
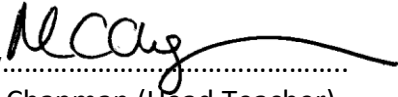


ST ALBANS GIRLS' SCHOOL

	SUPPORTING STUDENTS WITH MEDICAL NEEDS POLICY (including allergy guidance)	
	GB sub-committee: Personnel and Student Wellbeing	
	Co-ordinator: Miss T Lambert	
	Last Reviewed: Spring 2023	Next Review: Spring 2024

Signed by 
Margaret Chapman (Head Teacher)

Signed by 
Claire Barnard (Chair of Governors)

1.	RATIONALE
1.1	St Albans Girls' School is an inclusive community that supports and welcomes students with long and short term medical conditions.
1.2	The school recognises its duties as detailed in Section 100 of the Children and Families Act 2014. (Other related legislation is referenced in DfE guidance p21). Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, the school complies with their duties under that Act. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special educational needs and disability (SEND) code of practice.
1.3	<p>DFE Guidance states that Governing bodies should ensure that all schools develop a policy for supporting students with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.</p> <p>Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.</p> <p>Details should include:</p> <ul style="list-style-type: none"> • who is responsible for ensuring that sufficient staff are suitably trained, • a commitment that all relevant staff will be made aware of the student's condition, • cover arrangements in case of staff absence or staff turnover to ensure someone is always available, • briefing for supply teachers, • risk assessments for school visits, holidays, and other school activities outside of the normal timetable, • monitoring of Individual Healthcare Plans (IHP)
1.4	This policy will make clear to all staff the procedures to be followed in supporting these students.
1.5	Every member of the School community has the right to feel safe, valued and listened to.
1.6	This policy has been drawn up with consideration given to all stakeholders. Stakeholders include parent/carers, school first aiders, school staff, governors, and relevant local health specialist services.
2.	AIMS
2.1	To ensure that St Albans Girls' school aims to provide all students with medical conditions the same opportunities and access to activities (both school based and out of school) as other students. No student will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
2.2	To ensure that the school will listen to the views of students and parents/carers.

	2.3	To ensure that students, parents/carers will feel confident that the level of care they receive from the school meets their needs.	
	2.4	To ensure that staff understand the common medical conditions that affect students at this school and understand that many of the conditions may affect quality of life and may be life-threatening, particularly if poorly managed or misunderstood.	
	2.5	To ensure that all staff understand what to do in an emergency for the most common serious medical conditions at this school.	
	2.6	To ensure clear guidance on the administration and storage of medication.	
	2.7	To ensure clear guidance about record keeping.	
	2.8	To ensure that the school environment is inclusive. This includes the physical environment, as well as educational, social and sporting activities.	
	2.9	To enable staff to understand the impact of medical conditions on a student's ability to learn and their confidence.	
	2.10	To enable staff to promote self-care.	
	2.11	To ensure that the school community is aware of the common triggers that can make medical conditions worse.	
3.	PROCEDURES		
	3.1	Support for and expectations of staff	
		3.1.1	All guidance is drawn up with the DFE Statutory guidance as set out in Supporting Students with Medical Conditions (2022) for governing bodies of maintained schools and academies in England. The named SLT responsible for medical needs within the school is Tessa Lambert (Deputy Head). The named person responsible for medical needs is Anna Reed (Student Healthcare Officer)
		3.1.2	Staff at St Albans Girls' School receive appropriate information regarding serious medical conditions and what to do in an emergency. This training is provided annually, upon induction to the school and through access to relevant information.
		3.1.3	A log of the first aid/medical training is kept by the school and reviewed every 12 months to ensure all staff receive training.
		3.1.4	In an emergency situation, school staff are required, under common law duty of care, to act like any reasonably prudent parent. This may include administering medication. This will be made clear during training.
		3.1.5	Action for staff to take in an emergency for the common most serious conditions at this school (Appendix 4) is displayed around the school.
		3.1.6	If a student needs to be taken to hospital, a member of staff will always accompany them and will stay with them until a parent or carer arrives. A copy of the students student's IHP will be sent to the emergency care setting with the student.
		3.1.7	A log of medical emergencies will be kept by the Student Healthcare Officer (SHO).
		3.1.8	It is the responsibility of parents/carers to inform the school of any medical condition.
	3.2	Individual Healthcare Plans (IHP)	
		3.2.1	IHPs are managed and led by the SHO. The school has a list of IHPs kept in the main office and the SHO will ensure it is up to date.
		3.2.2	As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.
		3.2.3	The IHP records important details about individual student's medical needs at school, their triggers, signs, symptoms, medication and other treatment (Appendix 1). It is set up at admission or when the diagnosis is first communicated to the school. Where a student has SEN, their special educational needs should be mentioned in their IHP. Appendix 6 is used to identify and agree the support a Student's needs and the development of an IHP.

