



# Bright Futures

EDUCATIONAL TRUST

The best *for* everyone, the best *from* everyone

## Supporting Pupils at School with Medical Conditions Policy

Including guidance on:

Roles and responsibilities, managing medicines, medical interventions on school premises, storage of medicines and equipment, Individual Health Care Plans (IHCP), managing emergencies, allergy management

This is a Trust-Wide Policy which has had some content adapted to ensure relevance to individual schools within the Trust.

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Owner of Policy:

**Chair of the Policy  
Design &  
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Authorised By:

**Executive Team**

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**All Staff  
Websites**

## SUPPORTING PUPILS AT SCHOOL WITH MEDICAL CONDITIONS POLICY

Bright Futures Educational Trust's Strategy

<https://www.bright-futures.co.uk/about-us/ourstrategy/> underpins all aspects of this policy and the way in which it will be applied.

The specific elements of the strategy are:

- Our vision '**the best for everyone, the best from everyone**'
- Our six values; **Leadership**: We take ownership of our responsibilities and find the leader in all of us. **Integrity**: We do the right things for the right reasons, always being courageously true to our mission. **Passion**: We love what we do and feel the power of possible through innovation and creativity. **Community**: We work in collaboration with communities and wider partners celebrating diversity as our strength. **Equality**: We nurture, value, respect and empower all, understanding that equity sits at the heart of all opportunities. **Resilience**: We prioritise our wellbeing whilst embracing challenge, adapting flexibly and learning as we grow.
- Our commitments: **Children at the heart of decision making, Collaboration and strong relationships, Professional support, challenge and learning, Champion social justice and equity for all, Strong Governance & accountability, Ensuring efficiency and best use of resources for impact.**

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## What is the Policy for?

The over-arching purpose of this policy is to make sure children and young people have successful and fulfilling lives. This policy sets out specific guidance on the principles that should apply to the management of medical conditions, including the administration of medications. The outcome should be that they can play a full and active role in all aspects of school life including trips, educational visits and residential and extended school activities, such that they remain healthy and achieve their academic potential.

## Who is the Policy for?

The policy applies to all staff employed Bright Futures Educational Trust, as well as members of the Local Governing Bodies of those establishments, central operations staff, Members and Trustees and any consultants undertaking work on behalf of the Trust.

## Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils with medical conditions.

It is also based on the Department for Education's statutory guidance on [supporting pupils with medical conditions at school](#)

This policy also complies with our funding agreement and articles of association.

## ROLES AND RESPONSIBILITIES

### The Principal/head of School is responsible for:

1. Ensuring all staff are aware of this policy on supporting pupils with medical conditions, understand their role in its implementation and follow the correct procedures.
2. Designating a named individual/s who is responsible for effective implementation of this policy: Mr Catherall(Principal), Mrs Kan (Vice Principal & DSL) and Miss Cook (SENCO).
3. Ensuring this policy clearly identifies how the roles and responsibilities of staff who are involved in the arrangements to support pupils at school with medical conditions are made clear to both staff, parents/carers and the child.

4. Ensuring all relevant staff are aware of an individual child's medical condition and needs.
5. Ensuring that sufficient numbers of staff receive appropriate training to fulfil the roles and responsibilities of supporting children with medical conditions i.e. the school is able to deliver against all Individual Healthcare Plans (IHCPs) and implement policy, including for example in contingency or emergency situations and management of staff absence.
6. Ensuring that a system is in place which identifies procedures to be followed on receipt of notification of a pupil's medical needs; procedures should cover any transitional arrangements or when pupil needs change (see Appendix 1).
7. Ensuring that cover arrangements are always available in the event of staff absence or staffing changes, including briefing for volunteers, supply teachers and appropriate induction for new members of staff.
8. Ensuring that IHCPs are in place, where appropriate, and developed in consultation with parents/carers, healthcare professionals, relevant staff and (if appropriate) the child or young person.
9. Ensuring IHCPs are monitored and are subject to review, at least annually, or sooner if needs change.
10. Ensuring risk assessments relating to the school environment are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
11. Ensuring risk assessments relating to off-site visits, residential trips and extended school opportunities offered outside the normal timetable are in place, as appropriate, including consideration for actions to take in the event of emergency situations.
12. Ensuring a complaints procedure is in place and is accessible.
13. Ensuring the notification procedure is followed when information about a child's medical needs are received (Appendix 1).
14. Ensuring parents/carers provide full and up to date information about their child's medical needs by completion of 'Parent/Carer Information about a Child's Medical Condition' form (Template A).
15. Deciding, on receipt of a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' form (Template B), on a case by case basis, whether any medication or medical intervention will be administered, following consultation with staff.
16. Deciding, on receipt of a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention (Template C), on a case by case basis, whether any medication will be carried by the child, will be self-administered by the child or any medical

intervention will be self-administered by the child, following consultation with staff, if appropriate.

