Trinity Academy Leeds

Policy:	Supporting Students with Medical Conditions Policy
Date of review:	January 2026
Date of next review:	January 2027
Lead professional:	Vice Principal for Student Support
Status:	Statutory

Senior leader link for this academy:	Richard Gouland
Name and role of nominated member of staff:	Rosie Day

1. Purpose of policy and guiding principles

1.1 Trinity Multi Academy Trust strives to ensure that each academy in the trust is an inclusive community that welcomes and supports students with medical conditions. Directors and governors within the trust are committed to providing a physical environment accessible to students with medical conditions and students are consulted to ensure this accessibility. This commitment extends to providing an accessible physical environment for out-of-academy activities.

1.2 All students with medical conditions should be properly considered and supported so that they have full access to education, including trips, physical education and other activities.

1.3 Within the trust the Board of Directors and each LGB must ensure that there are arrangements in place to support students with medical conditions. The Board of Directors and LGBs must also ensure that academy leaders consult health and social care professionals, students and parents, to ensure the needs of children with medical needs are properly understood and effectively supported.

1.4 The aims of this policy are to:

- Support students with medical conditions so they have full access to education and ensure they can access and enjoy the same opportunities as other students.
- Ensure that staff involved in the care of children with a medical condition are fully informed and adequately trained to administer support or medication.
- Work in partnership with all relevant parties including the student (where appropriate), parent, staff and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

1.5 It is understood that certain medical conditions are serious and potentially life threatening, particularly if poorly managed or misunderstood. This policy describes the essential criteria for how an academy can meet the needs of children and young people with a range of long-term conditions.

1.6 We understand that children with the same medical condition will not have the same needs.

1.7 The academy does not need to wait for a formal diagnosis before providing support to students. In cases where the condition is unclear, judgements will be based on the available information and usually with consultation with parents.

1.8 Throughout this document the term ‘parent’ implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority.

1.9 The term ‘medical condition’ for the purposes of this document is either a physical or mental health medical condition, as diagnosed by a healthcare professional which results in the child requiring special adjustments during the academy day. These adjustments could be on-going or intermittently. This includes chronic short-term conditions, long-term health needs or a disability, an illness, injury or recovery from treatment. Being ‘unwell’ and common childhood illnesses are not covered.

2. Links with other policies or legislation

2.1. This policy is based on the new statutory guidance (September, 2026 replacing the December 2015 guidance “Supporting Children and Young People with Medical Conditions and Allergies) and is underpinned by the Equalities Act 2010 and the Children and Families Act 2014. Where controlled drugs are prescribed for a student, this policy also operates in accordance with the Misuse of Drugs Act 1971 and the Misuse of Drugs (Safe Custody) Regulations 1973 which govern the storage, administration and record-keeping requirements for controlled drugs in schools.

2.2. This policy links with the individual academy’s Special Education Needs provision and Health and Safety policies.

2.3. For children with SEN this policy should be read in conjunction with the SEND code of practice.

3. Roles and responsibilities

<u>The role of the trust</u>

3.1. Directors of the trust are responsible for ensuring arrangements are in place to support all students with medical conditions and these arrangements meet the requirements of the statutory guidance.

3.2. Directors will ensure that a policy is developed across the trust which each Principal can adapt to suit arrangements at their academy.

3.3. Directors of the trust will ensure that this policy does not discriminate on any grounds including, but not limited to, protected characteristics as defined by the Equality Act.

3.4. The CFO is responsible for ensuring that there is the appropriate level of insurance and liability cover in place in all sites across the trust.
3.5. This policy will be regularly reviewed, evaluated and updated by the Board of Directors.

The role of the Local Governing Body

3.6. Governors must ensure each academy is an inclusive community. It will be welcoming and supportive of students with medical conditions and provide children and young people with medical conditions with the same opportunities and access to activities (both academy based and out-of-academy) as other students. No child will be denied admission or prevented from taking up a place in this academy because arrangements for their medical condition have not been made.
3.7. Governors must ensure that all relevant training is delivered to a sufficient number of staff who will have the responsibility to support children with medical conditions and they are judged to be competent to do so. This includes consideration of training more than one staff member to be responsible for students with medical conditions to cover sickness or other leave.
3.8. Governors are responsible for ensuring a complaints policy exists in the academy and handling any complaints, in accordance with these procedures.
3.9. The Local Governing Body will monitor and evaluate policies in line with statutory and best practice guidelines, feeding back to the Board of Directors with any recommendations. The Local Governing Body will also receive regular reports on medical incidents and near misses from the Principal.

