Trinity Academy Akroydon

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

Senior leader link for this academy: Jemma Bentley

Name and role of nominated member of staff: Jemma Bentley

1. Purpose of policy and guiding principles

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

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

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

1.4 The aims of this policy are to:

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

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

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

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

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

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

2. Links with other policies or legislation

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

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

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

3. Roles and responsibilities

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

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

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

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

3.4. The CFO is responsible for ensuring that there is the appropriate level of insurance and liability cover in place in all sites across the trust.

3.5. This policy will be regularly reviewed, evaluated and updated by the Board of Directors.

The role of the Local Governing Body

3.6. Governors must ensure each academy is an inclusive community. It will be welcoming and supportive of students with medical conditions and provide children and young people with medical conditions with the same opportunities and access to activities (both academy-based and out-of-academy) as other students. No child will be denied admission or prevented from taking up a place in this academy because arrangements for their medical condition have not been made.

3.7. Governors must ensure that all relevant training is delivered to a sufficient number of staff who will have the responsibility to support children with medical conditions and they are judged to be competent to do so. This includes consideration of training more than one staff member to be responsible for students with medical conditions to cover sickness or other leave.

3.8. Governors are responsible for ensuring a complaints policy exists in the academy and handling any complaints, in accordance with these procedures.

3.9. The Local Governing Body will monitor and evaluate policies in line with statutory and best practice guidelines, feeding back to the Board of Directors with any recommendations. The Local Governing Body will also receive regular reports on medical incidents and near misses from the Principal.

The Principal is responsible for:

3.10. Providing relevant staff with access to information, resources and materials and the day-to-day implementation and management of this policy.

3.11. Appointing a member of staff to have responsibility for students with medical needs. This person and the senior leader link are shown on the front page. This nominated member of staff will liaise with parents and healthcare professionals on medical issues. They will also be responsible for co-ordinating and recording medical needs and he/she will be the primary point of contact for parents and staff.

3.12. Ensuring each member of the academy and health community is aware of their roles and responsibilities in maintaining and implementing an effective Medical Conditions Policy.

3.13. Ensuring accurate records are kept and these are maintained confidentially and in line with Data Protection legislation and the trust's Records Management Policy.

3.14. If necessary, facilitating the recruitment of staff for the purpose of delivering support to students, as documented in health care plans.

3.15. Assigning appropriate accommodation for medical treatment/care.

3.16. Ensuring that local procedures are developed with partner agencies, parents, students (where appropriate) and key staff.

3.17. Ensuring appropriate training is put in place, including emergency First Aid training and/or Paediatric First Aid training for an appropriate number of staff.

3.18. Ensuring that there is appropriate liaison with the school nursing service and any other relevant healthcare professionals.

3.19. The role of Principal is to ensure that this policy is applied consistently across their academy and to delegate to appropriate members of staff responsibilities within this policy, including informing all staff of the policy which has been adopted.

The role of the staff

3.20. Leaders and staff should be aware of the potential social problems that students with medical conditions may experience and use this knowledge, alongside the trust's Anti-Bullying Policy, to help prevent and deal with any concerns or issues.

3.21. All key staff will understand the medical conditions that affect students at their academy and receive training on the impact medical conditions can have on students.

3.22. All relevant staff will understand the medical conditions of students and that they may be serious and potentially adversely affect a child's quality of life and impact on their ability to learn. An academy will not penalise students for their attendance if their absences relate to a diagnosed medical condition, supported by documentation supplied by a registered practitioner.

3.23. Key staff will work in partnership with all relevant parties including the student (where appropriate), parent, academy staff, the Governing Body and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

3.24. All staff will take appropriate steps to support children with medical conditions and familiarise themselves with the procedures and how to respond when they become aware that a student with a medical condition needs help.

3.25. Staff will be informed where controlled drugs are stored and where students can seek medical support. Only those members of staff who are specifically named in a student's Individual Health Plan (IHP) are authorised to access, handle or administer controlled drugs. This named access list is maintained by the nominated member of staff and reviewed at least annually or when staffing changes occur.