### **Staff Responsibilities:**

1. Any member of staff may be asked to provide support for a child with a medical condition, including the administration of medicine(s) and medical intervention(s), although they cannot be required to do so; this is a voluntary role.
2. School staff will receive sufficient and suitable training and achieve competency before they take on responsibility for supporting children with medical conditions.
3. Where children have an IHCP, the roles and responsibilities of staff will be clearly recorded and agreed.

### **Parents/Carers are required to:**

1. Provide the school with sufficient and up to date information about their child's medical needs and to update it at the start of each school year or, if needs change, by completion of a 'Parent/Carer Information about a Child's Medical Condition' form (Template A).
2. Complete, if appropriate, a 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B) to gain consent for medicines / medical interventions to be administered at school.
3. Complete, if appropriate, a 'Parent/Carer Request for the Child's Self-administration of Medication/Medical Intervention' form (Template C) to gain consent for medicines / medical interventions to be administered by the child.
4. Provide up-to-date contact information so that parents/carers or other nominated adults are contactable at all times.
5. Carry out any action they have agreed to as part of the implementation of an IHCP.
6. Provide any medication in its original packaging, with the pharmacy label stating the following:
  - Child's name
  - Child's date of birth
  - Name of medicine
  - Frequency / time medication administered
  - Dosage and method of administration
  - Special storage arrangements
7. Ensure medicines or resources associated with delivery of a medical intervention have not passed the expiry date.
8. Collect and dispose of any medicines held in school at the end of each term or as agreed. (Template H)
9. Provide any equipment required to carry out a medical intervention e.g. catheter tubes.

10. Collect and dispose of any equipment used to carry out a medical intervention e.g. sharps box.

### **Pupil Information**

Parents/carers are required to give the following information about their child's medical condition and to update it at the start of each school year, or sooner if needs change, by completion of 'Parent/Carer Information about a Child's Medical Condition' form (see Template A):

- Details of pupil's medical conditions and associated support needed at school
- Medicine(s), including any side effects
- Medical intervention(s)
- Name of GP / Hospital and Community Consultants / Other Healthcare Professionals
- Special requirements e.g. dietary needs
- Who to contact in an emergency
- Cultural and religious views regarding medical care

## **MANAGING MEDICINES / MEDICAL INTERVENTIONS ON SCHOOL PREMISES**

### **Administration of Medicines / Medical Interventions**

1. Medicine / medical interventions will only be administered at school when it would be detrimental to a pupil's health or attendance not to do so.
2. It is expected that parents/carers will normally administer medication / medical interventions to their children during their time at home, where at all possible.
3. No medication / medical intervention will be administered without prior written permission from the parents/carers. 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical Interventions' (Template B)
4. The Principal will decide whether and by whom any medication or medical intervention will be administered in school, following receipt of the above form and after consultation with staff.
5. No changes to administration method or dosage of medication or changes in procedures relating to medical interventions will be carried out without written authority from parents/carers and recorded amendment to the 'Parent/Carer Request and Agreement for School to Administer Medicines / Medical interventions' form (Template B)
6. The Principal will decide whether a child is able to carry and self-administer any medication or self-administer any medical intervention, following consultation with staff as appropriate 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' (Template C);
7. All medicines / medical interventions will normally be administered during school breaks and/or lunchtime.

8. If, for medical reasons, medicine has to be taken at other times during the day or a medical intervention delivered at a different time, arrangements will be made for the medicine / medical intervention to be administered at other prescribed times.
9. Pupils will be told where their medication / medical intervention equipment and resources are kept and who will administer them.
10. Any member of staff, on each occasion, giving medicine / medical intervention to a pupil should check:
  - Name of pupil
  - Written instructions provided by the parents/carers or healthcare professional or as agreed in an IHCP
  - Prescribed dose, if appropriate
  - Expiry date, if appropriate
11. Any member of staff, on each occasion, will make a written record of medication / medical interventions administered on the 'Record of Administration of Medicines/Medical Intervention to an Individual Child' (Template C)
12. No child under 16 will be given medicine containing **aspirin** unless prescribed by a doctor.

### **Child's Role in managing their own Medical Needs**

1. After discussion with parents/carers, children who are competent will be encouraged to take responsibility for managing their own medicines and medical interventions.
2. Written permission from the parents/carers will be required for pupils to self-administer medicine(s) / medical intervention(s). The school's 'Parent/Carer Request for the Child's self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.
3. Written permission from the parents/carers will be required for pupils to carry medicine(s) or resources associated with a medical intervention(s). The school's 'Parent/Carer Request for the Child's self-administration of Medication/Medical Intervention (Template C) must be completed by parents/carers.
4. Children who can take medicines or manage medical interventions independently may still require a level of adult support e.g. in the event of an emergency. In this situation agreed procedures will be documented in an IHCP.

### **Refusing Medication / Medical Intervention**

1. If a child refuses to take their medication / medical intervention, staff will not force them to do so. Refusal to take medication will be recorded and dated on the child's record sheet. Reasons for refusal to take medications / medical intervention must also be recorded as well as the action then taken by the member of staff.
2. Parents/carers will be informed as soon as possible. Where the child is potentially placing themselves at risk by refusal, parents/carers will be informed immediately.