The Principal is responsible for:

3.10. Providing relevant staff with access to information, resources and materials and the day-to-day implementation and management of this policy.
3.11. Appointing a member of staff to have responsibility for students with medical needs. This person and the senior leader link are shown on the front page. This nominated member of staff will liaise with parents and healthcare professionals on medical issues. They will also be responsible for co-ordinating and recording medical needs and he/she will be the primary point of contact for parents and staff.
3.12. Ensuring each member of the academy and health community is aware of their roles and responsibilities in maintaining and implementing an effective Medical Conditions Policy.
3.13. Ensuring accurate records are kept and these are maintained confidentially and in line with Data Protection legislation and the trust's Records Management Policy.
3.14. If necessary, facilitating the recruitment of staff for the purpose of delivering support to students, as documented in health care plans.
3.15. Assigning appropriate accommodation for medical treatment/care.
3.16. Ensuring that local procedures are developed with partner agencies, parents, students (where appropriate) and key staff.
3.17. Ensuring appropriate training is put in place, including emergency First Aid training and/or Paediatric First Aid training for an appropriate number of staff.
3.18. Ensuring that there is appropriate liaison with the school nursing service and any other relevant healthcare professionals.
3.19. The role of Principal is to ensure that this policy is applied consistently across their academy and to delegate to appropriate members of staff responsibilities within this policy, including informing all staff of the policy which has been adopted.

The role of the staff

3.20. Leaders and staff should be aware of the potential social problems that students with medical conditions may experience and use this knowledge, alongside the trust's bullying policy, to help prevent and deal with any concerns or issues.
3.21. All key staff will understand the medical conditions that affect students at their academy and receive training on the impact medical conditions can have on students.
3.22. All relevant staff will understand the medical conditions of students and that they may be serious and potentially adversely affect a child's quality of life and impact on their ability to learn. An academy will not penalise students for their attendance if their absences relate to a diagnosed medical condition, supported by documentation supplied by a registered practitioner.
3.23. Key staff will work in partnership with all relevant parties including the student (where appropriate), parent, academy staff, the Governing Body and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

3.24. All staff will take appropriate steps to support children with medical conditions and familiarise themselves with the procedures and how to respond when they become aware that a student with a medical condition needs help.
3.25. Staff will be informed where controlled drugs are stored and where students can seek medical support.
3.26. Teachers should be aware of any special needs and plan and adapt their lessons accordingly.
3.27. Some identified staff will be required to undertake training, as and when required, to ensure that the academy remains an inclusive community. Training must cover all relevant staff, including supply and wraparound care providers. Annual allergy awareness refresher training is a minimum requirement for all relevant staff.
3.28. All staff will understand their duty of care to children and young people and know what to do in the event of an emergency.
3.29. All staff will understand their role within this policy and support the aims of this document.

The role of parents

3.30. Parents should keep the relevant academy informed about any new medical conditions or changes to their child's health. Parents are expected to participate in the development and reviews of their child's healthcare plan.
3.31. To sign parental consent forms in relation to medication, or contact the relevant academy with any queries about the consent requested.
3.32. Parents are required to provide up-to-date medication and collect any leftover medicine, on request.

The role of students/the child

3.33. Students are often best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with their Individual Health Plan (IHP).
3.34. Students should comply with their own IHP and wherever possible be supported to self-manage their medication or health needs. This includes carrying medicines or devices if this is agreed with healthcare professionals and parents.