		3.2.4	Parents/carers, healthcare professionals, relevant school staff and students with a medical condition will draw up a student's IHP, including details of any medication to be administered. Depending on the complexity or severity of the condition this plan may be drawn up at a meeting that all attend or in consultation and sent home to parents/carers. A copy must be signed by the parents/carers and kept at school and home.
		3.2.5	IHPs are used to create a centralised register of students with medical needs and are kept in a secure central location at school and also attached as a linked document in MIS system.
		3.2.6	Parents/carers are regularly reminded to update their child's IHP if their child has a medical emergency, if there have been changes to their symptoms (getting better or worse), or when their medication and treatments change.
		3.2.7	Every student with an IHP at this school has their plan reviewed at least once a year.
		3.2.8	All relevant staff have access to the IHPs of students in their care.
		3.2.9	All staff are responsible for the protection of student confidentiality. The school will seek permission before information is shared with other parties. (The only exception to this case may be if a safeguarding need arises.)
	3.3	Management of medicines on school premises	
		3.3.1	The school understands the importance of medication being taken and care received as detailed in the student's IHP. Medication will only be administered when it would be detrimental to a student's health or school attendance not to do so.
		3.3.2	The school will make sure that there are sufficient members of staff who have been trained to administer the medication and meet the care needs of an individual student. This school will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. The school's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
		3.3.3	<p>All non-emergency medication is kept in a lockable cupboard, in a temperature appropriate place, in the Medical Room. Only named staff have access. Students with medical conditions know where their medicine is stored and how to access it.</p> <p>Students who need to carry their own emergency medication (AAI's and inhalers only) should ensure this is carried about their person at all times. Back-up emergency medication (only inhalers and epi pens) (AAI's), are available in the medical room, and students know how to access this.</p>
		3.3.4	All use of medication, defined as a controlled drug, even if the student can administer the medication themselves, is administered under the supervision of named staff.
		3.3.5	There is no legal duty for any member of staff to administer medication unless they have been specifically contracted to do so. Staff may administer prescribed and non-prescribed medication to students under the age of 16 with the written consent of the student's parent/carer. This can include school provided pain relief. Written and verbal consent (at time of event) from parents/carers will be required.
		3.3.6	<p>Training is given to all staff members who agree to administer medication to students, where specific training is needed. An up-to-date list of members of staff who have agreed to administer medication and have received the relevant training is kept in school.</p> <p>Where suitably risk-assessed, the school insurance provides full indemnity.</p>

		3.3.7	Parents should complete the Student Medication Permissions Form (Appendix 2) If specific medication is needed to be administered, above and beyond that detailed in the IHP.
		3.3.8	If a student's medication changes or is discontinued, or the dose or administration method changes, parents/carers should notify the school in writing immediately.
		3.3.9	If a student at this school refuses their medication, staff will record this and follow procedures. Parents/carers are informed as soon as possible.
		3.3.10	If a student misuses medication, either their own or another student's, their parents/carers are informed as soon as possible. These students are subject to the school's usual disciplinary procedures.
		3.3.11	Staff will ensure that medication is only accessible to those for whom it is prescribed.
		3.3.12	The SHO will check log and monitor the expiry dates for all medication stored at school, on a termly basis.
		3.3.13	All emergency and non-emergency medication brought in to school must be clearly labelled in its original container, with the correct student's name, the name and dose of the medication and the frequency of dose, expiry date and the prescriber's instructions (if applicable)
		3.3.14	All refrigerated medication is stored in a refrigerator in the medical room, in an airtight container and is clearly labelled.
		3.3.15	It is the parents'/carers' responsibility to ensure new and in date medication comes into school on the first day of administration and is replenished as and when required.
		3.3.16	An accurate record of each occasion an individual student is given or supervised taking medication is kept. Details of the supervising staff member, student, dose, date and time are recorded (Appendix 2).
		3.3.17	Parents/carers can collect out-of-date / unused medication. If this is not collected, it will be disposed of safely by the school.
		3.3.18	Sharps boxes are used for the disposal of needles. All sharps boxes in this school are stored in a locked cupboard unless alternative safe and secure arrangements are put in place on a case-by-case basis.
		3.3.19	An emergency Asthma kit together with emergency AAI's will be kept in the medical room.
		3.3.20	On a termly basis the emergency inhalers and AAI's will be checked by the SHO to ensure they are working and sufficient dose is available. The inhalers should be stored below 30 Degrees Celsius.
		3.3.21	We cannot keep stores of medication (e.g. paracetamol) on site for long periods of time, therefore, we keep a store of paracetamol on site and this can be given to a child with written parental/carer consent, (part of the Information collection google form) and verbal (at the time of administering) consent.
	3.4	Management of medical conditions and medicines on school trips	
		3.4.1	Students with serious medical conditions are required to inform the school.
		3.4.2	The leader of the trip will risk assess the needs of the student. If the needs are sufficient (which will be decided by the Deputy Headteacher), an Individual Risk Assessment and Specific Support form will also be completed.
		3.4.3	The school will make sure that a trained member of staff is available to accompany a student with a medical condition on an off-site visit, including overnight stays (if necessary).
		3.4.4	Staff members taking a student with a serious medical condition will be given the necessary training to enable them to manage the student's medication and/or emergency procedures, prior to departure. Liaison with the named members of staff who usually administer that student's medication is essential.