### **Storage of Medicines / Medical Intervention Equipment and Resources**

All children will know where their medicines / medical intervention equipment/resources are at all times and will be readily available as required.

### **Controlled drugs**

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

1. A child who is prescribed a controlled drug may legally have it in their possession if they are competent to do so but passing it to another child for use is an offence.
2. Where controlled drugs are not an individual child's responsibility, they will be kept in a non-portable locked cabinet in a secure (named) environment e.g. admin office, medical room. Only named staff will have access.
3. Controlled drugs will be easily accessible in an emergency as agreed with parents/carers or described in the child's IHCP.
4. Where controlled drugs are not an individual child's responsibility, records will be kept of any doses used and the amount kept on the premises.

### **Non-controlled drugs and medical resources**

All medicines and medical equipment / resources will be stored safely as agreed with parents/carers or described in the child's IHCP.

### **Records**

School will keep a record of all medicines / medical interventions administered to individual children on each occasion, including the following:

- Name of pupil
- Date and time of administration
- Who supervised the administration
- Name of medication
- Dosage
- A note of any side effects / reactions observed
- If authority to change protocol has been received and agreed.

Record of Administration to an Individual Child (Template D) and Record of Medicine Administered to All Children (Template E).

## **STAFF TRAINING**

1. Staff must not give prescription medicines or undertake healthcare procedures without appropriate training. A First Aid Certificate does NOT constitute appropriate training in supporting children with medical conditions.

2. All staff will be made aware of the School's Policy for supporting pupils with medical conditions and their role in implementing that policy through for example whole school awareness training, involvement in development of IHCPs, staff briefing sessions etc.
3. Specialist training and advice will be provided by appropriate healthcare professionals, e.g. specialist epilepsy nurse, asthma training by school nurse etc, for staff involved in supporting pupils with medical conditions including the administration of relevant medicines / medical interventions.
4. Training for all staff will be provided on a range of medical needs, including any resultant learning needs, as and when appropriate.
5. Supporting a child with a medical condition during school hours is not the sole responsibility of one person.
6. Training will ensure that sufficient numbers of staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHCPs. Induction training will raise awareness of the School's Policy and practice on supporting pupils with medical condition(s).
7. Training will be sufficient to ensure staff are competent and have confidence in their ability. The School will make every effort to ensure that specialist training will be completed as quickly as possible to ensure that the child is able to attend school safely.
8. A record of staff training carried out will be kept, identifying the date review or refresher training will be required where appropriate. 'Record of Staff Training' (Template F)

## **INDIVIDUAL HEALTH CARE PLANS (IHCP)**

Where appropriate, an IHCP will be drawn up in consultation with the school, parents/carers, health professionals and any other relevant professionals.

The content of an individual child's IHCP will be dependent on the complexity of their needs and may include the following:

- An overview (Pen Portrait / One Page Profile) of the child's needs and provision in place in school to manage those needs.
- A description of the medical condition, its presentation (signs, symptoms, triggers etc) and impact on access to the school environment and learning opportunities.
- Arrangements around administration of medication(s) / medical intervention(s).
- Arrangements around management of medical emergency situations.
- Arrangements around management and support for personal care needs, including intimate and invasive care e.g. catheterisation, toileting support, gastro-tube feeding etc.
- Risk assessment for access to the school environment and curriculum.
- Arrangements for evacuation in the event of an emergency.
- The level of support required in school, who will provide this support, their training needs and cover arrangements for when they are unavailable.

- How, if agreed, the child is taking responsibility for their own health needs.
- A reference to staff confidentiality.

Appendix 2 is a Flow Chart to guide schools through deciding which elements of the IHCP are relevant to an individual child.

Individual Health Care Plans will be reviewed annually or sooner if needs change

## **INTIMATE AND INVASIVE CARE**

Cases where intimate or invasive care is required will be agreed on an individual basis. Decisions made about procedure and practice will be recorded within the pupils IHCP and take account of safeguarding issues for both staff and pupils.

Information about the types of training required for administration of medicines and medical interventions commonly found in schools is contained in Appendix 3 (Medicines and Medical Interventions).

## **OFF-SITE AND EXTENDED SCHOOL ACTIVITIES**

1. We will anticipate how we can support pupils with medical conditions and will actively support them and in accessing all activities on offer including school trips, sporting activities, clubs and residential / holidays.
2. Preparation and forward planning for all off-site and extended school activities will take place in good time to ensure that arrangements can be put in place to support a child with a medical condition to participate fully.
3. School will consider what reasonable adjustments need to be put in place to enable children with medical conditions to participate safely and fully.
4. School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs the risk assessment process will involve consultation with child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely. Please refer to Health and Safety Executive (HSE) Guidance on School Trips.
5. In some circumstances evidence from a clinician, such as a hospital consultant, may state that participation in some aspects offered is not possible. Where this happens school will make alternative arrangements for the child.
6. Arrangements will be in place to ensure that an IHCP can be implemented fully and safely when out of school. Risk assessment will identify how IHCPs will be implemented effectively off-site and where additional supervision or resources are required.