4. Implementation and training

4.1. This policy will be supported by a clear communication plan for staff, parents and other key stakeholders to ensure its full implementation. Parents will be informed regularly that they should let the relevant academy know immediately if their child's needs change.
4.2. Some staff will receive training for specific student needs. The staff who are providing this support to a student, will have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support to fulfil the requirements set out in the student's IHP.
4.3. Training should be provided by the specialist nurse, qualified academy staff or other suitably qualified healthcare professional and/or the parent. The specialist nurse/other suitably qualified healthcare professional will confirm their competence, and the relevant academy will keep an up-to-date record of all training undertaken and by whom.
4.4. Training will be co-ordinated by the nominated member of staff, including any refresher training. The nominated member of staff will also keep staff training records and advise the senior leadership team on training requirements.
4.5. Staff should not administer prescription medicines or undertake any healthcare procedures without appropriate training, and signed off as competent.

5. Individual Health Plans

5.1. All students with a medical condition will have an Individual Health Plan (IHP). This is developed with the student (where appropriate), parent, academy staff, specialist nurse (where appropriate) and relevant healthcare services.
5.2. The IHP will record the support an individual student needs around their medical condition. The IHP is developed with the student (where appropriate), parent, academy staff, specialist nurse (where appropriate) and relevant healthcare services. The nominated member of staff will retain a centralised

register of IHPs. This person is also responsible for reviewing IHPs, at least every year or whenever a student's needs change.

5.3. The student (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other academy staff are made aware of, and have access to, the IHP for the students in their care.

5.4. When deciding what information should be recorded the following should be considered:

- The medical condition, its triggers, signs, symptoms and treatments.
- The child's resulting needs, including medication/other treatments, equipment, facilities, testing and time needed, dietary requirements such as access to food and drink and environmental issues e.g. crowded corridors.
- Specific support for the student's educational, social and emotional needs, e.g. how absences will be managed, use of rest periods, counselling sessions.
- The level of support needed, including in emergencies. If a child is self-managing e.g. medication, this should be clearly stated.
- Who will provide support, expectations of their role, their training needs, confirmation of their proficiency from a healthcare professional and cover arrangements for when they are unavailable.
- Who in the academy needs to be aware of the child's condition.
- Arrangements for written permission from the parents and Principal for medication to be administered in the relevant academy.
- Arrangements or procedures required for academy trips or other academy activities outside of normal academy hours.
- What to do in an emergency, including whom to contact and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform the IHP.

5.5. Where a student has an Education, Health and Care plan (EHC) or special needs statement, the IHP will be linked to it, or become part of it.

5.6. Where a child is returning to an academy following a period of hospital education or alternative provision (including home tuition), the academy should work with the local authority to ensure the IHP identifies the support the child needs to reintegrate.

5.7. A template for an IHP and templates for letters regarding IHPs are available online within the statutory guidance. Each academy should develop their own templates to meet their academy requirements.

6. Medical conditions register list and record keeping

6.1. The academy's admission form (Data Collection sheets) requests information on pre-existing medical conditions. Parents are asked to check and up-date this information annually but are also expected to inform the academy at any time if a condition develops or is diagnosed.

6.2. From this information a Medical Needs/Disability register is maintained which is available electronically to all relevant staff, including temporary or supply staff, so they are aware of the medical conditions through the sharing of information. This register is maintained by the nominated member of staff in each academy.

6.3. For students on this list, review meetings will be held regularly and at key transition points to enable parents, academy staff and health professionals to prepare IHP and arrange staff training, if appropriate.

6.4. All student medical records and information is kept confidentially. Parental permission will be obtained before sharing any medical information with any other party.

6.5. The nominated member of staff will keep a record of all medication administered, including the dose, time, date and supervising staff.

7. Emergency procedures

7.1. All staff will know what to do in an emergency for students with medical conditions. The procedures for this academy are contained in **Appendix 1,** with the exception of protocols for allergies and anaphylaxis, which are contained in **Appendix 4** and for which there is separate guidance.

