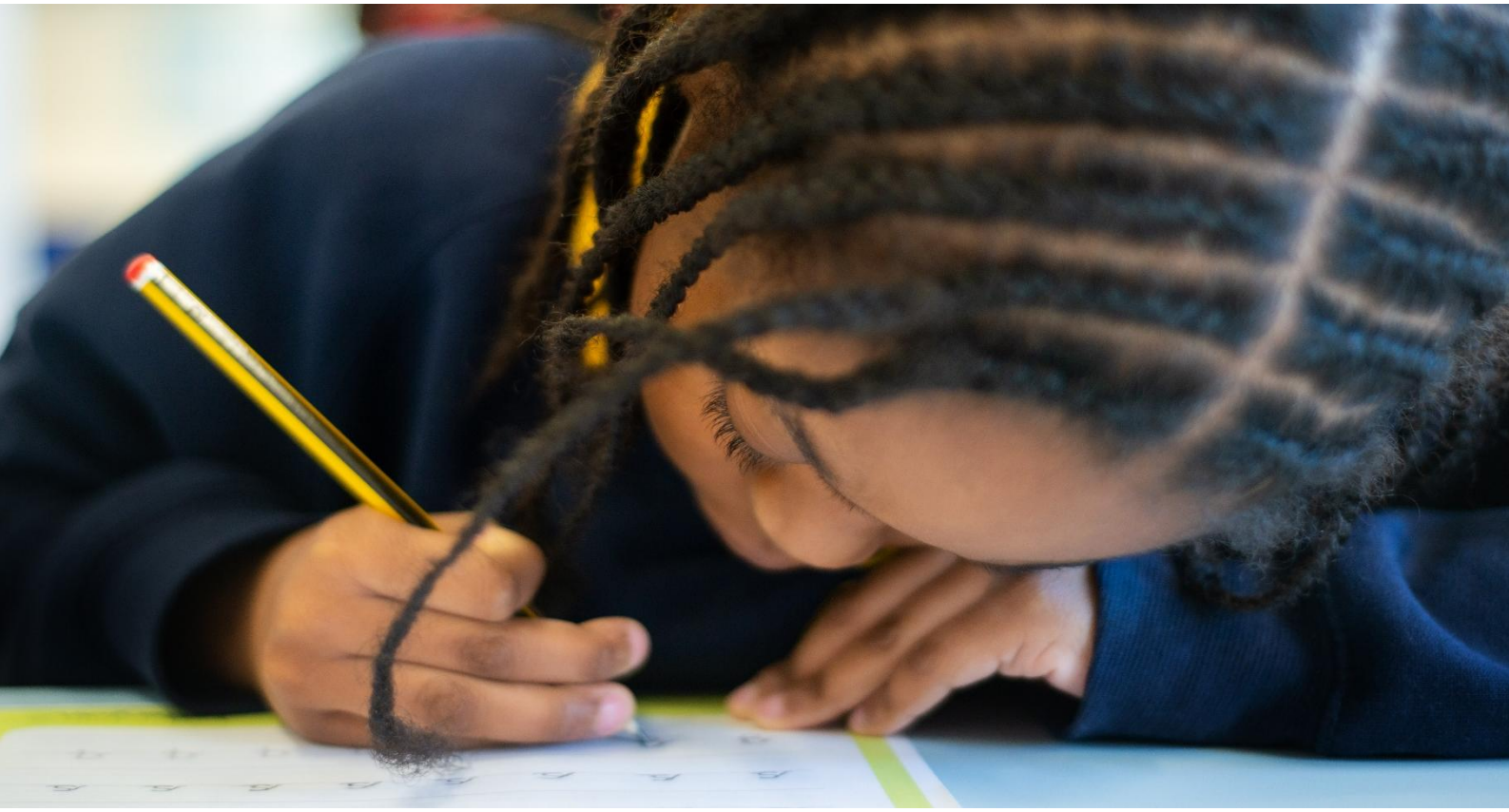
Laycock Primary School



Supporting Pupils with Medical Conditions Policy

Approved by IEB:	Prudence Barnes-Kemp
Ratified and reviewed on:	March 2026
Next review due by:	March 2027

Contents

1. Aims ... 3
2. Legislation and Statutory responsibilities ... 3
3. Roles and responsibilities ... 3
3.1 The governing board ... 3
3.2 The Executive Headteacher/Head of School in charge of implementing the policy ... 3
3.3 Staff ... 4
3.4 Parents/Carers ... 4
3.5 Pupils ... 5
3.6 School Nurses and other healthcare professionals ... 5
4. Equal Opportunities ... 5
5.Being notified that child has a medical condition ... 5
5.1 EYFS settings: Obtaining information about medicines ... 5
6. Individual healthcare plans (IHPs) ... 6
7. Managing Medicines ... 8
7.1 Controlled drugs ... 8
7.2 Pupils managing their own needs ... 8
7.3 Unacceptable practice ... 9
8. Emergency procedures ... 9
9. Use of Emergency Asthma Inhalers and Auto Adrenaline Injector pens ... 10
10. Day and Residential Educational Visits and Sporting Activities ... 10
11. Training ... 10
12. Record Keeping ... 11
12.1 EYFS Settings: recording information about medicines ... 11
13. Liability and indemnity ... 11
14. Complaints ... 11
15. Monitoring arrangements ... 11
16. Links to other policies ... 11
Appendix 1: Being notified a child has a medical condition ... 13
Appendix 2: Individual Healthcare Plan ... 14
Appendix 3: Home Agreement for School to Administer Medicine ... 16
Appendix 4: Record of medicine administered to an individual child ... 17
Appendix 5: Record of medicine administered to all children ... 18
Appendix 6: Parental Consent Form for the Use of Adrenaline and Auto Injectors at School ... 19
Appendix 7: Staff Training record -administration of medicines ... 20
Appendix 8- Procedures for children who are sick or infectious ... 21
Appendix 9: Allergy Policy ... 22

1. Aims

At Laycock Primary School we understand that medical conditions requiring support at school can affect quality of life and may be life-threatening.
Our school will support pupils with medical conditions so that they have full access to education, including school trips and physical education.
This policy aims to:

- Make sure that pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Set out the roles and responsibilities for everyone in the school community in regard to pupils with medical conditions
- Set out the procedure for creating, reviewing and managing individual healthcare plans (IHPs)
- Set out how we will manage medicines in school
- Reassure parents/carers that the school will help their child feel safe, supported and included

The named person with responsibility for implementing this policy is the Executive Headteacher/Head of School.

2. 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 at their school with medical conditions.
It is also based on the statutory guidance on supporting pupils with medical conditions at school and the Early Years Foundation Stage statutory framework from the Department for Education (DfE).

3. Roles and responsibilities

3.1 The governing board

The governing board has ultimate responsibility for making arrangements to support pupils with medical conditions.
The governing board will:

- Review this policy in a timely manner, in line with the relevant legislation and requirements
- Make sure that the policy sets out the procedures to be followed whenever the school is notified that a pupil has a medical condition
- Monitor practice, and staff training, in regards to pupils with medical conditions, in line with this policy

The governing board delegates the day-to-day implementation of this policy to the executive headteacher/head of school.

3.2 The Executive Headteacher/Head of School in charge of implementing the policy

The executive headteacher/head of school will:

- Make sure all staff are aware of this policy and understand their role in its implementation

- Make sure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Make sure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development and monitoring of individual healthcare plans (IHPs)
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Manage cover arrangements in the case of staff absence or turnover, to make sure a suitable staff member is always available, and supply staff are briefed appropriately about pupils' medical needs
- Approve risk assessments for school visits and school activities outside the normal school timetable that involve provision for pupils with medical conditions
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Make sure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Implement systems for obtaining information about a child's needs for medicines and keeping this information up to date

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of 1 person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents/Carers

Parents/carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Provide evidence of appropriate prescription and written permission for medicines to be administered by staff
- Be involved in the development and review of their child's IHP, and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

3.6 School Nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

Healthcare professionals, such as GPs and paediatricians, will liaise with our school nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

4. Equal Opportunities

The school will adhere to the legal responsibilities under the Equality Act 2010 and will not unlawfully discriminate against any pupils. Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents/carers and any relevant healthcare professionals will be consulted.

5.Being notified that child has a medical condition

When the school is notified that a pupil has a medical condition, the process outlined in Appendix 1 will be followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

5.1 EYFS settings: Obtaining information about medicines

We will:

- For new starters, send a form to all parent/carers of pupils after their place at the school has been confirmed, but before their first school year starts, to confirm any medicine(s) their child needs.

Where a pupil has a new diagnosis and/or a pupil has moved to the school mid-term, we will send a form and put arrangements in place within 2 weeks

- Send a reminder to parents/carers at the start of each year in a newsletter, as well as a form to complete, if their child requires certain medicine(s)

We ask that parents/carers proactively inform us by either phone call to the school [0207 226 2927] or an email to [office@laycock.islington.sch.uk] if their child's medical needs change during the school year.

6. Individual healthcare plans (IHPs)

The executive headteacher/head of school has overall responsibility for the development of IHPs for pupils with medical conditions.

The day-to-day responsibility has been delegated to the SENDCO

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents/carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents/carers and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the executive headteacher/School Business Manager with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods, additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required

- Arrangements for written permission from parents/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil, during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing Medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- Where we have parents/carers' written consent

The person administering the medicine will keep a written record. Parents/carers will always be informed on the same day the medicine has been administered, or as soon as reasonably possible.

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.
Anyone giving a pupil any medication (for example, for pain relief) will first check recommended and maximum dosages for the pupil's age, and when the previous dosage was taken.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required.

7.1 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.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school office and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/carers and it will be reflected in their IHPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible.
IHPs will include procedure for staff to follow if a pupil refuses to carry out a necessary procedure or take medicine.

7.3 Unacceptable practice

Although school staff will use their discretion and judge each case on its merits with reference to the pupil's IHP, they will keep in mind that it is not generally acceptable practice to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- Send an ill pupil to the school office or medical room unaccompanied or with someone unsuitable (e.g. a fellow pupil who is not old or responsible enough)
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance if the parent is not present. Staff should not take pupils to hospital in their own car.

Teachers and other school staff have a Common Law Duty of Care to provide a standard of care that is of a reasonable person in the circumstances of a class teacher. This may include the need to take swift action in the case of an emergency. This duty also extends to teachers leading activities taking place off school site. This could extend to a need to administer medicine. The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information.

9. Use of Emergency Asthma Inhalers and Auto Adrenaline Injector pens

In schools where there is access to either emergency school supply of Asthma Inhalers and/or Auto Adrenaline Injector pens (Epi-Pen) parents of pupils who have been prescribed these medications will be offered the opportunity to give written consent for them to access school stock in the event of an emergency (Appendix 6). Where emergency medication has been administered, clear records will be kept and parents informed; follow up medical attention will be recommended.

▪ Any pupil who has been prescribed an AAI must have at least 1 prescription on school site to be able to attend

▪ Where prescriptions are transported between home and school on a daily basis the AAI must be signed in and out by a responsible adult at the school office every day.

10. Day and Residential Educational Visits and Sporting Activities

The school make arrangements for the inclusion of pupils with medical needs on school trips, visits and sporting activities unless evidence from a clinician such as a GP states that this is not possible.

When planning trips or physical activities, teachers plan for the pupils with medical needs by considering reasonable adjustments which can be made in order to facilitate their participation. Consultation with parents/carers should be included in planning if further advice is required. Reasonable adjustments are considered alongside risk assessments to ensure that pupils can participate fully and safely. The school's Health and Safety and Educational Visits policies should be consulted when planning such activities.

11. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the executive headteacher/head of school. Training will be kept up to date.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to support with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it – for example, with preventative and emergency measures so that they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

12. Record Keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Standardised proformas for recording are attached as appendices to this document. Parents/carers will be informed if their child has been unwell at school.

IHPs are kept in a readily-accessible place that all staff are aware of.

12.1 EYFS Settings: recording information about medicines

We will:

- Enter each pupil's medicine need in the school's system
- Update our records when parents/carers of pupils inform us of changes to their child's needs
- Keep a record of changes, labelling the most recent record for each child
- Make sure that all staff have access to records so that they are informed about pupils' medical needs
- Securely hold this information digitally in accordance with the UK GDPR
- Inform parents/carers about how they can access their child's information (provided no relevant exemptions apply to their disclosure under the Data Protection Act 2018)

13. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk. All Islington schools (not academies or free schools) are covered by the Islington Council policy with Zurich.

14. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the executive headteacher/head of school in the first instance. If the [executive headteacher/head of school cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

15. Monitoring arrangements

This policy will be monitored by the executive headteacher/head of school.
It will be reviewed and approved by the governing board every year.

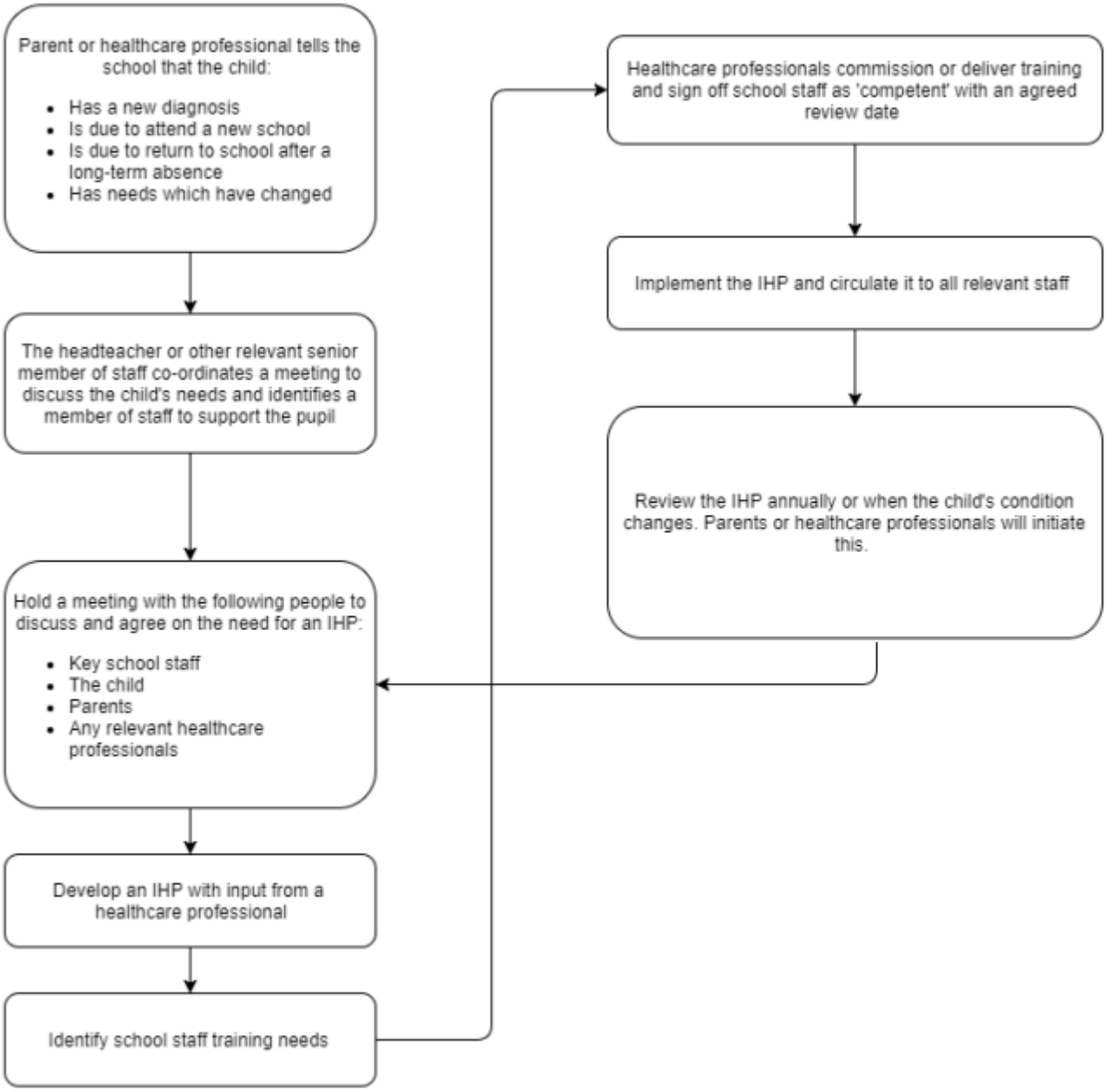
16. Links to other policies

This policy links to the following policies:

- Accessibility plan

- Complaints
- Equality information and objectives
- First aid
- Health and safety
- Safeguarding
- Special educational needs information report and policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Individual Healthcare Plan

Name of School/Setting	
Child's Name	
Class	
Date of birth	
Child's Address	
Medical diagnosis or condition	
Date	
Review Date	

Family Contact Information	
Name	
Relationship to Child	
Phone Number: (work, home, mobile)	
Name	
Relationship to Child	
Phone Number: (work, home, mobile)	

Clinic/Hospital Contact	
Name	
Phone Number	
General Practitioner (GP)	
Name	
Phone Number	

Who is responsible for providing support in school
Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision
Daily care requirements
Specific support for the pupil's educational, social and emotional needs
Arrangements for school visits/trips etc
Describe what constitutes an emergency, and the action to take if this occurs
Who is responsible in an emergency *(state if different for off-site activities)*
Plan developed with
Staff training needed/undertaken – who, what, when
Form copied to

Appendix 3: Home Agreement for School to Administer Medicine

Please note that the school will ***NOT*** give your child medicine unless it has been prescribed and you have completed and signed this form.

Name of child:		**Class:**	

DOB:		**Gender:**	☐Male ☐ Female

Please give details of your child's medical condition or illness

MEDICINE		
Name/Type of medicine (as described on container)		
Expiry date of medicine (D/M/Y)		
Method (ie tablet/liquid/inhaler)		
Dosage		
When to be given and for how long *(If continuous please complete IHCP)*	Time:	Number of days
Any other information / instructions (e.g. side effects, any other requirements, etc)		
Self-administration	☐**YES** ☐**NO**	

PLEASE NOTE: **Medicines must be in the original container (e.g. as dispensed by the pharmacy) and handed in the School Office with this completed form.**

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Signed:		**Date** (D/M/Y)	

Name: (printed name)		**Relationship to child**	
Daytime telephone in case of an emergency:			

Appendix 4: Record of medicine administered to an individual child

Name of School/Setting	
Name of Child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry Date	
Quantity returned	
Dose and frequency of medicine	

Staff Signature	
Signature of Parent	

Date			
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date			
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Date			
Time given			
Dose given			
Name of Staff Member			
Staff Initials			

Appendix 5: Record of medicine administered to all children

Name of School/Setting	

Date	Child's Name	Time	Name of Medicine	Dose given	Any reactions	Staff Signature	Print Name

Appendix 6: Parental Consent Form for the Use of Adrenaline and Auto Injectors at School

PARENTAL CONSENT FORM FOR THE USE OF ADRENALINE AUTO INJECTORS AT SCHOOL

Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed as being at risk of anaphylaxis and has been prescribed an adrenaline auto injector

2. My child has a working, in date adrenaline auto injector, clearly labelled with their name, which they will bring with them to school every day.

3. In the event of my child displaying symptoms of anaphylaxis, and if their adrenaline auto injector is not available or is unusable, I consent for my child to receive adrenaline from an auto injector held by the school for such emergencies.

Parent/Guardian Signature: **Date:**

Name (print):

Child's Name: **Date of birth:**

Class:

Parent /Guardian address and contact details:

……

……

……

Telephone:……..

Email: ……..

Appendix 7: Staff Training record -administration of medicines

Name of School/Setting	
Name	
Type of Training Received	
Date of Training completed	
Training provided by	
Profession and Title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

I confirm that I have received the training detailed above.

Staff signature

Date

Suggested review date

Appendix 8- Procedures for children who are sick or infectious

- Pupils who have an infectious disease shouldn't attend school/nursery
- Parents should notify the school if their child has an infectious disease
- If a pupil becomes unwell during the day – for example, they have a temperature, sickness, diarrhoea or stomach pains – the parents or carers will be contacted to collect their child
- Pupils with a temperature, sickness, diarrhoea or an infectious disease should not attend school/nursery while they are sick. Depending on the sickness, staff may ask parents to take their child to the doctor before they return to school
- Staff will notify parents if a risk to other pupils exists

Children with specific infectious diseases set out in the UK Health Security Agency's exclusion table will not be allowed to return to school/nursery until the appropriate exclusion period has passed.

We will take the following steps to prevent the spread of infection:

- Reducing or eliminating sources of infection through good hygiene practices
- Good handwashing practice
- Encouraging and facilitating healthy eating
- Ensuring that regulated food hygiene standard requirements in the maintenance of food preparation areas and preparation of food are followed
- Championing and educating staff, parents, carers and pupils on the importance of immunisation as a tool against infection (while recognising the individual's right to choose)
- Establishing a daily cleaning routine for:
    - Nappy changing facilities
    - Play areas
    - Toys, activities and equipment

Appendix 9: Allergy Policy

1. Introduction

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

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

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

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

Common UK Allergens include (but are not limited to):- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

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

2. Roles and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the Admissions Officer/SENDCO 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 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.

- SENDCO/First Aider 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 in in date, however the SENDCO/First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- SENDCO/First Aider keeps a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- Pupil Responsibilities
- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy 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.

Laycock Primary 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
- 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.
- AAIs 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 AAIs 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 AAIs 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 SENDCO/First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication
Older children 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
AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal
AAIs are single use only and must be disposed of as sharps. Used AAIs 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. The sharps bin is kept in the medical room.

6. 'Spare' adrenaline auto-injectors in school
The school has purchased spare AAIs for emergency use in children who are 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 the medical room, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The SENDCO/First Aider is 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 AAIs is renewed annually. 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.

7. Staff Training
The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are: Fred Hall and Simon Cardy. All staff will complete 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 AAIs) 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
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding
The 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. The school menu is available for parents to view via the school's websites. The SENDCO/First Aider will inform the Cook of pupils with food allergies. Pupils with food allergies are issued with a lanyard or badge which they wear at the server counter; these are managed by the SENDCO. Parents/carers are encouraged to meet with the Cook, if necessary, to discuss their child's needs. The school adheres to the following Department of Health guidance recommendations:

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

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).

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

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

much better approach, as it ensures teachers, pupils and all other staff are aware of what allergies are, the importance of avoiding the 9 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

The school 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.

13. Useful Links

Anaphylaxis UK - https://www.anaphylaxis.org.uk/
Safer Schools Programme https://www.anaphylaxis.org.uk/education/about-safer-schools-programme/
AllergyWise for Schools online training - https://www.anaphylaxis.org.uk/education/allergywise-for-schools-and-early-years-settings/
Resources for managing allergies at school – https://www.allergyuk.org/information-and-support/at-school/for-parents/
BSACI Allergy Action Plans - https://www.bsaci.org/resources/allergy-action-plans/
Spare Pens in Schools - https://www.sparepensinschools.uk/
Supporting pupils at school with medical conditions - https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3
Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://www.gov.uk/government/publications/using-emergency-adrenaline-auto-injectors-in-schools