		3.4.5	A contingency plan will be agreed with parents/carers, in advance, should an emergency arise.
		3.4.6	The trip leader will take responsibility for the safe-keeping of medication on the trip.
		3.4.7	Parents/carers must be available on an accessible phone number for the duration of the trip.
		3.4.8	If a sharps box is required for an off-site or residential visit, a named member of staff is responsible for its safe storage and return to school.
	3.5	Allergies	
		<p>In line with advice from Allergy UK, St Albans Girls' School is not a nut (or any other product) free school. Students are permitted to bring their own food onto site and as such we cannot guarantee its contents.</p> <p>Parents/carers should inform the school of any allergies that their child has and this will be recorded as a medical need on MIS system. Students with allergies must have an IHP with treatment plan outlined. Students with an AAI should carry one at all times. First Aiders and some additional staff are trained in their use. Students with allergies should not share food with others. (See appendix 5 for full guidance). Emergency AAI's are held in the Medical Room.</p>	
	3.6	Whole School Environment	
		3.6.1	The school environment is inclusive and favourable to students with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.
		3.6.2	<p>The school is committed to providing a physical environment accessible to students with medical conditions and students are consulted to ensure this accessibility. This school is also committed to an accessible physical environment for out-of-school activities, including residential visits.</p> <p>The school understands the importance of all students taking part in off site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order they are accessible to all students. This includes out-of-school clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual student needs.</p>
		3.6.3	All staff are aware of the potential social problems that students with medical conditions may experience and use this knowledge, alongside the school's anti bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
		3.6.4	The school understands that all relevant staff are aware that students should not be forced to take part in activities if they are unwell. They should also be aware of students who have been advised to avoid/take special precautions during activity, and the potential triggers for a student's medical condition when exercising and how to minimise these.
		3.6.5	The school makes sure that students have the appropriate medication/ equipment/ food with them during physical activity and offsite visits.
		3.6.6	All school staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a student's medical condition.
		3.6.7	The school will not penalise students for their attendance if their absences relates to their medical condition.

		3.6.8	The school will refer students with medical conditions who are finding it difficult to keep up educationally to the SENCO/INCO who will liaise with the students (where appropriate), parent/carer and the students healthcare professional.
		3.6.9	Students at this school learn what to do in an emergency.
		3.6.10	The school makes sure that a risk assessment is carried out before any out-of-school visit, 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.
	3.7	Common Triggers that can make medical conditions worse	
		3.7.1	The school is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The school is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.
		3.7.2	The school is committed to identifying and reducing triggers both at school and on out-of-school visits.
		3.7.3	School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers.
		3.7.4	The IHP details an individual student's triggers and details how to make sure the student remain safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of students with medical needs.
		3.7.5	The school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews, as appropriate
	3.8	Responsibilities	
		3.8.1	Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.
		3.8.2	The school works in partnership with all relevant parties including the students (where appropriate), parent/carer, school's governing body, all school staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
		3.8.3	Key roles and responsibilities are outlined in Appendix 7.
	3.9	Procedures for an outbreak of infectious diseases	
		In line with government guidance the procedures for action in case of an outbreak of infectious disease are outlined in Appendix 9 – 12.	
4.	MONITORING		
	4.1	This policy will be monitored by the Senior Leadership Team and Governors to ensure that all employees comply with their professional requirements and procedures are appropriately adopted as required.	
	4.2	The log of medical emergencies and medication logs will be reviewed termly.	
	4.3	A record of staff training will be kept and reviewed annually.	
	4.4	The Deputy Headteacher will ensure compliance with all medical conditions related to offsite visits.	
	4.5	The Assistant Headteachers with responsibility for safeguarding will ensure the implementation of this policy, under the guidance of the Head Teacher.	



Individual Healthcare Plan - serious medical condition

(to be completed by parent/carer & healthcare professional)

Student's name	
Form	
Date of birth	
Medical Condition	
Date of diagnosis	
Who monitors your child's condition? Please give contact details of the consultant, hospital and any specialist nurse involved.	

Please briefly explain how the condition affects your child? Are there any particular triggers, signs or symptoms of this condition for your child? Does your child have disturbed sleep due to their condition?

--

What medication(s) has your child been prescribed for this condition. Please list all medication but only complete the detailed sections below for medication which is required in school.

--

St Albans Girls' School can only administer your child's medication if you complete this part of the form in full and sign it. All medication must be in the original container/packaging and should ideally have at least 3 months before expiry.

Medication required in school (1)

Name of medicine
(eg paracetamol, ibuprofen)

Reason for taking

Expiry date

Dose

Timing

Special precautions/other instructions

Are there any side effects that the school needs to know about?

[illegible]**Medication required in school (2)**

Name of medicine
(eg paracetamol, ibuprofen)

Reason for taking

Expiry date

Dose

Timing

Special precautions/other instructions

Are there any side effects that the school needs to know about?

[illegible]

This information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. Although staff will endeavour to ensure that medication is administered as requested, the school takes no responsibility for doses missed.

I give/do not give permission for my child to bring home any medication, at the end of the school year or on completion of medication course. We will dispose of uncollected medication

Signature _____ Date _____

(Parent/Carer)

Please describe any additional support (other than medication) (e.g. facilities, equipment or devices, environmental issues, physical adaptations etc) which your child may require.

--

Name of GP Surgery	
Address and telephone number	
Can we contact GP in an emergency ?	
Is there a specific action to take in an emergency?	

FOR OFFICE USE ONLY

Individual Healthcare Plan

Input: _____ Checked: _____

Initial: _____ Date: _____

Reviewed:



STUDENT ASTHMA INDIVIDUAL HEALTHCARE PLAN (IHP) including emergency inhaler use consent
(to be completed by Parent/Carer/Health Care Professional)

Student's name	
Form	
Date of birth	

Parent/Carer Contact Information

Name	
Relationship to student	
Emergency contact number	

When was your child diagnosed with asthma?			
Is your child's asthma? (please tick)	Mild (Uses reliever inhaler occasionally)	Moderate (Uses preventer and occasional reliever inhaler)	Severe (Uses preventer, regular reliever and other medication)
Does your child have disturbed sleep due to their asthma? <i>(please tick)</i>	Rarely	Occasionally	Frequently
How many times, if any, has your child attended hospital as a result of an acute asthma attack in the past year?	Not attended	Once or more	State how many times
Who monitors your child's asthma? <i>(if under a hospital, please give name of hospital and consultant)</i>			
How often is your child seen by the hospital/GP/nurse? <i>(please tick)</i>	Only when they have had an asthma attack	On a 3-6 month basis (or more frequent)	Annual check by GP

What medication(s) has your child been prescribed for their asthma?

Please include all asthma medication. Please make clear which are required in school and the dose and frequency of those needed in school.

What are your child's symptoms in an asthma attack & what treatment should be given?

Action to take in an emergency

Is there any additional support (*other than medication*) your child requires for their asthma whilst in school ?

G.P. Contact details

Name	
Address and Telephone Number	
Can the GP be contacted for information if required ?	Yes /No

PARENTAL CONSENT FOR USE OF EMERGENCY SALBUTAMOL INHALER AT SCHOOL

1. I can confirm that my child has been diagnosed with asthma or a condition requiring a Salbutamol inhaler.
2. My child has a working, in-date Salbutamol inhaler, clearly labeled with their name, which they will bring with them to school every day and carry on them.
3. In the event of my child displaying symptoms of an asthma attack when their Salbutamol inhaler is not available or is unusable, I consent for my child to use an emergency Salbutamol inhaler held by the school for such emergencies.

Parent/Carer Signature: _____ Date: _____

Name (print): _____

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Emergency consent & Individual Healthcare Plan

Input: _____ Checked: _____

Initial: _____ Date: _____



St Albans Girls' School

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STUDENT **ALLERGY** INDIVIDUAL HEALTHCARE PLAN (IHP)

(to be completed by Parent/Carer. This form is also available on our website)

Student's name	
Form	
Date of birth	

OTHER INFORMATION

When was your child diagnosed with a severe allergy?			
What are your child's allergies? Please list all known allergens.			
Is your child's allergy (<i>please tick</i>)	Mild	Moderate	Severe
Does your child have disturbed sleep due to this allergy? (<i>please tick</i>)	Rarely	Occasionally	Frequently
How many times, if any, has your child attended hospital as a result of an allergic reaction in the past year?	Not attended	Once or more	State how many times
Who monitors your child's allergy? How often is your child reviewed? (<i>if under a hospital, please give name of hospital and consultant</i>)			

G.P. Contact - Can the GP be contacted for information where required? YES/NO

Name	
Address and Telephone Number	

--

Medication required in school (1)

[illegible]

This information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. Although staff will endeavour to ensure that medication is administered as requested, the school takes no responsibility for doses missed.

I give/do not give permission for my child to bring home any medication, at the end of the school year or on completion of medication course. We will dispose of uncollected medication

Signature _____ Date _____
(Parent/Carer)

PLEASE NOW COMPLETE CONSENT FORM OVERLEAF

FOR OFFICE USE ONLY

Input: _____ Checked: _____

Initial: _____ Date: _____

CONSENT FOR USE OF EMERGENCY ADRENALINE AUTO-INJECTOR AT SCHOOL

For students who have been diagnosed with an allergy and need to carry an Adrenaline Auto Injector (AAI)

Student's name	
Form	
Date of birth	

1. I can confirm that my child has been diagnosed with a severe allergy and has been prescribed an Automated Adrenaline Injector (Epi Pen/ Jext)
2. My child will carry their own AAI (Epi Pen) daily in school .
3. In the event of my child displaying symptoms of an allergic reaction, and if their AAI is not available or is unusable, I consent for my child to receive adrenaline from an emergency AAI held by the school for such emergencies.

Parent/Carer Signature: _____ Date: _____

Name (print): _____



St Albans Girls' School

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Student Medication Permission Form

St Albans Girls' School can only administer your child's medication **if you complete this form in full, and sign it.** Please note: **All medication must be in the original container/packaging and must have at least 3 months before expiry.**

Student's name	
Form	
Date of birth	

Medication required in school

Name of medicine

(eg paracetamol, ibuprofen)

Reason for taking (eg period pain,
headache)

Expiry date

Dose

Timing

Special precautions/other instructions

Are there any side effects that the
school/setting needs to know about?

Please complete the next medication section overleaf if your child requires more than one medication. Please discuss with our Student Healthcare Officer if there are more than 2 medications your child requires in school.

Medication required in school

Name of medicine
(*eg paracetamol, ibuprofen*)

Reason for taking (*eg period pain, headache*)

Expiry date

Dose

Timing

Special precautions/other instructions

Are there any side effects that the school/setting needs to know about?

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped. Although staff will endeavour to ensure that medication is administered as requested, the school takes no responsibility for doses missed.

- I give/do not give permission for my child to bring home any medication, at the end of the school year or on completion of medication course. We will dispose of uncollected medication

Signature _____ Date _____

(Parent/Carer)

For Office Use Only

Date Medication Returned/Disposed		Quantity Returned	
Staff Initials		Parent/Carer initials	



St Albans Girls' School

Contacting Emergency Services

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: 01727-853134
2. your name
3. your location: Sandridgebury Lane, St Albans, Herts AL3 6DB
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 student 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



St Albans Girls' School

Allergy Guidance

Allergy is a hypersensitivity to a foreign substance that is normally harmless, but which produces an immune response reaction in some people. This can be a minor response such as localised itching or a severe response known as anaphylaxis or anaphylactic shock. Anaphylaxis is potentially life threatening, often explosive in onset with symptoms ranging from mild flushing to upper respiratory obstruction and collapse.

The school takes a serious approach to the risk of anaphylaxis. This guidance outlines the responsibilities expected of those within the school community. We aim to ensure all students with allergies are fully supported and feel safe at school, and that staff are confident in treating anaphylaxis.

Please note that the school is not a nut-free environment as we believe this can lead to a false sense of security and we prefer that students and staff remain vigilant at all times.

Parents

- On entry to the school, parents/carers should inform the school via the essentials forms, of any history of allergy, highlighting previous severe allergic reactions, and any history of anaphylaxis.
- Parents/carers will be sent an Individual Health Care Plan (IHP) for completion and return to the School Office.
- Parents/carers are responsible for ensuring any required medication (Epipens or other adrenalin injectors (AAI's), inhalers and any specific antihistamine – is supplied, in date and replaced as necessary.
- Where food allergy is a major concern, the parents/carers may wish to discuss the issues with the Catering Manager to make a plan to reduce potential exposure.
- If an episode of anaphylaxis occurs outside school, the school must be informed. Parents/carers are requested to keep the school up to date with any changes in allergy management with regards to clinic summaries or re-testing and new food challenges.

Students

- Students of any age must be familiar with what their allergies are and the symptoms they may have that would indicate a reaction is happening
- Students who are trained to administer their own auto-injector should be encouraged to carry it on their person

School First Aiders

- Once aware of an allergy the School First Aiders should ensure the parent/carers and student completes an allergy care plan and that sufficient emergency supplies are kept on site.
- All students with serious allergies carry their own epipens and consent is gained from parents (as part of the IHP) for the school to use an emergency epipen if required.
- Spare adrenaline pens should be kept at an appointed place clearly marked with each Student's name and also any other medication that might be used such as a spare inhaler and antihistamine. A copy of their IHP is also available at this location.
- The allergy will be highlighted in School's MIS under the Medical Conditions section.
- IHP's are available the Medical Room, detailing the action to be taken in an emergency, and can also be viewed on the school MIS.
- All students will be assessed for their competence of managing their allergies and emergency medication and training will be given where necessary.

Staff

- Staff must be aware at all times of the students in their care (regular or cover classes) who have known allergies and must supervise any food-related activities with due caution. All leaders of school trips must ensure they are competent to act in case of anaphylaxis prior to the trip departure and ensure they carry all relevant emergency supplies. This includes educational visits and 'away' sport fixtures.
- Annual training for staff in anaphylaxis is provided

Wider School Community

- The catering department is aware of all individual student allergies and provides clear labelling to all food served in the Restaurant at all times.
- Parents/carers are informed of the clear labelling policy for any food that they wish to send in to school either for their child's personal consumption or for others consumption in sharing situations such as charity bake sales.
- Student awareness of allergies is raised at assemblies and within the classroom setting.
- Training is provided for all staff on a regular basis and on an ad-hoc basis.
- Litter control is kept to a high standard in order to reduce risk of any accidental cross-contamination.

Symptoms of allergic reactions

Mild allergic reactions

- Rash
- Vomiting
- Abdominal cramps
- Localised tingling sensation
- Localised inflammation

Symptoms of severe allergic reaction

- Swelling of the throat and mouth
- Difficulty in swallowing or speaking
- Difficulty in breathing due to severe asthma or throat swelling
- Hives anywhere on the body
- Generalised flushing of the skin
- Abdominal cramps, nausea and vomiting
- Sudden feeling of weakness, faintness caused by sudden drop in blood pressure
- Collapse and unconsciousness

Treatment

Staff should take a student to the medical room or call the School First Aiders if student is on the school site. In an emergency a member of staff will administer medication if the student has it with them e.g. epipen.

First Aiders will administer medication in line with the IHCP. IHP Emergency Anaphylaxis Kits are available in the medical room at Main Reception.

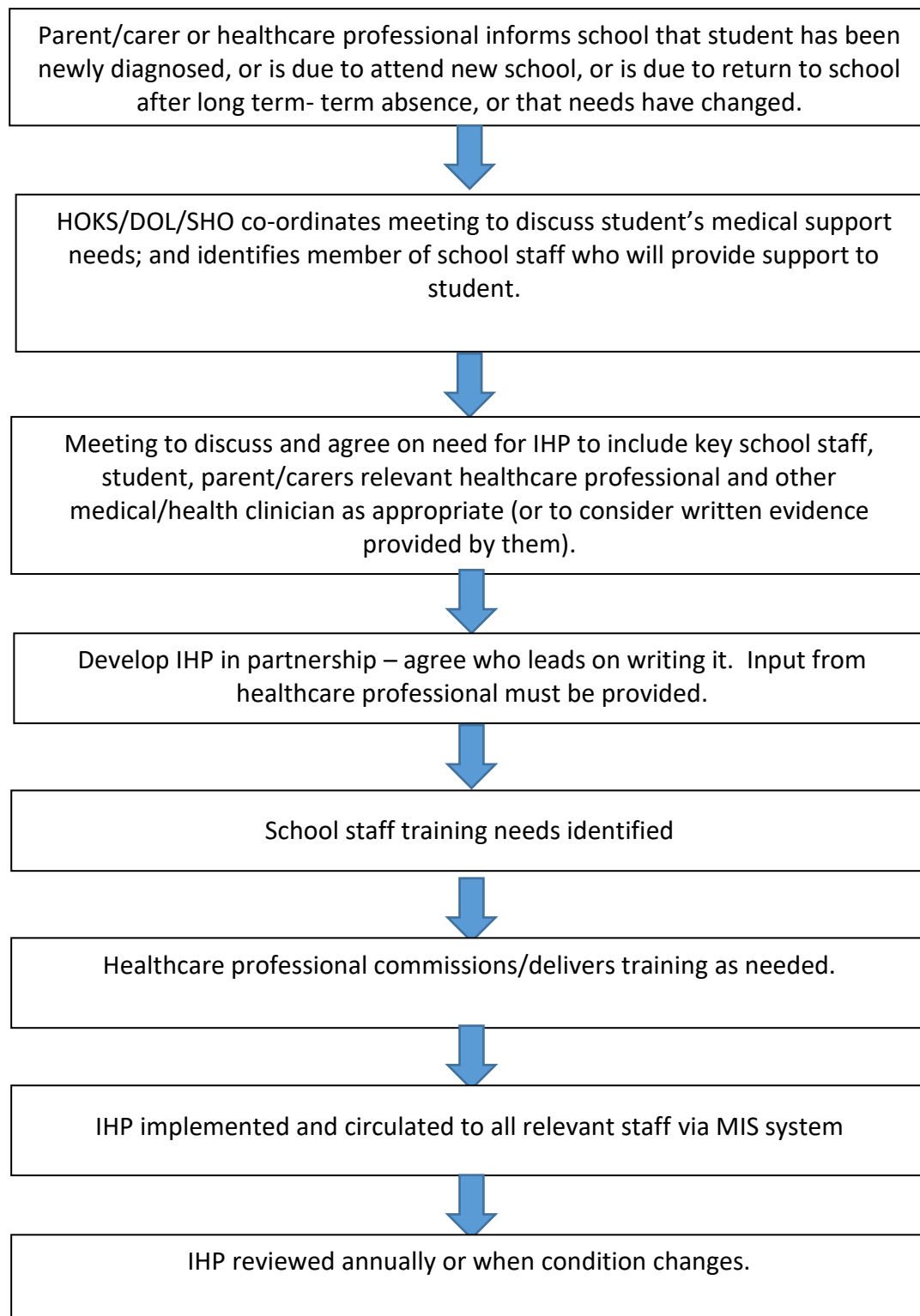
If the reaction is severe or symptoms occur in an undiagnosed individual the emergency services will be called.

For more information on allergies please see the AllergyUK website www.allergyuk.org, or call them on 01322 619898.



St Albans Girls' School

Model process for developing Individual Healthcare Plans (IHP)





St Albans Girls' School

Roles and responsibilities

Governing bodies - must make arrangements to support students with medical conditions in school, including making sure that a policy for supporting pupils with medical conditions in school is developed and implemented. They should ensure that students with medical conditions are supported to enable the fullest participation possible in all aspects of school life. Governing bodies should ensure that sufficient staff have received suitable training and are competent before they take on responsibility to support students with medical conditions. They should also ensure that any members of school staff who provide support to students with medical conditions are able to access information and other teaching support materials as needed.

Head Teacher - should ensure that their school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are aware of the policy for supporting students with medical conditions and understand their role in its implementation. Headteachers should ensure that all staff who need to know are aware of the student's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all Individual Healthcare Plans (IHP), including in contingency and emergency situations. Headteachers have overall responsibility for the development of Individual Healthcare Plans. They should also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. They should contact the school nursing service in the case of any student who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school first aiders.

School staff - any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of students with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support students with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

School nurse - every school has access to local school nursing services. They are responsible for notifying the school when a student has been identified as having a medical condition which will require support in school. Wherever possible, they will do this before the student starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support students with medical conditions, but may support staff on implementing a student's IHP and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the student and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to students with a medical condition.

Other healthcare professionals - including GPs, paediatricians, nurse specialists/community paediatric nurses – should notify the school and work jointly when a student has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Anyone dealing with the medical care of a student in school should contact the named school nurse for that school to ensure a coordinated approach.

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

Parents/carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that their child has a medical condition. Parents/carers are key partners and should be involved in the development and review of their child's IHP, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg provide medicines and equipment and ensure they or another nominated adult are contactable at all times.



St Albans Girls' School

Emergency Salbutamol Inhaler

The school has chosen to hold an emergency salbutamol inhaler for use by students who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained.

The protocol for the use of this inhaler is detailed below, following the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. [https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance on use of emergency inhalers in schools October 2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf)

The use, storage, care and disposal of the inhaler and spacers will follow the school's policy on supporting students with medical conditions. Specific guidance on storage and care is provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.

The school hold a register of students prescribed an inhaler and this list is kept with the emergency inhaler.

Written parental/carer consent is sought for the use of the emergency inhaler. Where consent is received the use of the emergency inhaler will be included in the pupils IHP. Parents/carers will be informed if their child has used the emergency inhaler.

The school's two volunteers for ensuring this protocol is followed are **the Deputy Head Teacher and the Office Manager**. Appropriate support and training has been provided in line with the school's policy on supporting students with medical conditions.



St Albans Girls' School

Infectious Diseases Procedure

In addition, to this procedure, please refer to Public Health England and DFE Guidance on infection control in schools.

The purpose is to provide guidance for action should an infectious disease surface in the school and/or community, allowing for two types of situations:

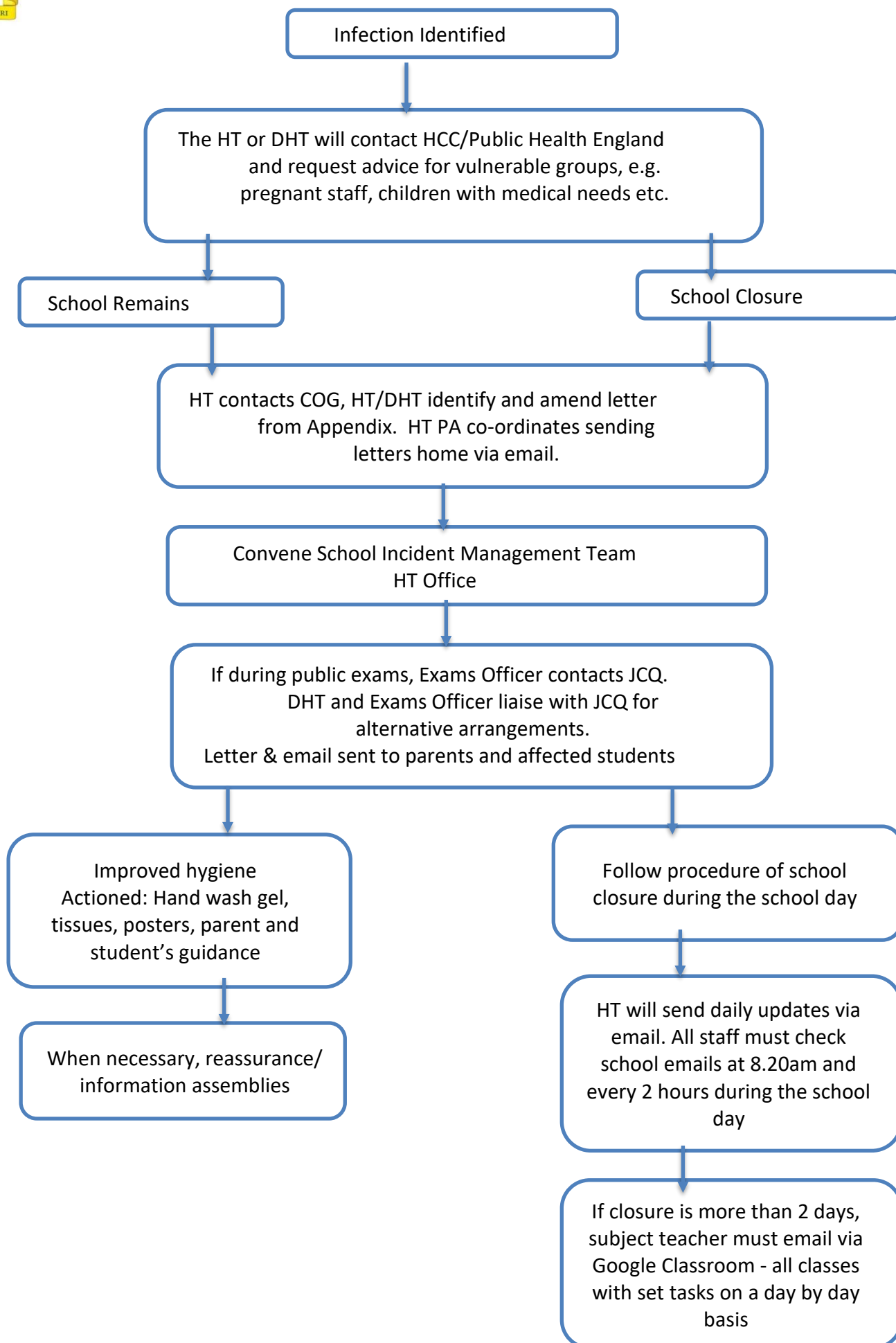
- non-widespread disease that is, nevertheless, infectious and dangerous – e.g. chickenpox, meningitis
- a widespread disease that is infectious and dangerous

If a case(s) is confirmed at STAGS, we will seek advice from Public Health England, the DFE and the Local Authority as to whether we should close the school, partially close or remain open.

- We will hold a staff briefing at the earliest convenience to advise that a case has been confirmed and update on actions
- Parents/carers will be advised by e-mail that a case has been confirmed
- If the advice is that the School remain open, students or staff showing symptoms will be required to stay away from school for 7 days or at least 3 days after symptoms subside, whichever is longer (unless it is Covid-19 (Coronavirus) where the isolation period is 10 days)
- Where a case is confirmed in a parent/carer/member of their immediate household, the infected person will be required to stay away from the school site for 7 days/for at least 3 days after symptoms subside, whichever is the longer. If the student is not showing any symptoms they will still be able to attend school if brought in by a well relative or friend, unless medical or Public Health England advice to the contrary (unless it is Covid-19, (Coronavirus), where the isolation period is 10 days)
- We will continue to keep our website updated with latest information



Action Plan in case of an outbreak of an infectious disease at school



Samples letters to be used in the case of an outbreak of infectious disease

Sample letter if advice is that infected students stay at home, but if uninfected others may come in to school despite infection of family members:

Dear Parents/Carers

As you may well have heard, **DISEASE NAME** has been spreading quickly through our area along with other parts of Hertfordshire.

There have been several confirmed cases in local schools. The advice that we have had from the local Health Protection Team is that **COMPLETE WITH ADVICE – e.g. the infection is not life threatening although may involve unpleasant symptoms.**

Following a risk assessment carried out by Public Health England, the local NHS primary care trust and local authority, the school has been advised that no other actions are necessary and the school will remain open as usual.

DISEASE NAME is in the community and therefore, we have been advised that there is nothing to be gained from keeping healthy students away from school; they are as likely to catch **DISEASE NAME** outside of school as within.

With so many cases being reported, it is quite possible that a majority of schools in our area will report cases within the next two weeks. All schools in our area are also being advised to behave as they would with any similar illness. Schools will remain open unless we cannot guarantee that there will be enough adults to ensure safe supervision of children.

Parents are advised to manage common childhood symptoms e.g. treat fever with medication, ensure sufficient fluid intake etc. If the students is ill with **DISEASE-NAME** like symptoms they should be kept away from school to avoid infecting other students and staff. Siblings of students who have either been diagnosed with **DISEASE NAME** or who have **DISEASE NAME**-like symptoms should attend school as normal as long as they remain symptom-free.

If parents/carers are concerned that their daughter/son is unwell and is displaying some of the symptoms of the infection, they should call the non-emergency NHS contact number: 111 or their GP practice for more information.

For general information, please call the national **DISEASE NAME** information line **CONTACT NUMBER**. Information can also be found at www.nhs.uk and **DISEASE-SPECIFIC WEBSITE**.

Thank you for your co-operation at this difficult time. Please contact the school should you have further concerns.

Yours sincerely

Sample letter in the case of a meningococcal disease outbreak

Dear Parents/Carers

I am writing to inform you that a STAGS student has recently been admitted to hospital with suspected meningococcal infection. The school has taken advice from Hertfordshire County Council and Public Health England and no further action is necessary at the present time. There is no reason to make any changes in the school's routine and no reason for children to be kept at home.

Meningococcal bacteria are carried in the back of the throat of about one in ten people at any one time, but only very rarely cause illness. Most people who carry the bacteria become immune to them. The bacteria do not spread easily and those who have had prolonged, close contact with the person with meningitis/septicaemia are at a slightly greater risk of getting ill. These people have been identified and given antibiotics to stop the bacteria spreading.

Although the risk of another case in the school is very small, it is sensible to be aware of the signs and symptoms: fever, vomiting, bruising rash, severe headache, rapid breathing, stiff neck, dislike of bright light, cold hands and feet, joint/muscle pain.

Not all of these signs and symptoms may show at once, but someone with this illness may become very ill. The illness may progress over one or two days but it can develop very rapidly, sometimes in a matter of hours.

Diagnosis in the early stages can sometimes be difficult. The early signs can be similar to bad 'flu symptoms but be watchful and use your judgement. If someone becomes ill with some of these signs or symptoms, contact the doctor urgently and ask for advice.

If you have individual worries about this case, you can speak to a member of the Health Protection Team on 0300 303 8537 during normal working hours. Further information is available 24 hours a day from The Meningitis Research Foundation www.meningitis.org 0808 800 3344 CHECK NUMBER, The National Meningitis Trust www.meningitis-trust.org 0845 6000 800 CHECK NUMBER and the non emergency NHS contact number: 111.

I will keep you informed should the situation change.

Yours sincerely

Sample letter in the event of the school closing

Dear Parent/Carers

Public Health England has informed the school that some of our students have been diagnosed with **INSERT DISEASE NAME**.

The student is / students are receiving the appropriate medical care. **Close contacts of the student(s) are receiving antimicrobial drugs as a precaution – delete if inappropriate.**

Following a risk assessment carried out by Public Health England, the local NHS primary care trust and local authority, as a precaution the school has been advised to close temporarily with immediate effect for a period of **INSERT NUMBER** days. We plan to reopen on **_____**.

The school is working closely with the Public Health England, NHS colleagues and local authorities to monitor the situation.

If you or your daughter/son develops symptoms of **DISEASE-NAME**-like illness the advice of the Health Protection Agency is to stay at home and contact your GP or the non-emergency NHS line: 111. Each case will be assessed and, if necessary, testing and treatment will be provided.

Good basic hygiene can help to reduce transmission of most infections, including **DISEASE NAME**.

This includes:

- Covering your nose and mouth when coughing or sneezing, using a tissue when possible.
- Disposing of dirty tissues promptly and carefully.
- Washing your hands frequently with soap and water to reduce the spread of the virus from your hands to your face or to other people.
- Cleaning hard surfaces (such as door handles) frequently using a normal cleaning product.
- Making sure your children follow this advice.

For more information on **DISEASE NAME** call the national information line on **INSERT NUMBER**.

Alternatively, visit the Public Health England website:

<https://www.gov.uk/government/organisations/publichealth-england> **check this**. Your daughter/son will be able to continue with school work online via Google Classroom.

Yours sincerely

World Health Organisation Threat Levels

Inter-pandemic Period		
1	No new influenza virus subtypes detected in humans	UK not affected UK has strong travel/trade connections with affected country UK affected
2	Animal influenza virus subtype poses substantial risk	
Pandemic Alert Period		
3	Human infection(s) with a new subtype, but no new human to human spread to a close contact	UK not affected
4	Small cluster(s) with limited human-to human transmission but spread is highly localised, suggesting that the virus is not well adapted to humans	
5	Large cluster(s) but human-to-human spread still localised, suggesting that the virus is becoming increasingly better adapted to humans	UK affected
Pandemic Period		
6	Increased and sustained transmission in general population	UK Alert level 1 Virus/cases only outside the UK 2 Virus isolated in the UK 3 Outbreak(s) in the UK 4 Widespread activity across the UK
Post Pandemic Period		
	End of pandemic Return to inter-pandemic period	