tongue
- Difficulty swallowing/speaking
- Throat tightness
- Change in voice (hoarse or croaky sounds)

Breathing:

- Difficult or noisy breathing
- Chest tightness
- Persistent cough
- Wheeze (whistling noise due to a narrowed airway)

Circulation:

- Feeling dizzy or faint
- Collapse
- Babies and young children may suddenly become floppy and pale
- Loss of consciousness (unresponsive)

Action to be taken

- Position is important -lie the person flat with legs raised (or sit them up if having breathing problems)
- Give adrenaline – WITHOUT DELAY – if an AAI is available
- Bring the AAI to the person having anaphylaxis, and not the other way round. Avoid standing or moving someone having anaphylaxis
- Call an ambulance (999) and tell the operator it is anaphylaxis
- Stay with the person until medical help arrives
- If symptoms do not improve within five minutes of a first dose of adrenaline, give a second dose using another AAI
- A person who has a serious allergic reaction and/ or is given adrenaline should always be taken to hospital for further observation and treatment
- Sometimes anaphylaxis symptoms can recur after the first episode has been treated. This is called a biphasic reaction.

How to use an adrenalin autoinjector (Epipen, Jext or Emerade)



1. Hold in your
dominant hand



2. Remove the cap
with your other
hand



3. Swing and jab the tip
of the autoinjector into
your upper, outer thigh
(with or without clothes,
but avoiding seams)



4. Hold the injection
in place for **10
seconds**



5. Massage the
injection site for
10 seconds



6. **Phone for an
ambulance**

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School Emergency Auto Injector

The school may administer their 'spare' auto injector (AAI) obtained without prescription, for use in emergencies only to a pupil who is at risk of anaphylaxis, where both medical authorisation and written parental consent has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI. In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

Calling an Ambulance Specifically for Anaphylaxis

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive
- Tell the paramedics: – if the child is known to have an allergy; – what might have caused this reaction e.g. recent food; – the time the AAI was given.

Auto Injector Administration – Protocol

- Devices are stored in clearly labelled areas, in the medical room and the Head of EYFS's office – in unlocked cupboards.
- Pupils who require an AAI have a written Individual Healthcare Plan which includes consent for the spare AAI to be used.
- The spare AAI will only be used where both medical authorisation and written parental consent have been provided.
- Appropriate support and training for staff in the use of the AAI in line with the schools wider policy on supporting pupils with medical conditions.
- Record the use of an AAI, identifying whether it was the schools or the child's own device.

Banstead Prep Emergency Anaphylaxis Kit

- 2 AAI(s) in two areas on the school site (Medical Room/After School Care)
- Instructions on how to use the device(s).
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.
- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- Incident log.

Auto-injector – Initial Incident Log

Child's Name	
Class	
Symptoms	
Trigger (if known)	
Date	
Time	
Time Ambulance Called – who by?	
Time Ambulance Arrived	
Name of person administering	
Number of AAI used	
Autoinjector Used How many mg? (Personal/School/Both)	
Witnesses/Assistants	
Head and Business Manager Informed – who by?	
Inform First Aid Lead to replace AAI	
Incident Report Completed – who by?	

Name of Auto Injector	Batch Number/Expiry	Location
Epi Pen Jnr 0.15mg	15972873923748 11/26	Medical Room
Epi Pen Jnr 0.15mg	17976767978738 11/2026	EYFS Office
Epi Pen 0.3mg	12543888589398 07/2026	Medical Room
Epi Pen 0.3mg	18425513379425 07/2026	EYFS Office

Part Two: Children with Health Needs who cannot attend school Policy

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Rationale

The Government's policy intention is that all children, regardless of circumstance or setting should receive a good education to enable them to shape their own futures. Therefore alternative provision and the framework surrounding it should offer good quality education on par with that of mainstream schooling, along with the support pupils need to overcome barriers to attainment. This support should meet a pupil's individual needs, including social and emotional needs, and enable them to thrive and prosper in the education system.