3.26. Teachers should be aware of any special needs and plan and adapt their lessons accordingly.

3.27. Some identified staff will be required to undertake training, as and when required, to ensure that the academy remains an inclusive community. Training must cover all relevant staff, including supply and wraparound care providers. Annual allergy awareness refresher training is a minimum requirement for all relevant staff.
3.28. All staff will understand their duty of care to children and young people and know what to do in the event of an emergency.
3.29. All staff will understand their role within this policy and support the aims of this document.

The role of parents

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

The role of students/the child

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

4. Implementation and training

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

5. Individual Health Plans

5.1. All students with a medical condition will have an Individual Health Plan (IHP). This is developed with the student (where appropriate), parent, academy staff, specialist nurse (where appropriate) and relevant healthcare services.
5.2. The IHP will record the support an individual student needs around their medical condition. The IHP is developed with the student (where appropriate), parent, academy staff, specialist nurse (where appropriate) and relevant healthcare services. The nominated member of staff will retain a centralised register of IHPs. This person is also responsible for reviewing IHPs, at least every year or whenever a student's needs change.
5.3. The student (where appropriate), parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other academy staff are made aware of, and have access to, the IHP for the students in their care.
5.4. When deciding what information should be recorded the following should be considered:
- The medical condition, its triggers, signs, symptoms and treatments.
- The child's resulting needs, including medication/other treatments, equipment, facilities, testing and time needed, dietary requirements such as access to food and drink, and environmental issues, e.g. crowded corridors.

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

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

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

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

6. Medical conditions register list and record keeping

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

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

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

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

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

7. Emergency procedures

7.1. All staff will know what to do in an emergency for students with medical conditions. The procedures for this academy are contained in **Appendix 1**, with the exception of protocols for allergies and anaphylaxis, which are contained in **Appendix 3** and for which there is separate guidance.

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

7.3. All staff, including temporary and supply staff, are made aware of the academy's general emergency procedures and these are documented in the Health and Safety Policy. All staff will know how to contact the appropriate trained first aider or medical professional.

7.4. All students with a medical condition will have an IHP, which explains what help they need in an emergency. The IHP will accompany a student should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing within emergency care settings.

7.5. If a student needs to attend hospital, a member of staff (preferably known to the student) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. Staff will not take students to hospital in their own car.

7.6. We will ensure that emergency medication/equipment is readily available wherever the student is in the academy or taking part in off-site activities. Spare adrenaline auto-injectors (AAIs) must be accessible within five minutes from all areas of the school site and must not be locked away. In some circumstances the nominated member of staff will agree if a student may carry their emergency medication with them if this is appropriate. This will be done in consultation with parents.

7.7. The Principal and nominated member of staff should review all medical emergencies and incidents, including near misses, to see how they could have been avoided and, if required, change the academy

procedures according to these reviews. Near misses must be recorded and the Local Governing Body should receive regular reports on incidents and near misses.

8. Administering and storing medication

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

9. Day trips, residential visits and sporting activities

9.1. Whenever possible arrangements should be made to ensure students with medical conditions can participate in trips and sporting activities. There should be enough flexibility for all children to participate according to their abilities, with any reasonable adjustments.

9.2. The nominated member of staff will meet with the student (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit, to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the student's IHP which accompanies them on the visit.

9.3. A risk assessment will be carried out before any out-of-academy visits, including work experience and educational placements. The needs of students with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required. If necessary, these should be based on consultation with parents and healthcare professionals.

10. Unacceptable practice

10.1. Every case should be judged on its own merits and circumstances, with reference to the child's IHP, however the following are examples of unacceptable practice:

- Preventing children from accessing their inhalers and medication when and where necessary.
- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the child, their parents or medical evidence/opinion.
- Sending children with medical conditions home frequently or preventing them from taking part in academy activities.
- If a child becomes ill, sending the student to the academy office/medical alone.
- Penalising children for their attendance record if their absences are related to their medical condition.
- Preventing students from drinking, eating, taking rest or toilet breaks whenever they need to in order to manage their medical condition effectively.
- Making parents feel obliged to attend the academy to administer medication or provide medical support to their child, including toileting issues.
- Creating barriers to children participating in academy life, including trips and sporting activities.