7.2. All staff will receive training in what to do in an emergency and this will be refreshed at least annually.

7.3. All staff, including temporary and supply staff, are made aware of the academy's general emergency procedures and these are documented in the Health and Safety policy. All staff will know how to contact the appropriate trained first aider or medical professional.
7.4. All students with a medical condition will have an IHP, which explains what help they need in an emergency. The IHP will accompany a student should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing within emergency care settings.
7.5. If a student needs to attend hospital, a member of staff (preferably known to the student) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. Staff will not take students to hospital in their own car.
7.6. We will ensure that emergency medication/equipment is readily available wherever the student is in the academy or taking part in off-site activities. In some circumstances the nominated member of staff will agree if a student may carry their emergency medication with them if this is appropriate. This will be done in consultation with parents. Spare adrenaline auto-injectors (AAIs) must be accessible withing five minutes from all areas of the school site and must not be locked away.
7.7. The Principal and nominated member of staff should review all medical emergencies and incident, including near misses, to see how they could have been avoided, and if required change the academy procedures according to these reviews. Near misses must be recorded and the Local Governing Body should receive regular reports on incidents and near misses.

8. Administering and storing medication

8.1. It is important that medication is stored and administered correctly, as detailed in the student's IHP. The procedures for this academy are contained in **Appendix 2**.

9. Day trips, residential visits and sporting activities

9.1. Whenever possible arrangements should be made to ensure students with medical conditions can participate in trips and sporting activities. There should be enough flexibility for all children to participate according to their abilities, with any reasonable adjustments.
9.2. The nominated member of staff will meet with the student (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit, to discuss and make a comprehensive plan for any extra care requirements that may be needed. This is recorded in the student's IHP which accompanies them on the visit.
9.3. A risk assessment will be carried out before any out-of-academy visits, including work experience and educational placements. The needs of students with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. If necessary, these should be based on consultation with parents and healthcare professionals.

10. Unacceptable practice

10.1. Every case should be judged on its own merits and circumstances, with reference to the child's IHP, however the following are examples of unacceptable practice:
- Preventing children from accessing their inhalers and medication when and where necessary.
- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the child, their parents or medical evidence/opinion.
- Sending children with medical conditions home frequently or preventing them from taking part in academy activities.
- If a child becomes ill, sending the student to the academy office/medical alone.
- Penalising children for their attendance record if their absences are related to their medical condition.
- Preventing students from drinking, eating, taking rest or toilet breaks whenever they need to in order to manage their medical condition effectively.
- Making parents feel obliged to attend the academy to administer medication or provide medical support to their child, including toileting issues.
- Creating barriers to children participating in academy life, including trips and sporting activities.
- Failing to follow written plans provided by a health care professional

11. General provisions

11.1. Staff will be made aware that students should not be forced to take part in activities if they are unwell. Relevant staff, particularly those in practical subjects, will also be made aware by the nominated member of staff, of students who have been advised to avoid/take special precautions during an activity, and the potential triggers for a student's medical condition when exercising and how to minimise these.
11.2. Each academy will ensure that students have the appropriate medication/equipment/food with them during physical activity.
11.3. Students with medical conditions who are finding it difficult to keep up educationally will be referred to the SENCo, who will liaise with the student (where appropriate), parent and the student's healthcare professional.
11.4. We recognise that there are common triggers that can make common medical conditions worse or can bring on an emergency. We will actively work towards reducing or eliminating these health and safety risks.
11.5. Additional information, if required, regarding procedures and protocols in relation to students with medical conditions for this academy are contained in **Appendix 3, 4, and 5.**

12. Monitoring and evaluation

12.1. We will review all medical emergencies and incidents to see how they could have been avoided, and if required change the academy policy according to these reviews.
12.2. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced regularly.
12.3. In evaluating the policy, we will seek feedback from key stakeholders including students, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, academy staff, local emergency care services and Governors. The views of students with medical conditions are central to the evaluation process.

Appendix 1

Emergency procedures for Trinity Academy Leeds

- In the event of an illness, accident or health care need where a student with medical needs cannot attend the medical room, the student should be kept safe and a first aider called.
- All staff have a responsibility to contact a first aider in the event of a medical emergency
- All students with diabetes, asthma and epilepsy have care plans provided by their healthcare practitioners. Students with other medical conditions have individual care plans developed with the school nursing service, mental health workers, parents and other healthcare professionals. All healthcare plans can be found on the relevant student's BromCom page and in SharePoint.
- All staff involved in the education of any student with medical needs are kept updated to changes in care plans, including emergency response
- Use of a Defibrillator (AED) - sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. Where an AED is available quick action CPR and defibrillation can help save lives. AED's have been designed for first aiders to safely use in an emergency. The AED is outside the Admin Office.
- If the Medical Welfare Officer believes hospital treatment is required, they should either contact an ambulance or contact the parent/carer to take their child to the hospital. A senior leader should be informed if a student is taken to hospital.
- Emergency medication will be stored in a safe, but accessible location (drawer in admin office). If required, all staff have a responsibility to ensure emergency medication is brought to the necessary location so that an unwell student is never left alone.