Introduction

Banstead Prep School aims to support the LA in ensuring that all children who are unable to attend school due to medical needs, and who would not receive suitable education without such provision, continue to have access to as much education as their medical condition allows, to enable them to reach their full potential. Due to the nature of their health needs, some children may be admitted to hospital or placed in alternative forms of education provision. We recognise that, whenever possible, students should receive their education within their school and the aim of the provision will be to reintegrate students back into school as soon as they are well enough. We understand that we have a continuing role in a student's education whilst they are not attending school and will work with the LA, health, other statutory agencies and families to ensure that all children with medical needs receive the right level of support to enable them to maintain links with their education.

Students who are unable to attend school as a result of their medical needs may include those with:

- Physical health issues.
- Physical injuries.
- Mental health problems, including anxiety issues.
- Emotional difficulties or school refusal.
- Progressive conditions.
- Terminal illnesses.
- Chronic illnesses.

Banstead Prep - Children with Health Needs who Cannot Attend School Policy

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Context
This policy reflects the requirements of the Education Act 1996. It also has due regard to all relevant legislation and statutory guidance including, but not limited to: • Equality Act 2010 • Data Protection Act 2018 • DfE (2013) 'Ensuring a good education for children who cannot attend school because of health needs' • DfE (2015) 'Supporting pupils at school with medical conditions' It also based on guidance provided by Surrey County Council This policy complies with our funding agreement and articles of association.
Headteacher: Jon Chesworth
The named member of school staff responsible for this medical condition policy and its implementation is: Name: Lisa Crook Role: Deputy Crook
Governor with responsibility for Medical Needs: Noble Mathew, H &S Lead
This policy will be reviewed annually
Agreed by Governing Body:
Review date:

This policy operates in conjunction with the following policies:

- Attendance Policy
- Safeguarding and Child Protection Policy
- Data Protection Policy
- Records Management Policy
- Special Educational Needs and Disabilities (SEND) Policy
- Supporting Pupils with Medical Conditions Policy

Aims

This policy aims to ensure that:

- Suitable education is arranged for pupils on roll who cannot attend school due to health needs

- Pupils, staff and parents understand what the school is responsible for when the local authority is providing this education

Local Authority Responsibilities

Local Authorities are responsible for arranging suitable full-time education for children of compulsory school age who, because of illness, would not receive suitable education without such provision. This applies whether or not the child is on the roll of a school and whatever the type of school they attend. It applies to children who are pupils in Academies, Free Schools, special schools and independent schools as well as those in maintained schools.

The law does not define full-time education but children with health needs should have provision which is equivalent to the education they would receive in school. If they receive one-to-one tuition, for example, the hours of face-to-face provision could be fewer as the provision is more concentrated.

Where full-time education would not be in the best interests of a particular child because of reasons relating to their physical or mental health, LAs should provide part-time education on a basis they consider to be in the child's best interests. Full and part-time education should still aim to achieve good academic attainment particularly in English, Maths and Science.

Guidance provided by the child's local authority can be found via the following links:

[Surry County Council](#)

[London Borough of Sutton](#)

[London Borough of Croydon](#)

Responsibilities of the school

The school will ensure:

- Arrangements for students who cannot attend school as a result of their medical needs are in place and are effectively implemented.
- The termly review of the arrangements made for students who cannot attend school due to their medical needs.
- Roles and responsibilities of those involved in the arrangements to support the needs of students are clear and understood by all.
- Robust systems are in place for dealing with health emergencies and critical incidents, for both on and off-site activities.
- Staff with responsibility for supporting students with health needs are appropriately trained.
- Reviewing this policy on an annual basis.

The staff member with responsibility for coordinating the support for students with health needs is the Headteacher

This may include:

- Assessing the needs of each individual case and designing a work plan to suit their individual needs. This will include coordinating with SLT, Heads of department, Form teachers and other health and education professionals.
- Sending work home, liaising with hospital schools, remote learning
- Parent and child consultation will be integral and ongoing to assessing the needs and designing the work plan

- Integrating back into school will be based on each individual case, catering for the needs.
- When a child is absent with illness for longer than 10 consecutive school days, the school will contact the parents to make suitable arrangements for the continuance of their learning.
- All absences are subject to our attendance policy and the provisions within it to maximise accessibility to education.

Reintegration

When reintegration is anticipated, the school will work with the local authority to:

- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g. through newsletters, emails, invitations to school events or internet links to lessons from their school)
- Create individually tailored reintegration plans for each child returning to school
- Consider whether any reasonable adjustments need to be made