11. General provisions

11.1. Staff will be made aware that students should not be forced to take part in activities if they are unwell. Relevant staff, particularly those in practical subjects, will also be made aware by the nominated member of staff, of students who have been advised to avoid/take special precautions during an activity, and the potential triggers for a student's medical condition when exercising and how to minimise these.

11.2. Each academy will ensure that students have the appropriate medication/equipment/food with them during physical activity.

11.3. Students with medical conditions who are finding it difficult to keep up educationally will be referred to the SENCo, who will liaise with the student (where appropriate), parent and the student's healthcare professional.

11.4. We recognise that there are common triggers that can make common medical conditions worse or can bring on an emergency. We will actively work towards reducing or eliminating these health and safety risks.

12. Monitoring and evaluation

12.1. We will review all medical emergencies and incidents to see how they could have been avoided and, if required, change the academy policy according to these reviews.

12.2. The medical conditions policy is regularly reviewed, evaluated and updated. Updates are produced regularly.

12.3. In evaluating the policy, we will seek feedback from key stakeholders including students, parents, school healthcare professionals, specialist nurses and other relevant healthcare professionals, academy staff, local emergency care services and Governors. The views of students with medical conditions are central to the evaluation process.

Appendix 1 - Emergency procedures for TAA

In the event of an illness, accident or health care need where a student with medical needs cannot attend the medical room, the student should be kept safe and a first aider called. All staff involved in the education of any student with medical needs are kept updated

All students with diabetes, asthma and epilepsy have care plans provided by their healthcare practitioners.

Students with other medical conditions have individual care plans developed with the school nursing service, mental health workers, parents and other healthcare professionals.

All healthcare plans are housed in the medical room; also a copy in the student's file and recorded on BROMCOM.

Use of a Defibrillator (AED) - sudden cardiac arrest is when the heart stops beating and can happen to people of any age and without warning. Where an AED is available quick action CPR and defibrillation can help save lives. AED's have been designed for any person to safely use in an emergency.
The AED is kept in the Ground Floor First Aid Room .

Appendix 2 - Procedures for administering, storing and disposing of medication for TAA

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

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

Prescribed medication is only accepted in date, labelled and in the original container as dispensed by the pharmacist with instructions for administration, dosage and storage. Insulin is the exception to this and is contained in the administering device. Controlled drugs can be administered by school staff in accordance with the prescribed instructions. These are kept in a locked medicine cabinet.

Medications are locked in the medical room with the exception of asthma inhalers, insulin and adrenaline pens which are easily accessible as required. Students are encouraged to take responsibility for managing their own medication for asthma, diabetes and anaphylaxis, as reflected in their care plans.

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

Storage of controlled drugs
Controlled drugs must be stored separately from general medication in a locked, non-portable, dedicated controlled drugs cabinet situated in the medical room. This must not be the general medication cupboard. The cabinet must be fixed or secured so it cannot be removed from the premises. Only named members of staff, as designated in the student's IHP, may hold a key or access code. A list of named keyholders is maintained by the nominated member of staff and reviewed whenever staffing changes occur. Temporary or supply staff may not access the controlled drugs cabinet unless specifically authorised in writing by the Principal or nominated member of staff.

Acceptance and documentation of controlled drugs
When a controlled drug is brought into the academy, the nominated member of staff must record the following in the controlled drugs log at the point of receipt: (a) the full proprietary and generic name of the drug; (b) the strength and formulation (e.g. 10 mg tablet); (c) the quantity received; (d) the expiry date; (e) the name of the prescribing practitioner; (f) the date of receipt; and (g) the name of the parent or carer who delivered it. The controlled drug must be checked against the prescription label to verify quantity, dose and patient name before it is accepted. Any discrepancy must be documented and the parent or carer notified immediately.