## MANAGING EMERGENCIES AND EMERGENCY PROCEDURES

The Principal will ensure that all staff are aware of the school's general risk management processes and planned emergency procedures.

Where a child has an IHCP this will clearly define what constitutes an emergency and describes what to do. This may include:

- An Emergency Medical Protocol that details the actions to be taken by staff and supported by specialist training where relevant e.g. seizure management and administration of rescue medication.
- A Personal Emergency Evacuation Plan (PEEP) that details the actions to be taken by staff to support the child's evacuation from the building, supported by specialist training where relevant e.g. use of an Evac chair; the PEEP should also detail the actions to be taken by staff to support how staff will manage the child's medical needs during the evacuation e.g. ensuring appropriate medication is taken outside and is available whilst at the assembly point.

School has a procedure for contacting emergencies services (Template G) which is displayed in the appropriate places e.g. office, staff room etc.

## CONFIDENTIALITY AND SHARING OF INFORMATION WITHIN SCHOOL

1. School is aware of the need to manage confidential information sensitively and respectfully, maintaining the dignity of the child and family at all time.
2. School will disseminate information to key members of staff involved in the child's care on a needs-to-know basis, as agreed with parents/carers.
3. Where the child has an IHCP this will be shared with key staff with regular, scheduled re-briefings.
4. School will ensure that arrangements are in place to inform new members of staff of the child's medical needs.
5. School will ensure that arrangements are in place to transfer information on a child's medical needs to staff during any transition.

## LIABILITY AND INDEMNITY

School insurance policies provide liability cover relating to the administration of medicines.

In the case of medical interventions, individual cover may be arranged for any specific healthcare procedures, including information about appropriate staff training and other defined requirements of the insurance policy.

The expectation is that only appropriately trained and insured staff will be involved in supporting medical interventions.

## COMPLAINTS PROCEDURE

In the first instance parents/carers dissatisfied with the support provided should discuss their concerns directly with the Principal / SENCo.

If, for whatever reason, this does not resolve the issue then a formal complaint can be made in accordance with the Trust's Complaints Policy.

## UNACCEPTABLE PRACTICE

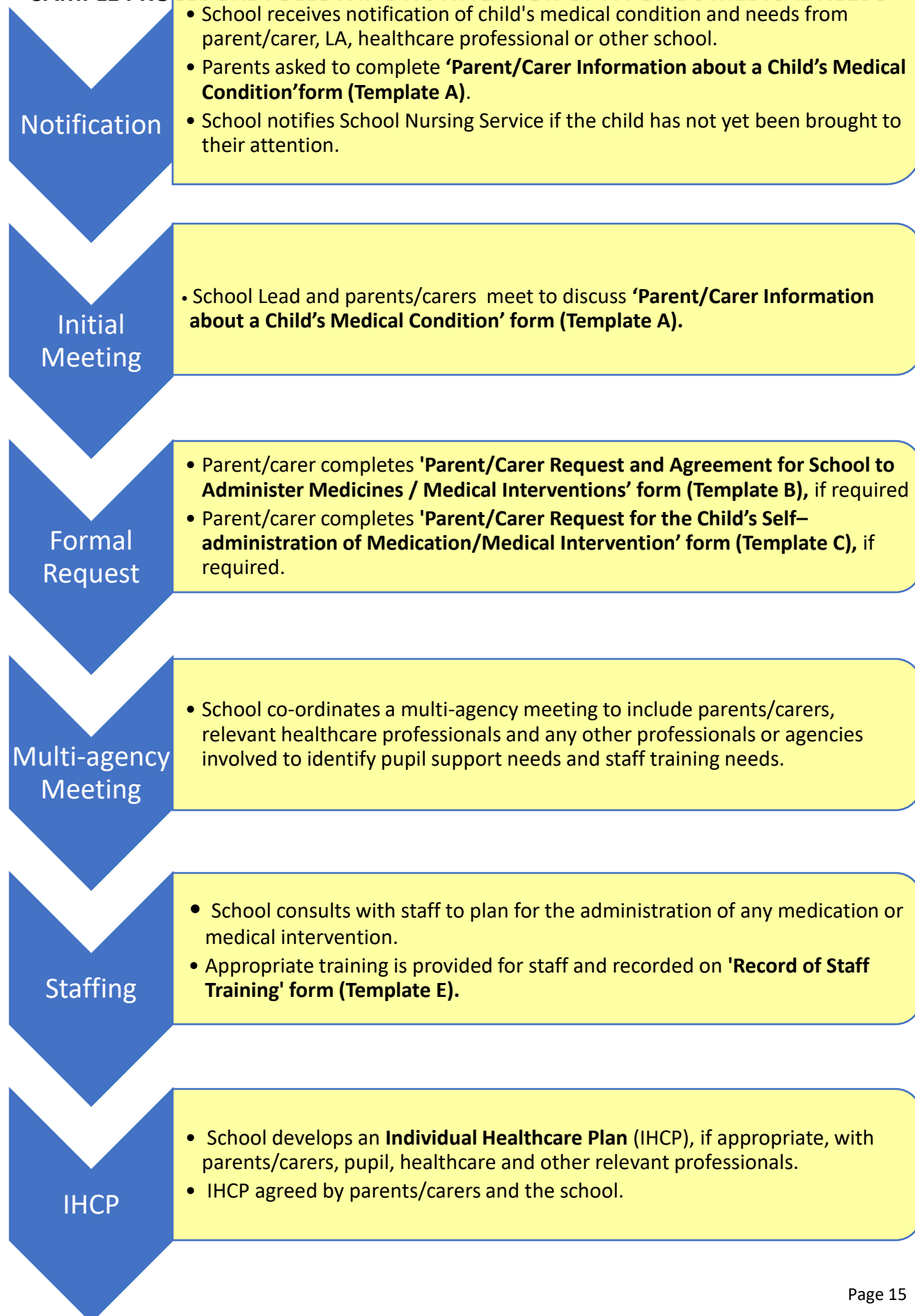
Bright Futures considers that the following constitute unacceptable practice:

- Requiring parent/carers or otherwise making them feel obliged to attend school to administer medicines / medical interventions or provide medical support to their child, including around toileting issues – no parent/carer should have to give up working because the school is failing to support their child's medical needs.
- Preventing children from participating, or creating unnecessary barriers to children participating in, any aspect of school life, including trips, e.g. by requiring parents/carers to accompany the child.
- Preventing children from easily accessing and administering their medicines as and where necessary.
- Assuming every child with the same condition requires the same treatment.
- Ignoring the views of the child and/or their parents/carers (although this may be challenged).
- Ignoring medical evidence or opinion (although this may be challenged).
- Sending children with medical conditions home frequently.
- Preventing children with medical conditions from staying at school for normal school activities, including lunch, unless this is specified in their IHCP.
- If the child becomes ill, sending them to the school office or medical room unaccompanied or with someone unsuitable.
- Penalising children for their attendance record if their absences are related to their medical condition e.g. hospital appointments.
- Preventing children from eating, drinking or taking toilet / other breaks whenever they need to in order to manage their medical condition effectively.

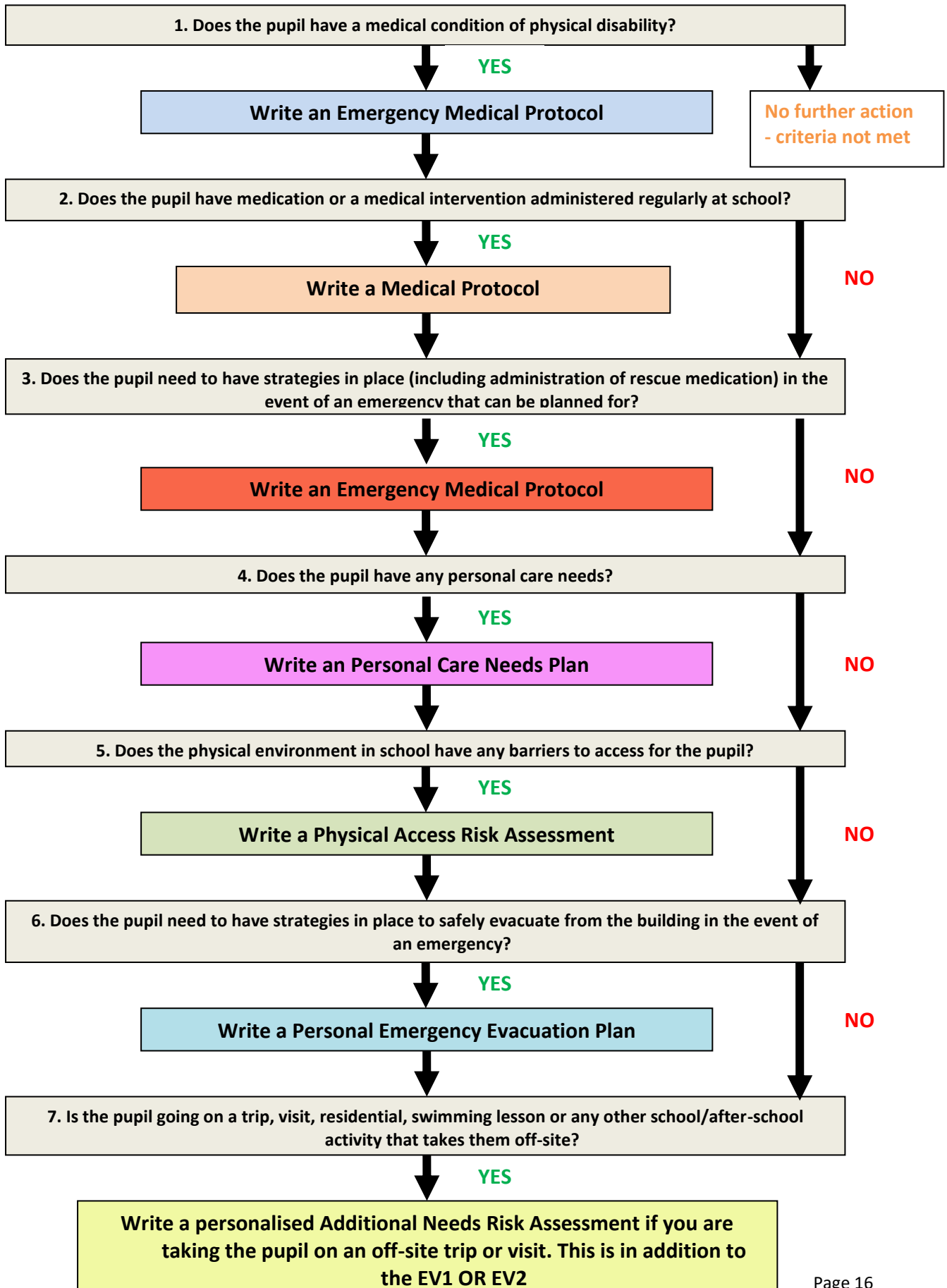
**APPENDIX 1**

## APPENDIX 2

### SAMPLE PROCEDURE FOLLOWING NOTIFICATION OF A PUPIL'S MEDICAL NEEDS



## INDIVIDUAL HEALTH CARE PLANS (IHCP) FLOW CHART



## APPENDIX 3

# ALLERGY AWARENESS

## 1. INTRODUCTION AND CONTEXT

The DfE Allergy Guidance for Schools: [Allergy guidance for schools - GOV.UK](#) contains:

- legal requirements for schools and caterers linking to section 100 of Children and Families Act 2014;
- statutory guidance on supporting pupils at school with medical conditions;
- reference to the Food Information Regulations 2014 which apply to all food businesses including school caterers and;
- links to the Food Standards Agency's Allergen guidance for institutional caterers.

It is important to note that the term “institutional caterer” applies to schools regardless of whether catering services are delivered with in-house staff (employed by the school/Trust) or via a third party/contractor (employed by a third party/contractor)

The Food Standards Agency state that:

*In schools, kitchen staff will need to be able to easily identify those with specific dietary requirements.*

*Practices to identify children with dietary needs could be as simple as:*

- *coloured wrist bands*
- *a photograph of the child alongside details of their allergy in the kitchen or serving area*

This policy sets out how Bright Futures' schools will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

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

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

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

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

## APPENDIX 3

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

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