Appendix 2 – Administering, storing and disposing of medication

Administration, Storage and Disposal of Medicines

Medicines are administered in school when it would be detrimental to a student's health or attendance not to do so.

All medication must be given with parental consent unless a medicine has been prescribed without the knowledge of their parents. The student should always be encouraged to involve their parent/carer whilst respecting their right to confidentiality.

Medication is administered by the Staff and Student Welfare Officer, or another appropriately trained member of staff who holds recognised certification to administer medication in schools.

Storage of Medicines

Prescribed medication is only accepted if it is in date, labelled and in the original container as dispensed by the pharmacist, with clear instructions for administration, dosage and storage. Insulin is the exception to this and is contained within the administering device.

Regular (over the counter) medication for individual students, including paracetamol, ibuprofen and Piriton, is stored securely in a locked cabinet in the medical room. Prescribed medication is also stored in the locked medical cabinet.

Medications are stored in the locked medical room with the exception of asthma inhalers, insulin and adrenaline auto-injectors, which are kept readily accessible for emergency use in accordance with the student's Individual Health Plan (IHP).

Insulin for students with diabetes is stored in a designated refrigerator within the medical room. Emergency diabetic medication, including glucagon where prescribed, is also stored securely in the medical room refrigerator. These are clearly labelled for each student.

Staff who have received diabetes training are made aware of all students with diabetes and are trained to support students in administering insulin and responding appropriately to diabetic emergencies in accordance with their Individual Health Plans.

Students are encouraged to take responsibility for managing their own medication for asthma, diabetes and anaphylaxis where appropriate, as reflected in their Individual Health Plans.

Self-administration of non-emergency medication is encouraged where the Staff and Medical Welfare Officer, the parent/carer and the student agree that the student is competent and confident to administer their own medication safely. This agreement is recorded on the student's BromCom profile and, where applicable, within their Individual Health Plan.

Administration of Medicines

All medication administered within the academy is recorded, including the name of the medication, dose, route, date, time and the member of staff administering it.

Students taking regular medication have a medication care plan.

Over-the-counter paracetamol is kept securely within the locked medical cabinet and may be administered for general discomfort such as headaches, dental pain, menstrual pain or common minor illnesses.

Each student carries an individual planner containing parental consent for the administration of paracetamol. Where this consent has been signed by the parent or carer, paracetamol may be administered in accordance with academy procedures.

If parental consent has not been provided within the student's planner, the academy will contact the parent or carer by telephone to obtain verbal consent before paracetamol is administered.

Following the administration of paracetamol, a text message is sent to the student's contacts recorded on BromCom advising that paracetamol has been given, together with the time of administration and the reason for its use. This is overseen by the Medical Welfare Officer.

Controlled Drugs

Certain students may be prescribed a controlled drug (for example, methylphenidate for ADHD, midazolam for epilepsy or morphine for pain management). The academy recognises that controlled drugs carry additional legal obligations under the Misuse of Drugs Act 1971 and the Misuse of Drugs (Safe Custody) Regulations 1973. The following provisions apply to any controlled drug held on academy premises for a named student.

Storage of Controlled Drugs

Controlled drugs must be stored separately from general medication in a locked, non-portable, dedicated controlled drugs cabinet situated within the medical room. This must not be the general medication cupboard.

The cabinet must be fixed or secured so it cannot be removed from the premises. Only named members of staff, as designated within the student's Individual Health Plan, may hold a key or access code.

Controlled medication delivered by parents or carers must be handed directly to the Staff and Medical Welfare Officer (or nominated member of staff). Controlled medication is stored separately within the controlled drugs cabinet together with the student's photograph and prescription administration record to support safe identification and daily recording.