Administration and running stock record
Each time a controlled drug is administered, the administering member of staff must immediately record in the controlled drugs log: (a) the date and time of administration; (b) the full name of the student; (c) the name and strength of the drug; (d) the dose given; (e) the quantity deducted from stock; (f) the running balance remaining after administration; and (g) the full name and signature of the administering staff member. A second member of staff should, wherever possible, witness administration and countersign the record. The log must be maintained as a contemporaneous record and must not be amended retrospectively. Any error must be corrected by a single line through the incorrect entry (not by erasure or correction fluid), with the correction initialled and dated.

Stock reconciliation and discrepancy reporting
The nominated member of staff will conduct a physical stock reconciliation at least termly, comparing the quantity held against the running balance in the controlled drugs log. The date, outcome and name of the member of staff conducting the reconciliation must be recorded. Any discrepancy that cannot be explained must be reported to the Principal without delay and, if unresolved, reported to the police. Parents and carers must be notified of any unexplained loss or discrepancy involving their child's controlled drug.

Return, disposal and expiry
School staff must not dispose of controlled drugs. When a controlled drug is no longer required (treatment ended, student has left, or drug has expired), the nominated member of staff must contact the parent or carer to collect the medication for disposal via a pharmacy. If this is not possible within a reasonable time, advice must be sought from the school nursing service or a pharmacist. The date, quantity and recipient of any return or disposal must be recorded in the controlled drugs log, and a final stock reconciliation completed.

Controlled drugs and Individual Health Plans
Every student for whom a controlled drug is held in school must have a current Individual Health Plan (IHP) which explicitly records: the full proprietary and generic name of the controlled drug; the prescribed dose and frequency; the circumstances in which it should be administered (including any emergency administration protocol); the names of all staff authorised to administer it; and the storage location. The IHP must be agreed with the parent or carer and, where appropriate, a healthcare professional before any controlled drug is accepted into school. It must be reviewed and updated at least annually and whenever there is a change in the student's prescription or condition.

All medication is returned to the parent or disposed of safely when no longer required. Sharps boxes must be used for the disposal of needles and other medical sharps.

All medication given is recorded stating what, how and the dose administered. Students taking regular medication have a medication care plan. For controlled drugs, a dedicated controlled drugs record is maintained which additionally captures: the full name and strength of the drug; the quantity of each dose administered; the running stock balance after each administration; the name and signature of the administering member of staff; and the date and time of administration. This record is kept separately from the general medicines log and is available for inspection at any time.

Appendix 3 - Trinity MAT Allergy and Anaphylaxis Protocols

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

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

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

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

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

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

Protocol

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

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

Medication - The medication often prescribed for a child at risk of anaphylaxis is epinephrine. (Commonly known as adrenaline). This may be injectable epinephrine (the EpiPen, Jext).

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

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

Appendix 4 – Stocked Analgesia (Protocol for the Storage and Administration of Paracetamol and Ibuprofen)

This protocol sets out the arrangements for the safe storage, administration, recording and monitoring of paracetamol and ibuprofen stocked within the school.

The school recognises that pupils may occasionally require pain relief during the school day. The administration of medicines will be undertaken in accordance with statutory guidance on supporting pupils with medical conditions and only where written parental consent has been obtained prior.

This protocol applies to:

- All pupils attending the school.
- All staff authorised by the Principal to administer medication.
- Both school-stock medication and medication supplied by parents.

The school may maintain a limited stock of:

- Paracetamol 500mg tablets AND effervescent (soluble) tablets
- Ibuprofen 200mg tablets

Stock medicines will:

- Be purchased through reputable suppliers
- Remain in original packaging alongside the patient information leaflet
- Be stored securely in the medical room
- Be checked termly for expiry date.
- Be disposed of safely when expired
- A designated member of staff will maintain a stock register

Paracetamol or ibuprofen may only be administered where:

1. Written parental consent is in place
2. The pupil gives verbal consent at the time medication is offered
3. The medication is required for short-term relief of:
    - Headache (NB. in the event of any known or suspected head injury staff must **NOT** administer analgesia)
    - Period pain
    - Dental pain
    - Minor musculoskeletal pain
    - Flu like symptoms (fever with discomfort)
4. The pupil is well enough to remain in school.

The school will **NOT** routinely administer paracetamol or ibuprofen for ongoing or chronic medical conditions unless supported by an Individual Healthcare Plan.