## 2. ROLE AND RESPONSIBILITIES

### Parent/Carer Responsibilities

- On entry to the school, it is the parent's responsibility to inform School Office of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI<sup>1</sup> plans are preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

### Staff Responsibilities

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

### Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

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<sup>1</sup> British Society of Allergy and Clinical Immunology (BSACI)

## APPENDIX 3

### 3. ALLERGY ACTION PLANS

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline autoinjector.

Bright Futures recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

### 4. EMERGENCY TREATMENT AND MANAGEMENT OF ANAPHYLAXIS

#### What to look for:

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

Mild to moderate allergic reaction symptoms may include:

- a red raised rash (known as hives or urticaria) anywhere on the body
- a tingling or itchy feeling in the mouth
- swelling of lips, face or eyes
- stomach pain or vomiting.

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

- **AIRWAY** - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- **BREATHING** - sudden onset wheezing, breathing difficulty, noisy breathing.
- **CIRCULATION** - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

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

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

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

What does adrenaline do?

- It opens up the airways

## APPENDIX 3

- It stops swelling
- It raises the blood pressure

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

### Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAI's should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS** (ana-fil-axis).
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

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

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

## 5. SUPPLY, STORAGE AND CARE OF MEDICATION

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own **two** AAI's on them at all times (in a suitable bag/container).

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

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

- Two AAI's i.e. EpiPen® or Jext® or Emerade®
- An up-to-date allergy action plan
- Antihistamine as tablets or syrup (if included on allergy action plan)
- Spoon if required
- Asthma inhaler (if included on allergy action plan).

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

## APPENDIX 3

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

### Older children and medication

Older children and teenagers should, whenever possible, assume responsibility for their emergency kit under the guidance of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

### Storage

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

### Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor sharps bin is kept in the staff kitchen next to First Aid room.

## 6. 'SPARE' ADRENALINE AUTO-INJECTORS IN SCHOOL

Acre Hall Primary has purchased spare **AAls for emergency use in children who are at risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a pack/container, clearly labelled 'Emergency Anaphylaxis Kit', kept safely in the School Dining Hall, not locked away and **accessible and known to all staff**.