A list of authorised keyholders is maintained by the nominated member of staff and reviewed whenever staffing changes occur. Temporary or supply staff may not access the controlled drugs cabinet unless specifically authorised in writing by the Principal or nominated member of staff.

Acceptance and Documentation of Controlled Drugs

When a controlled drug is brought into the academy, the nominated member of staff must record the following in the controlled drugs log at the point of receipt:

1. the proprietary and generic name of the drug;
2. the strength and formulation;
3. the quantity received;
4. the expiry date;
5. the prescribing practitioner;
6. the date of receipt; and
7. the name of the parent or carer delivering the medication.

The controlled drug must be checked against the prescription label to verify the quantity, dosage and student details before acceptance. Any discrepancy must be documented and the parent or carer informed immediately.

Administration and Running Stock Record

Each time a controlled drug is administered, the administering member of staff must immediately record in the controlled drugs log:

1. the date and time of administration;
2. the student's full name;
3. the name and strength of the drug;
4. the prescribed dose administered;
5. the quantity deducted from stock;

6. the running stock balance remaining; and
7. the full name and signature of the administering member of staff.

Wherever possible, a second member of staff should witness administration and countersign the record.

The log must be maintained as a contemporaneous record and not amended retrospectively. Any correction must be made by drawing a single line through the original entry, initialling and dating the amendment. Correction fluid must never be used.

Stock Reconciliation and Discrepancy Reporting

The nominated member of staff will undertake a physical stock reconciliation at least once each term by comparing the quantity held against the running balance recorded within the controlled drugs register.

The reconciliation must be dated and signed. Any discrepancy that cannot be immediately explained must be reported to the Principal without delay and, where appropriate, to the police. Parents or carers must also be informed of any unexplained loss involving their child's medication.

Return, Disposal and Expiry

School staff must not dispose of controlled drugs.

When controlled medication is no longer required because treatment has ended, the medication has expired or the student has left the academy, parents or carers will be contacted and requested to collect the medication for safe disposal through a community pharmacy.

Where collection is not possible within a reasonable timescale, advice will be sought from the school nursing service or a pharmacist regarding appropriate disposal arrangements.

The date, quantity and recipient of any returned medication must be recorded within the controlled drugs register together with confirmation of the final stock reconciliation.

All other medication will be returned to the parent or carer or disposed of safely when no longer required.

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

Controlled Drugs and Individual Health Plans

Every student for whom a controlled drug is held in school must have a current Individual Health Plan which records:

- the proprietary and generic name of the controlled drug;
- the prescribed dose and frequency;
- the circumstances in which it should be administered, including any emergency protocol;
- the names of staff authorised to administer the medication; and
- the storage location.

The Individual Health Plan must be agreed with the parent or carer and, where appropriate, the relevant healthcare professional before any controlled drug is accepted into school. It will be reviewed annually, or sooner if there is any change to the student's condition or prescription.

Record Keeping

A record is maintained of all medication administered within school.

For all medicines, records include the medication administered, dose, date, time, route of administration and the member of staff administering the medication.

For controlled drugs, a separate controlled drugs register is maintained. This additionally records the full name and strength of the drug, each dose administered, the running stock balance after each administration, the administering member of staff's signature and, wherever possible, the signature of a witnessing member of staff. This register is kept separately from the general medicines record and is available for inspection at any time.

Appendix 3

Emergency Medication

Emergency Asthma Inhalers

In accordance with the Human Medicines (Amendment) (No. 2) Regulations 2014, Trinity Academy Leeds maintains emergency salbutamol inhalers for use in the event of an asthma emergency.

The academy holds two emergency asthma inhaler kits, each containing two Ventolin (salbutamol) inhalers and the appropriate spacers, which are stored in designated, easily accessible locations.

Emergency inhalers will only be administered to students who:

- have a diagnosis of asthma or have been prescribed a reliever inhaler;
- have written parental consent for the use of the emergency inhaler; and
- require emergency treatment because their own inhaler is unavailable, unusable or has failed to relieve their symptoms.

Every use of an emergency inhaler is recorded, including the date, time, dose administered, reason for administration and the member of staff involved. Parents or carers are informed as soon as practicable following its use.