Parents remain responsible for providing accurate medical information and advising the school of any changes.

Paracetamol or ibuprofen must **NOT** be given where:

- No written parental consent exists
- The pupil refuses medication

- The maximum recommended dosage may have already been exceeded (staff are advised to ask whether the student has taken any cold or flu remedies that day and if so, paracetamol should **NOT** be administered)
- The pupil reports taking medication containing paracetamol or ibuprofen within the previous recommended dosage interval
- There is a known allergy or adverse reaction
- The pupil has been advised not to take the medication by a healthcare professional
- Staff have concerns regarding a more serious illness or injury requiring parental collection or medical assessment

Ibuprofen **MUST NOT** be administered if the pupil has:

- Asthma
- Stomach ulcers
- Significant kidney disease
- A known NSAID allergy
- Any other medical condition for which a healthcare professional has advised avoidance

Dosage Guidance

The school will follow the manufacturer's instructions and age-related dosage recommendations at all times.

Paracetamol:

- One or two 500mg tablets.
- Maximum single dose: 1,000mg.
- Minimum interval between doses: 4 hours.

Ibuprofen:

- One or two 200mg tablets.
- Maximum single dose: 400mg.
- Minimum interval between doses: 6 hours.

Staff must always ask the pupil whether any medication has already been taken that day before administration.

Before administration, the authorised member of staff must:

1. Verify parental consent
2. Confirm pupil identity using two core identifiers (for example the pupils name and date of birth)
3. Confirm symptoms
4. Check allergies and contraindications
5. Confirm timings of previous doses
6. Check expiry dates

Each administration must be recorded in the school's Medicines Administration Record (MAR) including:

- Date
- Time
- Pupil name
- Medication given

- Dose
- Reason administered
- Name and signature of staff member
- Any observations or adverse effects

Parents will be informed electronically or by telephone on the same day whenever medication is administered.

Staff Training

Only designated staff authorised by the Headteacher may administer medication.

Training will include:

- Medicines administration procedures
- Record keeping requirements
- Recognition of adverse reactions
- Safeguarding considerations
- Emergency response procedures

Allergic Reactions

- These reactions can be **mild, moderate** or **severe** and in some cases life threatening – this is known as **Anaphylaxis.** Prompt treatment is necessary and follow up by medical staff may be required.
- It is essential **each child follows their own individual protocol** and that this is updated if any changes occur.
- It is important that strict attention is paid to any allergic triggers which could cause an allergic reaction and risk of coming into contact with these allergic triggers is minimised. (These are detailed below in precautionary measures).
- Emergency medication must be accessible at all times and a plan of action should be drawn up to ensure everyone knows what to do in such an event to ensure safety of the child.
- It is important that children with allergies are treated sympathetically, but also that they are able to be included in as many activities with precautionary measures in place which do not place the child at risk. Therefore, allowing them to take part in school and out of school activities and feel they can be included in a supportive environment

Symptoms of mild/moderate allergic reactions:

Ear/Nose/Throat Symptoms: runny or blocked nose, itchy nose, sneezing, painful sinuses, headaches, postnasal drip, loss of sense of smell/taste, sore throat/swollen larynx (voice box), itchy mouth and/or throat and blocked ears.
Eye Symptoms: watery, itchy, prickly, red, swollen eyes; allergic 'shiners' (dark areas under the eyes due to blocked sinuses).
Airway Symptoms: wheezy breathing, difficulty in breathing and or coughing (especially at nighttime).
Digestion: swollen lips or tongue, itchy or tingly tongue/mouth, stomach ache/abdominal pain, feeling sick, vomiting, constipation and/or diarrhoea.
Skin: urticaria - wheals or hives - bumpy, itchy raised areas and/or rashes; eczema - cracked, dry, weepy or broken skin; red cheeks; angioedema - painful swelling of the deep layers of the skin.