Acre Hall Primary School holds 2 spare pens which are kept in the following location: School Office

The School Office/First Aiders are responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

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

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

## APPENDIX 3

### 7. STAFF TRAINING

The named staff members (at least 2) responsible for co-ordinating staff allergy and anaphylaxis training and the upkeep of the school's allergy policy are: Mrs H Kan and Miss O Malaescu.

Selected staff (School office staff, SLT Members supervising lunchtimes, lunchtime organisers and selected TA's from each Key Stage, including SSC classes) will complete online allergy and anaphylaxis training at the start of every new academic year. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAI) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance, knowing who is responsible for what

### 8. INCLUSION AND SAFEGUARDING

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

### 9. CATERING

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

Allergen reports for all menu items are also available from our caterers and should be referred to in case of an allergen query. The School Office will inform the Catering Manager/Chef of pupils with food allergies.

Parents/carers are encouraged to meet with the Catering Chef to discuss their child's needs.

Acre Hall Primary School takes the following measures to identify pupils with allergies at the point of service:

- A list with photographs clearly stating the child class, the allergy type and the medication required. Our school office team has the responsibility for keeping this up to date. This list is being updated every start of the academic year (and if required when any new child is added/leaves)

## APPENDIX 3

- The catering staff can identify pupils with allergies by using a list with photographs of the children, their year group and their allergy type.
- The Catering manager/Chef requests an updated list of Dietary requirements from the School Office MIS on a termly basis.

The school adheres to the following Department of Health guidance<sup>2</sup> recommendations:

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

## 10. SCHOOL TRIPS

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

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<sup>2</sup> Box 1 on Page 9 of [Guidance on the use of adrenaline auto-injectors in schools](#)

## APPENDIX 3

### Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

## 11. ALLERGY AWARENESS AND NUT BANS

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

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

## 12. RISK ASSESSMENT

Acre Hall Primary will conduct a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in our systems and processes for keeping allergic children safe. See example below:

## APPENDIX 3

### 13. USEFUL LINKS

**Anaphylaxis UK** - <https://www.anaphylaxis.org.uk/>

- Safer Schools Programme - <https://www.anaphylaxis.org.uk/education/saferschools-programme/>

**Allergy UK** - <https://www.allergyuk.org>

- Whole school allergy and awareness management - <https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

BSACI Allergy Action Plans - <https://www.bsaci.org/professionalresources/resources/paediatric-allergy-action-plans/>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Department for Education Supporting pupils at school with medical conditions - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf)

Department of Health Guidance on the use of adrenaline auto-injectors in schools - [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/gs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) <https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

## TEMPLATE A

### Acre Hall Primary School

#### Parent/Carer Information about a Child's Medical Condition

Date	
Child's Full Name	
Group / Class / Form	
Date of Birth	
Child's Address	

Family Contact Information	
1. Name	
Relationship to Child	
Phone No. (Work)	
Phone No. (Home)	
Phone No. (Mobile)	
2. Name	
Relationship to Child	
Phone No. (Work)	
Phone No. (Home)	
Phone No. (Mobile)	

## Healthcare Professional Contact Information

<b>GP (General Practitioner)</b>	
Name	
Medical Practice / Health Centre	
Phone No.	
<b>Hospital / Clinic Consultant / Specialist Nurse</b>	
1. Name	
Position / Job	
Based at	
Phone No.	
2. Name	
Position / Job	
Based at	
Phone No.	
<b>Community Health e.g. Paediatrician, Physiotherapist, Occupational Therapist</b>	
1. Name	
Position / Job	
Based at	
Phone No.	
2. Name	
Position / Job	
Based at	
Phone No.	





### Parent / Carer Declaration and Signature

I agree this is, to the best of my knowledge, up to date and accurate information about my child’s current medical needs.

I agree to the school informing the School Nursing Service about my child’s needs, if this service is not already aware.

**I agree to inform school of any changes in medical needs or medication, immediately and in writing.**

Parent/ Carer’s Full Name (Please print)

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Signature

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Date

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School Use Only	
Date Received	
Action(s)	
School Nursing Service	Service aware Y / N  If no, date that School Nursing Service informed
Date Review Due	



## TEMPLATE B

<b>Medicine</b>	
2. Name of Medicine	
Dosage	
Method of Administration	
Timing(s)	
Side-Effects	
Other Information	
Potential Emergency Situations	
Self-Administration*	<i>(Please circle as appropriate)</i> <b>Yes</b> <b>No</b>
<i>*If Self-Administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' must also be completed.</i>	
<b>Medical Intervention e.g. Catheterisation, Tracheostomy care</b>	
Type of Intervention	
Procedure	
Timing(s)	
Other Information	
Potential Emergency Situations	
Self-Administration*	<i>(Please circle as appropriate)</i> <b>Yes</b> <b>No</b>
<i>*If Self-Administration of medicine required then a separate form 'Parent/Carer Request for the Child's Self-Administration of Medication/Medical Intervention' must also be completed.</i>	
<b>Parent / Carer Contact Details</b>	
Name	
Relationship to Child	
Daytime Contact No;	
Address	

**TEMPLATE B**

**Parents/Carers Declaration and Signature**

The above information is, to the best of my knowledge, accurate at the time of writing.

If agreed by the Head Teacher / Principal, I give consent to school staff to administer medicine / medical intervention in accordance with the school policy and following specialist training, where appropriate.

**I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication, if the medicine is stopped or if there are any changes to the procedure for the delivery of a medical intervention.**

Parent/ Carer's Full Name (Please print)

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Signature

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Date

---

School Use Only	
Date Received	
Action(s)	
Date Agreed by Headteacher / Principal	
Date Review Due	

**TEMPLATE C**

**Parent/Carer Request for the Child's Self-Administration  
of Medication/Medical Intervention**

<b>Child's Details</b>	
Child's Full Name	
Group / Class / Form	
Date of Birth	
<b>Parent / Carer's Contact Details</b>	
Parent / Carer Full Name	
Phone No. (Home)	
Phone No. (Work)	
Phone No. (Mobile)	
<b>GP</b>	
Name of GP	
Medical Practice / Health Centre	
Phone No.	

## TEMPLATE C

### Parent/Carer Declaration and Signature

I confirm that I have completed the Parent/Carer Request and Agreement for School to Administer Medicine(s) / Medical Intervention(s) (Template B) form.

I request and agree to the following medicine(s) or medical intervention(s) being self-administered in school by my child: (please add the names of the medicines or type of intervention)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

I request and agree to: (please tick from the following)

- My child carrying the stated medicine(s) independently and safely
- School holding the stated medicine(s) safely for my child to collect and administer independently
- School holding the stated medicine(s) safely for my child to collect and administer independently under the supervision of a member of staff
- My child carrying any equipment or resources required for the stated medical intervention independently and safely
- School holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently
- School holding the equipment or resources required for the stated medical intervention safely for my child to collect and administer independently under the supervision of a member of staff

## TEMPLATE C

I undertake to ensure that the school has adequate supplies of stated medicines(s) or resources required to administer the stated medical intervention(s).

I undertake to ensure that stated medicine(s) or resources: are in the original container as dispensed by the pharmacy; have the pharmacy label stating the child's name, dosage and timing of administration; have not passed the expiry date; have details of storage instructions, if appropriate.

**I undertake to inform the school in writing if there are any changes to medicine(s) or medical intervention(s) e.g. change of dose, change of timings or frequency or if administration is stopped.**

Parent/ Carer's Full Name (Please print)

---

Signature

---

Date

---

School Use Only	
Date Received	
Action(s)	
Date Review Due	





**TEMPLATE F**

**Record of Staff Training**

Name of Staff Member	
Type of Training Received	
Date Training Completed	
Training Provider	
Name of Trainer	
Profession and Title	

**Trainer Declaration**

I confirm that \_\_\_\_\_ (name of member of staff) has received the training detailed above.

I recommend this is updated annually / every two years / other \_\_\_\_\_ (please delete as appropriate).

Trainer's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Member of Staff Declaration**

I confirm that I have received the training detailed above.

Staff Signature \_\_\_\_\_

Date \_\_\_\_\_

School Use Only	
Date Review Due	

## TEMPLATE G

### Procedure for Contacting Emergencies Services

#### Requesting an Ambulance

#### Dial 999

**Speak clearly and slowly.**

**Be ready to repeat information if asked.**

You will be asked for three key pieces of information:

1. Your **telephone** number
2. The **location** you want the ambulance to be sent to
3. The **reason** for the call

1. School's Telephone Number is:	
2. School Name	
School Address	
School Postcode for SATNAV	
Best Entrance to School Site	
Exact Location of the Patient within the School	
<b>STATE THE AMBULANCE WILL BE MET BY A MEMBER OF STAFF WHO WILL TAKE THE CREW TO THE PATIENT</b>	
3. Name of Child	
Age of Child	
Description of Child's Symptoms	
Inform if Underlying Medical Condition	
Inform if any emergency rescue medication has been administered e.g. Midazolam - epilepsy, epipen - allergies, glucose - diabetes	
Inform if any emergency procedures have been carried out e.g. suction/trache tube replacement - tracheostomy, button replacement - gastro feed	

## TEMPLATE G

### **On Arrival of the Ambulance**

- Member of staff to meet crew and escort crew to the patient.
- Member of staff to pass over empty packaging of any rescue medication administered, if appropriate.
- In the case of a child with complex needs, member of staff to pass over the child's IHCP or summary letter stating child's medical condition and medication.
- Member of staff to travel in the ambulance with the patient.

**TEMPLATE H**

**Medication Register – Date:**

	<b>NAME</b>	<b>MEDICATION</b>	<b>Date on Premises / Initial</b>	<b>Receipt Given</b>	<b>Prescription Start Date</b>	<b>Expiry Date</b>	<b>Batch No.</b>	<b>Date Leave Premises / Initial</b>
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								