Parents and carers are required to complete an Asthma Care Plan annually. Where appropriate, this may also be completed or updated by the student's asthma specialist nurse or GP. The care plan is signed by the parent or carer and reviewed annually or sooner if the student's condition changes. Care plans are kept in the Admin Office Emergency drawer, and uploaded digitally to the relevant student's BromCom profile.

Adrenaline Auto-Injectors (AAIs)

Students at risk of anaphylaxis have an Allergy Action plan created by the Specialist Allergy Nursing team detailing their allergies, signs and symptoms, emergency treatment and required support.

Students are encouraged, where appropriate, to carry their prescribed adrenaline auto-injector (AAI) with them at all times. A spare prescribed AAI is stored in the Admin Officer Emergency Drawer together with a copy of the student's Allergy Action Plan.

The academy also maintains two spare adrenaline auto-injectors in accordance with the Human Medicines (Amendment) Regulations 2017. These are available for use in an emergency, including during educational visits and residential visits, where a student meets the legal criteria for administration.

Appropriately trained members of staff may administer an adrenaline auto-injector in accordance with the student's Individual Health Plan and current Department for Education guidance.

Copies of Allergy Action Plans are stored securely within the student's BromCom record and are readily accessible to relevant staff. Physical copies of Allergy Action plans provided by the specialist allergy service are also stored in the Emergency Medicines drawer with the spare prescribed auto-injectors.

Defibrillator

The academy maintains one automated external defibrillator (AED) on site for use in the event of a cardiac emergency.

The defibrillator is checked weekly by the Site Team to ensure it remains operational and ready for use. Responsibility for monitoring equipment, replacing consumables and ordering any required spare parts rests with the Health and Safety Officer.

Appendix 4

Trinity MAT Allergy and Anaphylaxis Protocols

Allergy and Anaphylaxis Protocols for Trinity MAT

This protocol is to be used by anyone caring for a child who may be at risk of **allergic symptoms** or **Anaphylaxis.**

The protocol is to ensure that everyone caring for the child is aware of their allergies, symptoms and to promote better understanding of the child's needs and medical requirements. This should help to allow for better management of symptoms and recognition of how to deal with emergency situations if they arise. It should also allow for effective communication between parents, schools and medical professionals which should help both the allergic child and anyone involved in their care.

This document will be updated regularly, as well as being read through by those caring for children at risk, to ensure familiarity and up to date appropriate care. An annual review will be undertaken and updating carried out when necessary.

Documents relating to allergies and anaphylaxis will be available on the school website, VLE (if applicable) and staff shared area of the school network.

Schools will work in partnership with parents in regard to a child's allergies and anaphylaxis generally. This will be in meetings with parents with an appropriate member of staff, or with the Principal in a formal meeting, working through any forms that may need to be completed.

As a child transitions from a Primary school to Secondary school, or when an in-year transfer occurs, it is important that good communication exists between the schools involved and parents. There should be an opportunity for a parent to talk with staff, such as the catering staff and in any case, with a member of SLG in school, before a young person starts their education in the new setting, to discuss allergies.

Protocol

This protocol should be read, checked and signed by the parents/carers, a child's Medical Practitioner/Doctor or GP, the Principal or member of SLG, and School Medical Welfare Officer (if appropriate). As an alternative to the information provided on pages 13 and 14, the Allergy Action Plans available from the British Society for Allergy and Clinical Immunology (BSACI) may be used – copies of these are available from the BSACI's website (https://www.bsaci.org) under "Allergy action plans for children" and are downloadable.

Copies should be kept in accessible places to ensure that everybody who is responsible for the child is aware of the allergic triggers and has good knowledge of how to deal with the child should symptoms occur. Copies should be given to the parents, GP and retained in school.

Medication – The Medication often prescribed for a child at risk of anaphylaxis is Epinephrine. (Commonly known as Adrenaline) This may be injectable epinephrine (The EpiPen, Jext or Emerade).

It is important that the child's parent explains what medication his or her son/daughter has been prescribed, what symptoms may occur and when and how to use the emergency pack. ALL staff will need to know where the medication is stored. This should be out of reach of children, for younger children, but readily accessible. It should be clearly labelled with the child's name and instructions for use.

Responsibility for ensuring the medication is "In Date" rests with the parent.

Any Allergic reactions requiring medication occurring whilst the student is under school supervision will be recorded on the Allergy Reporting spreadsheet. This will be reviewed by the Principal.

ALWAYS:

1. Assess the child's condition – Note symptoms and how they are feeling. Notify another member of staff and if symptoms of anaphylaxis are present call an ambulance (999). Make sure person who calls ambulance confirms this has been carried out and someone is available to meet and tell the ambulance crew your exact location.

2. Decide if the reaction appears to be mild or moderate or severe. If mild or moderate – give antihistamine/ inhaler as prescribed but **MONITOR THE CHILD CONTINOUSLY**. This is to make sure the symptoms do not progress to a 'biphasic' secondary reaction- see below for details*. (If a mild reaction occurs the parents of the child should be informed of their allergic reaction by telephone with a follow up form including time of any medication given See Addendum 1)

3. If there are any symptoms of Anaphylaxis or the breathing is compromised or the child appears faint or 'floppy' then Adrenaline (EpiPen or Jext or Emerade) should be given. An ambulance should have already been called). This should be administered into the muscle of the upper outer thigh (as shown in training) and the child should be monitored. NOTE THE TIME GIVEN. **MONITOR THE CHILD CONTINOUSLY**. Another dose of Adrenaline may be necessary if the child's' condition has not improved or deteriorates within 5-10 minutes.

4. Stay with the child, do not move the child (Let the child adopt the position they are most comfortable in), if they are feeling faint or floppy then encourage them to lie with legs raised and head turned to one side (in case of vomiting) or sitting still (if breathing difficulties). Keep calm and keep the child calm.

5. Wait for the ambulance; when the ambulance arrives, the adult in charge of the child having an anaphylactic reaction should tell the ambulance crew what has happened and give all used medications to the ambulance crew for safe disposal, stating times of given medication.

It is normal practice for anyone who has been given adrenaline to go to hospital for further monitoring therefore the accompanying adult should take any relevant medical information with them. Parents should be contacted by a member of the school staff after the ambulance has been called. Permission to use emergency medication will already have been obtained and given by signing the protocol. Following each allergic reaction, the parents should be notified so they are able to continue to monitor the child's condition and make a GP appointment or follow up at the hospital if necessary.

Parents will replace any further necessary medications.

***This is because a secondary phase reaction could occur (after the initial reaction has been treated and resolved) these symptoms can be either mild symptoms or more serious symptoms and Parents/ Carers need to be aware of this possibility, ensuring they have adequate follow up medication and this is why monitoring in hospital is essential.**

Remember if you are unsure about any of a child's symptoms then take them to hospital for a check-up

Follow up form - Record sheet Addendum 1

To be filled out if any symptoms of allergy occur.

This is to be sent to parents via child/email, or given to the parents when child is collected.

Name of child: **Age of child:**	
Allergy:	
Date of allergic reaction: **Time:**	
Symptoms:	
Treatment given & Time: **Given by (signature)**	
Monitoring of symptoms:	
Parents contacted Yes / No	
Special note to parents:	
Signed:	**Dated:**

✂.....(Please cut off and return if appropriate)

Parental comments:	
Signed:	**Dated:**

Addendum 2

Staff Training Log – Allergies / Anaphalaxia: *[Insert name] (Fill in for each member of staff and put on file)*

Appendix

Date of training	Training provided by:	Updated training due:

Appendix 5: Epilepsy protocol

1.1. Known epileptic students have care plans from the Epilepsy service which are reviewed by the Medical Welfare Officer.
1.2. These plans are circulated to staff to ensure awareness of individual plans
1.3. These plans are also stored in the Admin Office along with emergency medication.
2. Staff are encouraged to undertake Epilepsy Action's Basic Epilepsy Management course to better support epileptic students
2.2 Staff should demonstrate basic knowledge of how to respond to a seizure until a First Aider arrives.

3. In the event of a seizure, the staff involved should complete the attached seizure witness form.
3.2 Completed seizure witness forms will be stored on the TAL SharePoint under Epilepsy. They will be shared with parents and epilepsy teams after each incident.