Symptoms of severe or life-threatening reaction/anaphylaxis: These could include any of the above together with:

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Sudden sleepiness, collapse or unconsciousness

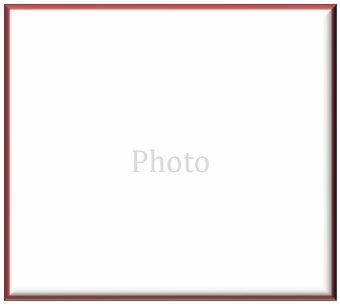
If you are in any doubt about the severity of any symptoms always seek urgent medical attention (call 999 for an ambulance and state anaphylaxis). The first line treatment of anaphylaxis is adrenaline (epinephrine) given by injection. Anaphylaxis may occur without initial mild signs.

Background information:

Name of child:

Age of child:

DOB:



Emergency contact details:

1)

2)

Parent's name and contact numbers:

Additional contacts:

ALLERGY TO:

This means << insert name >> must avoid ALL substances which contain or may contain

[list as appropriate]

Symptoms

<< insert name >> usual symptoms are

[list as appropriate]

(Parent/Carers – please place usual symptoms of your child in this box):

Additional comments:

Airways, Breathing, Consciousness

If you are in any doubt about the severity of any symptoms always seek urgent medical attention (call 999 for an ambulance and state anaphylaxis. The first line treatment of anaphylaxis is adrenaline (epinephrine) given by injection.)

<< insert name >> needs/carries emergency medication

Name of medication	Details of use	Needs (N) and/or carries (C)	Dosage	Frequency of use:	Expiry date

All medication should be clearly labelled in the original container as dispensed by the pharmacist, expiry dates and instructions for use should be clearly stated.

Note: - 2 AAI's should be kept on the premises at all times.

<< insert name >> uses an inhaler? [Yes/No]

<< insert name >> uses an EpiPen or Jext (delete as appropriate)

This is kept in [Please state where it is kept]

<< insert name >> Carries an emergency kit on them? [Yes/No]

Name of designated trained staff member/area child should report to if feeling unwell:

Designated trained individuals:	Contact details:
(Primary)	
(Backup person)	

Consent & Agreement signed by Parents

I agree to the staff taking responsibility and administrating medication in the event of an allergic reaction taking place. I give permission for information relating to my child's allergies to be made available to canteen staff, school ancillaries, volunteer staff and establishments when going on school visits or extended school trips.

Parent's/carers signature	Date

Principal/designated staff signature	Date

Doctor's signature	Date

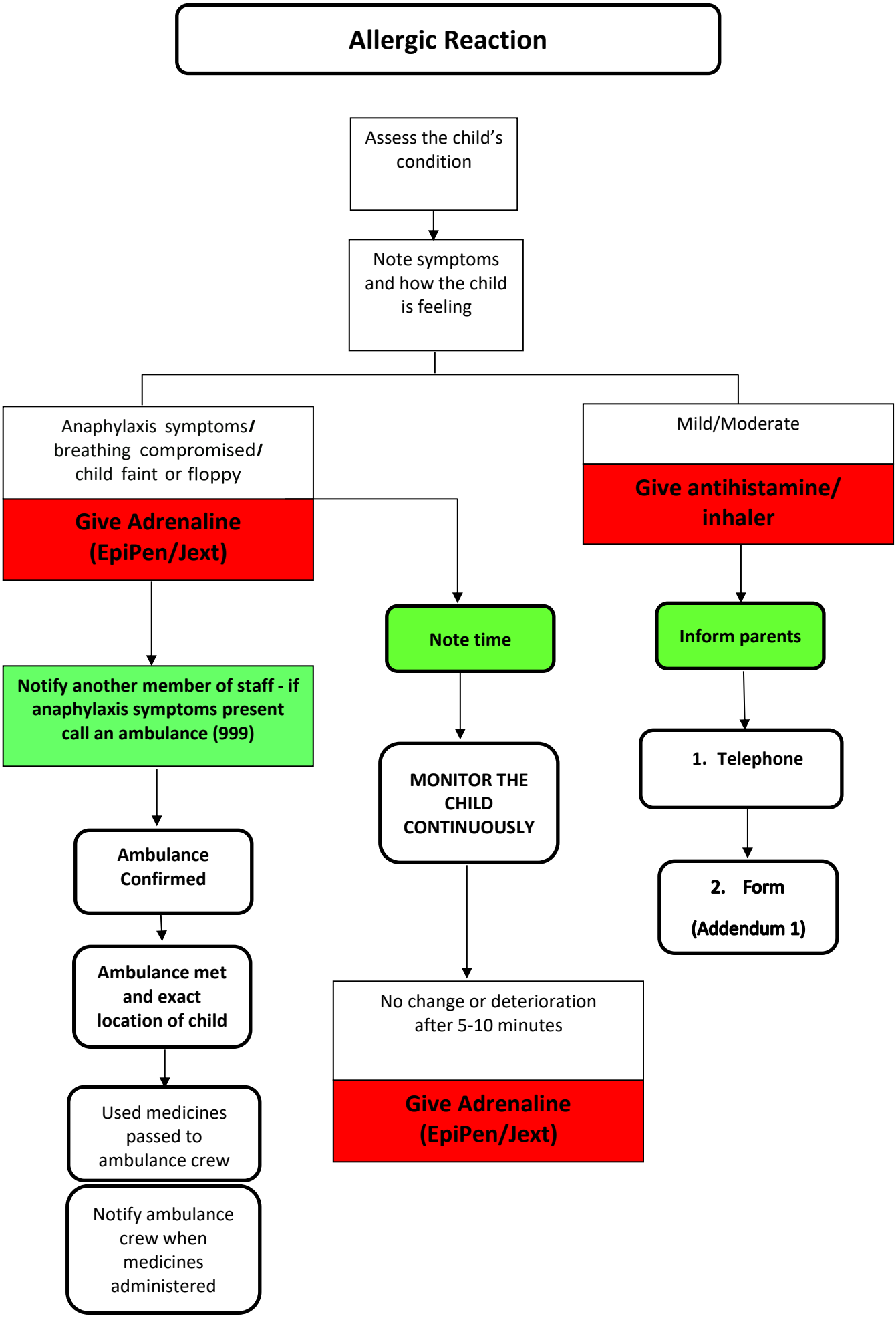
(Or a copy of a hospital/doctor's letter detailing information - certify letter seen)

Allergic symptoms can be different for individuals however, symptoms can be:

Mild symptoms which may require antihistamines or inhalers. **(Antihistamines can take approximately 15 minutes to work. An inhaler may be necessary).**	**(For example: rash, headache, vomiting, itchy tongue & swelling)** **Your child's particular symptoms:**
Moderate to severe, which may require inhalers and adrenaline **(An immediate administration of adrenaline into the upper outer thigh as shown in the training session may be required and or an inhaler may be necessary).**	**(For example: difficulty in breathing, facial swelling, cough and choking, wheezing, pallor, blue lips, collapse fainting, unconsciousness - this is known as ANAPHYLAXIS and is an extreme emergency)** **Your child's particular symptoms:**

It is very important that anyone caring for << insert name >> is aware of these symptoms and uses the appropriate agreed protocol to deal with these symptoms or if in any doubt seeks urgent medical advice as soon as possible. **(Please telephone an ambulance in cases of severe allergic reactions as these are medical emergencies).**

Following any symptoms please administer prescribed medication for << insert name >> as outlined above.


Allergic Reaction
Assess the child's condition
Note symptoms and how the child is feeling
Anaphylaxis symptoms/ breathing compromised/ child faint or floppy
Give Adrenaline (EpiPen/Jext)
Mild/Moderate
Give antihistamine/ inhaler
Note time
Inform parents
Notify another member of staff - if anaphylaxis symptoms present call an ambulance (999)
MONITOR THE CHILD CONTINUOUSLY
1. Telephone
Ambulance Confirmed
2. Form (Addendum 1)
Ambulance met and exact location of child
No change or deterioration after 5-10 minutes
Used medicines passed to ambulance crew
Give Adrenaline (EpiPen/Jext)
Notify ambulance crew when medicines administered

ALWAYS:

1. Assess the child's condition - Note symptoms and how they are feeling. Notify another member of staff and if symptoms of anaphylaxis are present call an ambulance (999). Make sure the person who calls the ambulance confirms this has been carried out and someone is available to meet and tell the ambulance crew your exact location.
2. Decide if the reaction appears to be mild or moderate or severe. If mild or moderate, give antihistamine/inhaler as prescribed but **MONITOR THE CHILD CONTINOUSLY**. This is to make sure the symptoms do not progress to a 'biphasic' secondary reaction; see below for details*. (If a mild reaction occurs the parents of the child should be informed of their allergic reaction by telephone with a follow up form including time of any medication given; see Addendum 1).
3. If there are any symptoms of anaphylaxis, the breathing is compromised, or the child appears faint or 'floppy' then adrenaline (EpiPen or Jext) should be given. An ambulance should have already been called). This should be administered into the muscle of the upper outer thigh (as shown in training) and the child should be monitored. **NOTE THE TIME GIVEN**. **MONITOR THE CHILD CONTINOUSLY**. Another dose of adrenaline may be necessary if the child's condition has not improved or deteriorates within 5-10 minutes.
4. Stay with the child; do not move the child (let the child adopt the position they are most comfortable in). If they are feeling faint or floppy then encourage them to lie with legs raised and head turned to one side (in case of vomiting) or sitting still (if breathing difficulties). Keep calm and keep the child calm.
5. Wait for the ambulance; when the ambulance arrives, the adult in charge of the child having an anaphylactic reaction should tell the ambulance crew what has happened and give all used medications to the ambulance crew for safe disposal, stating times of given medication.

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

Parents will replace any further necessary medications.

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

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

Precautionary Measures

1) << insert name >> **should avoid all products containing** [insert names of items causing difficulties]**. His/her teachers will try to avoid any accidental exposure during the school day.** << insert name >> **needs reminding by their parents that they must not swap or share any food items with other children. A suitable allergen free packed lunch will be provided by the parents; additional snacks or 'treats' for special occasions, if appropriate, will be supplied to the teacher by the parents in a suitable labelled container.**

2) **Adrenalin auto-injector (EpiPen/Jext) must be taken to all lessons or stored at an agreed place within school (as appropriate) and must also be taken to any off-site activities. Prior discussion for any trips or off-site activities will include safe storage and handling of medications and ensuring this protocol accompanies the child at any times they are off site.**

3) **Classmates will be made aware of allergies and their triggers at certain times, eg. during class or tutor time or during PHSE lessons/cookery/science and in general conversations. The 'No sharing' rule will be emphasised during these times.**

Be aware of the following:

- **Information should be given by the Principal or their designate about** << insert name >> **allergy and all staff should be informed.**
- **Staff have a responsibility to check on their class registers for pupils with allergies.**
- **Staff should, at all times, try to avoid as far as possible, any triggers. All reactions should be reported to the parents via the responsible staff member.**
- **School lessons - such as cookery/science (staff need to be aware of potential triggers and minimise the risk of exposure) and for off-site trips and visits, make sure your child takes medication and the teachers/staff are aware; send a letter before trips/activities.**
- **Make sure PE teachers are aware and advise them of any special requirements (e.g. asthma inhalers, EpiPens etc).**
- **Provide safe 'treats' for your child, if appropriate, so they are included at school in various occasions.**
- **For art and craft lessons make sure suitable materials are being used. Ask for information about activities each term so you can plan ahead.**
- **Advise your child regularly of the 'NO SHARING' policy.**
- **Encourage your child to report to a designated member of staff if they are not feeling well.**
- **A written record of medications/treatments given should be kept by staff and as far as possible a copy given/sent to the parent.**
- **Advice should be obtained regarding transport arrangements, i.e. school buses and escorts/carrying of medication/health care plans.**

Follow up form - Record sheet Addendum 1

To be filled out if any symptoms of allergy occur.

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

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

✂.....

(Please cut off and return if appropriate)

Parental comments:	
Signed:	**Dated:**

Staff Training Log - Allergies/Anaphylaxis Addendum 2

Employee: [Insert name] (Fill in for each member of staff and put on file)

Date of training	Training provided by:	Updated training due: