



Greenway Primary
& Nursery School

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Supporting Pupils with Medical Conditions (to include Allergies and Anaphylaxis) Policy

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1. Introduction

Greenway Primary & Nursery School,('the school'), is an inclusive community that welcomes and supports pupils with medical conditions.

- Other than in exceptional instances (that are risk assessed on a case by case basis) this school provides those pupils with medical conditions the same opportunities and access to activities (both school based and out-of-school) as other pupils. Save in exceptional circumstances dealt with on a case by case basis, no child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
 - This school listens to the views of pupils and parents/carers school staff, governors, and relevant local health services in drawing up and regularly reviewing this policy. Pupils, parent/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about this policy through clear communication channels and understand and support it.
 - Pupils and parents/carers should feel confident in the care they receive from this school and that the level of that care meets their needs.
 - Staff understand the medical conditions of pupils at this school and that they may be serious and/or adversely affect a child's quality of life and impact on their ability and confidence. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment within the school.
 - All school staff, including supply teachers or temporary staff (and volunteers as appropriate), are aware of the medical conditions at this school and understand their duty of care to children and young people and know what to do in the event of an emergency.
 - This school understands that all children with the same medical condition will not have the same needs, and therefore the school focuses on the needs of each individual child.
- . The school supports the School's Allergy Code produced by the Benedict Blythe Foundation and The Allergy Team (Appendix 6)'.

2. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how the school supports pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips, school residentials and sporting activities, Breakfast Club and After School Clubs (to include 'NWAC' and 'WACCY')

The Governing Body implements this policy by monitoring that:

- Sufficient staff are suitably trained
- Staff are aware of pupils' conditions, where appropriate
- There are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Supply teachers are provided with appropriate information about this policy and relevant pupils
- Individual healthcare plans (IHPs) are developed and maintained for relevant pupils.

The named person with responsibility for implementing this policy is the Headteacher, Katharine Ellwood

The named governor with responsibility for monitoring this policy is the Chair of Governors, Elizabeth O'Reilly.

3. 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 Bodies to make arrangements for supporting pupils at their school with medical conditions.

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

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case, this school complies with their duties under that Act. Some children may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, this policy should be read in conjunction with the Special Educational Needs and Disability (SEND) code of practice.

4. Roles and responsibilities

4.1 The Governing Body

The Governing Body has ultimate responsibility to make arrangements to support pupils with medical conditions. The Governing Body monitors that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

4.2 The Headteacher

The Headteacher:

- Makes sure all staff at the school including staff at Breakfast Club, NWAC and WACCY as well as supply teachers and temporary staff/volunteers are aware of this policy and understand their role in its implementation
- Ensures that there is a sufficient number of trained staff available to implement this policy and deliver against all IHPs, including in contingency and emergency situations.
- Ensures that all staff providing support to a pupil have received suitable training and ongoing support to ensure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by an online provider, the specialist nurse/school nurse/other suitably qualified healthcare professional and/or parent/carer. The specialist nurse/school nurse/other suitably qualified healthcare professional confirms their competence and this school keeps an up to date record of all training undertaken and by whom noted in the Single Central Record
- Ensures that all staff who need to know are aware of a child's condition
- Ensures that the school conducts a detailed individual risk assessment for all new joining pupils with allergies and any pupils newly diagnosed, to help identify any gaps in the school's systems and processes for keeping pupils with allergies safe.
- Takes overall responsibility for the development of IHPs
- Ensures that a register of children in the school is kept who have been diagnosed with asthma and/or prescribed a reliever inhaler
- Ensures that a register of children in the school is kept who have been diagnosed with anaphylaxis and/or prescribed an epi pen/auto injector
- Ensures that a register of children in the school is kept who have an allergy
- Makes sure that school staff are appropriately insured and are aware that they are insured to support pupils in this way

- Contacts 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
- Ensures that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date.
- Ensures that all serious medical incidents and near misses are recorded and reviewed by the Senior Leadership Team to include the effectiveness of procedures undertaken, the support provided, and any further training needs required making amendments to practice and/or IHPs as appropriate

4.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff who has responsibility for administering prescribed medicines to a child does so voluntarily and has appropriate training and guidance (see paragraph 10 below).

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

4.4 Parents/Carers

Parents/carers have prime responsibility for their child's health and:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Understand that they should let the school know immediately if their child's needs change and/or if medication/medication dosages change as a result of their child's changing needs. This should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- Understand that it only requires one parent to request that medicines are administered. As a matter of practicality, this will be the parent with whom the school has day-to-day contact
- Are 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.
- Collect all medications/equipment at the end of the school term and provide new and in-date medication at the start of each new term.

➤ Ensure that they or another nominated adult are contactable at all times.

4.5 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 although it is acknowledged that for primary age pupils this is not always possible. They are also expected to comply with their IHPs.

4.6 School nurses and other healthcare professionals

The 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 pediatricians, will liaise with the school's nurses and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

(In line with their responsibilities under paragraph 4.4 above parents/carers should always notify the school if they believe that their child has a medical condition and not rely on that information being provided directly to school by healthcare professionals).

5. Equal opportunities

The school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, or in Breakfast Club, NWAC or WACCY) 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 and at the school's Wrap Around Care provision. 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 and any relevant healthcare professionals will be consulted.

5.1 School Trips

With reference to the school's Offsite Visits and Learning outside the Classroom Policy:

- staff leading school trips ensure they carry all relevant emergency supplies, including first aid and medication for those pupils with medical conditions, including allergies. Pupils unable to produce their required medication will not be able to attend the excursion.

- all the activities on the school trip are risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion (see above).
- the school aims to ensure that overnight school trips are possible with careful planning and a meeting for parents with the lead member of staff planning the trip is arranged in advance of the trip. Staff at the venue for an overnight school trip are briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue). If food is provided by the venue the menu will be discussed with the trip leader, venue, parent and SLT.

5.2 Sporting Excursions

The school aims to ensure that those pupils with allergies have every opportunity to attend sports trips offsite. The school will ensure that the leaders are fully aware of the situation. The venue 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 a venue 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.

6. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition (either by a parent/carer or a healthcare professional), the process outlined within this policy is followed to decide whether the pupil requires an IHP.

The school will make every effort to ensure that arrangements are put into place as soon as practicable.

See Appendix 1.

7. Individual healthcare plans (IHPs)

If it is clear that a medical condition will require the school to put supportive arrangements in place, an Individual Healthcare Plan (IHP) will be drawn up which specifies these arrangements, eg for a prescribed medication that is administered in school or for an allergy that requires active management, or a condition that amounts to a disability.

The Headteacher has overall responsibility for the development of the IHPs, which will be based on the template at Appendix 2 or specifically in the case of anaphylaxis or other allergies the relevant British Society of Allergy and Clinical Immunology (BSACI)

Allergy Action Plan (see section 11.2 below) (Appendix 3). Plans are reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans are developed with the pupil's best interests in mind and 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 are 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 are linked to, or can become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN is 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 Body and the Headteacher 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 dining arrangements, 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 or 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 and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours as set out in the IHP
- 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/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

8. Managing medicines

Prescription and non-prescription medicines are only administered at school in the following circumstances:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where the school has the parents'/carers' written consent (see Appendix 4)
- Where a pupil has been prescribed antibiotics and these are to be administered 4 times per day and where the school has the parents'/carers' written consent (see Appendix 4).
- Where a pupil has been prescribed antibiotics and these are to be administered 3 times per day and the pupil attends WACCY and where the school has the parents'/carers' written consent (see Appendix 4). **The only exceptions to this are where the medicine has been prescribed to the pupil without the knowledge of the parents/carers.**
- **Where a course of antibiotics is to be administered three times per day and the pupil does not attend WACCY this will need to be administered to the pupil at home by the parent/carer.**

Pupils under 16 are not given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) first checks maximum dosages and when the previous dosage was taken. Parents are always informed.

The school only accepts 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 only exception to this is that the school accepts insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines are stored safely. Pupils are informed about where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injector (AAI) pens are in a known location and readily available with rapid access to members of staff and to the pupil (where appropriate). Under no circumstances is medication be stored in first aid boxes. Medicines will be returned to parents to arrange for safe disposal when no longer required or no longer in date.

This school disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

This school ensures that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.

If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible, and appropriate action will be taken.

8.1 The following procedure will be followed when administering any medication:

- The pupil will be asked to state their name – this is checked against the label on the bottle, authorisation form (Appendix 4) and record sheet (Appendix 5).
- The name of the medicine will be checked against the authorisation form and record sheet.
- The time, dosage and method of administration will be checked against the authorisation form and record sheet.
- The expiry date will be checked and read out.
- The medicine is administered. Routine prescribed medication may be administered by one trained member of staff, provided parental consent and clear dosage instructions are in place and administration is recorded. Where medication is higher risk (eg emergency medication, controlled drugs or where specified in an IHP), 2 members of staff should be involved wherever reasonably practicable.
- The record sheet is signed by the designated person and the witness (where involved)
- Any possible side effects will be noted.

- The medicine is returned to appropriate storage

8.2 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.

All controlled drugs are stored securely. Staff at this school can administer a controlled drug to a pupil once they have had specialist training. Controlled drugs are easily accessible in an emergency and a record of any doses used and the amount held is kept (see paragraph 12 below)

8.3 Pupils managing their own needs

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

Pupils are allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary

8.4 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally **not** acceptable 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 (although this may be challenged)
- 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
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- 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 to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

9. Emergency procedures

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

If a pupil needs to be taken to hospital, staff stay with the pupil until the parent/carer arrives or accompany the pupil to hospital by ambulance.

In the case of an emergency (for example a fire) and having to evacuate the school, the office staff will take the emergency inhaler and epi pen.

10. Training

Staff who are responsible for supporting pupils with medical needs receive suitable and sufficient training to do so which will allow them to accept responsibility for administering medication.

Training needs are identified during the development or review of IHPs and are reviewed annually. The family of a child will often be key in providing relevant information to staff about how their child's needs can be met, and parents/carers will be asked for their views but will not be the sole trainer.

Staff who provide support to pupils with medical conditions are included in meetings where this is discussed.

Training will be provided for staff to ensure that they are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in IHPs. Training for new staff will be provided on induction.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher Training will be provided by an appropriate healthcare professional in person or remotely by an online provider so that staff have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative and emergency measures so that they can recognise and act quickly if a problem occurs. All staff training will be recorded on the SCR which is maintained by the Office Manager.

Only staff with appropriate training will give prescription medicines or undertake healthcare procedures. (A first-aid certificate does not constitute appropriate training in supporting children with medical conditions)

11. Arrangements for Common Conditions

11.1 Asthma

The school retains a register of all pupils with asthma who have been prescribed with an inhaler which register is kept with the emergency inhaler.

- All staff are trained annually to recognise the symptoms of an asthma attack and know how to respond in an emergency.
- If a pupil is known to have asthma an IHP will be developed (see Appendix 2).
- Inhalers for those pupils with asthma are stored in a designated cupboard and/or child's classroom to be accessed as and when required, to be self-administered.
- An emergency salbutamol inhaler and spacer is available for use at school by pupils who have been prescribed a reliever inhaler and for whom written parental consent for its use has been obtained. This is kept in the school in a designated cupboard. The use, storage, care and disposal of the inhaler and spacers will follow the specific guidance on storage and care provided on page 12 of the Department of Health Guidance on the use of emergency salbutamol inhalers in schools.
- Emergency salbutamol inhalers will only be given to pupils previously diagnosed with asthma whose reliever inhaler has run out, who are on the register and whose parents have signed the consent form. This information is included in the pupil's IHP. The school follows the protocol established by the Department of Health Guidance on the use of emergency salbutamol inhalers in schools. The school's two volunteers for ensuring this protocol is followed are **Leanne Wardle and Jo Darcy**.
- All staff know how and when to use the emergency salbutamol inhaler
- Parents are asked to give permission to administer an emergency dose(s);
- Parents are informed of any emergency dosages given.

11.2 Allergies and Anaphylaxis (Severe Allergic Reaction)

- The school retains a register of children of all pupils who have been diagnosed with anaphylaxis and/or prescribed an epi pen/auto injector.

Separately the school retains a register of all pupils who have an allergy.

- All staff attend annual training on the symptoms of anaphylaxis, which includes information and practise on when and how to use an adrenaline auto-injector (AAI) pen.

- If a pupil is known to be at risk of anaphylaxis, an IHP is developed which includes the arrangements the school will make to control exposure to allergens and which will be based upon the relevant British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plan depending upon the treatment required (Appendix 3).
- The pupil's allergy medicine and/or AAI's are kept readily available.
- All allergy medicine and/or AAI's are stored in a designated cupboard(s) and/or child's classroom for all staff to access when required.
- Pupils are not permitted to carry AAI's with them around the school site. As stated above, unless otherwise agreed and documented in the pupil's IHP, AAI's will be stored in a readily accessible location.
- All staff are made aware of the individual pupils and their allergies, through one page profiles which are displayed in the kitchen and staff room (which are updated when required and reviewed at least annually) and through daily staff briefings.
- All staff are trained on record keeping in the event of having to administer allergy medicine and/or an AAI.

An emergency epi-pen is available for use at school by pupils in exceptional circumstances and for whom written parental consent for its use has been obtained. This is kept in the school in a designated cupboard.

11.3 Epilepsy

- All staff are trained in identifying the symptoms and triggers for epilepsy, including administering medication. In the event that the school has a pupil who has been diagnosed with epilepsy and they require medication to stabilise them due to a seizure training as a whole staff team will be delivered
- If a pupil is known to have epilepsy an IHP is developed
- There will be a trained member of staff available at all times to deliver emergency medication. Details of what to do in an emergency will be recorded on the pupil's IHP.
- If appropriate, a record will be kept of the pupil's seizures, so that any changes to seizure patterns can be identified and so that this information can be shared with the student's parents and healthcare team.

Epileptic Seizure:-

An emergency situation at the school would be if a pupil:

- had a single seizure or cluster of seizures that lasts for longer than five minutes, or longer than is usual for them;

- was severely injured as the result of a seizure.

If staff note a pupil is having an epileptic seizure the following should be carried out:

- Immediately clear the surrounding area of all hazards which may injure the pupil e.g sharp objects, tables, chairs etc...;
- Record the time immediately from the start of the seizure – over 5mins please call an ambulance immediately. If the pupil recovers within 5mins and goes into a second seizure call an ambulance immediately;
- Remain with the pupil – if the pupil has to go to hospital they will be assisted by a member of staff until the parent/carer arrives;
- Contact the pupil's parents/carers (assign this role to another member of staff). Explain to parents exactly what has happened and when, invite the parent / carer to come to the school, but if the staff member has to go to hospital with the pupil ask the parent/carer to go directly to the hospital;
- Arrange for appropriate first aid, if the pupil has been injured/severely injured. Contact parents/carers again, update them of the recovery and if the pupil has been injured.
- Arrange for an ambulance to be called as above.

11.4 Diabetes

- Pupils diagnosed with Type 1 diabetes and have been prescribed insulin will be supported by named staff who have specifically agreed to this responsibility and have received training and support from the Diabetic Nurses Team.
- If a pupil is known to have Type 1 diabetes an Individual Healthcare Plan is developed.
- A suitable private place will be provided for pupils to carry out blood tests and administer doses,
- Pupils will not be prevented from eating drinking or taking toilet breaks whenever they need to in order to manage their medical condition effectively.
- If a pupil has a hypo, they will not be left alone; a fast-acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink will be given immediately.
- Once the pupil has recovered, slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, will be given, some 10-15 minutes later.

12. Catering

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

12.2 When the school's menu is changed by the catering company, the menu is emailed to all parents. Parents/carers are encouraged to meet with the Catering Manager, the cook and Senior Leadership Team at the school to discuss their child's needs.

12.3 The school office informs the Cook of identified pupils with food allergies.

All pupils with food allergies have a one page profile (this includes, a photograph of the child and details of the allergy along with medication procedures). These are displayed both within the kitchen area and the staff room. Pupils receiving a school dinner are given a personalised allergy card providing details of the allergy which they hand over to the kitchen staff when collecting their food. A member of school staff will always be with the pupil receiving the food and will check the food the catering staff are giving to them.

12.4 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.
- 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. food treats).
- Use of food in crafts, cooking, Design and Technology, 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.

13. Record keeping

As part of the school's admissions process and annual data collection exercise parents/carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between schools.

- This school has a centralised register of IHPs and a second centralised register of all other medication to be administered. The Headteacher Katharine Ellwood has the responsibility for these registers. The files are kept in a readily accessible place in the school office of which all staff are aware.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents/carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- This school makes sure that the pupil's confidentiality is protected.
- This school seeks permission from parents/carers before sharing any medical information with any other party.
- This school has a centralized register of all other medication (other than IHPs) which is kept in the school office which all staff are aware of. This provides an accurate record of all medication administered (other than those with pupils with IPH's), including the dose, time, date and supervising staff (see Appendix 5).

The Governing Body monitors that written records are kept of all medicine administered to pupils for as long as these pupils are at the school.

Parents/carers are informed if their pupil has been unwell at school.

14. Liability and indemnity

The Governing Body ensures that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Axis – Policy Number : 809780MMA195

This covers the school for any medical treatments/administering medication (subject to training) that you may need to provide to pupils.

15. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, she will direct parents to the school's Complaints Policy and Complaints Procedure.

16. Monitoring arrangements

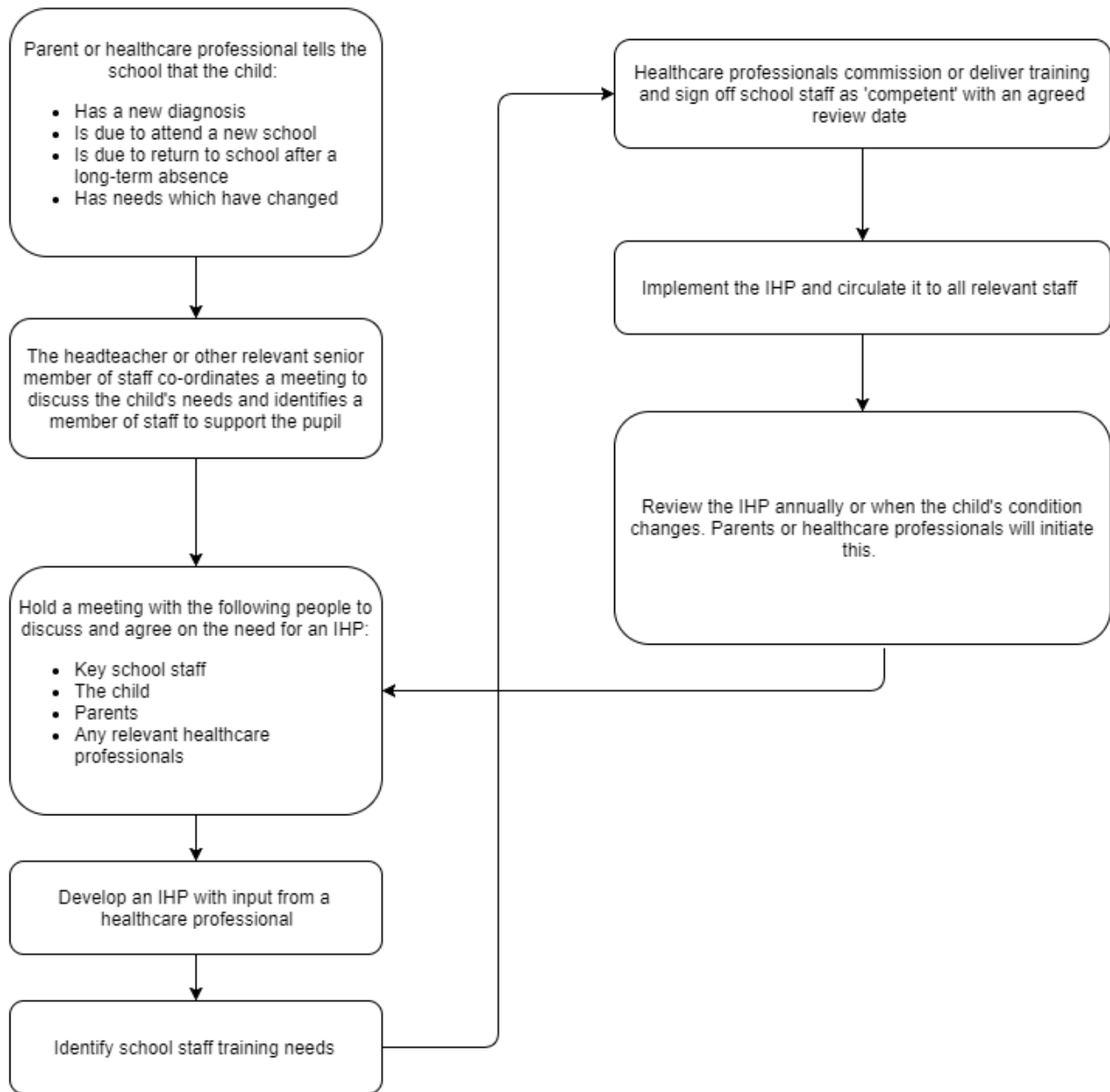
This policy is reviewed and approved by the Governing Body annually.

17. Links to other policies

This policy links to the following policies:

- Accessibility Plan
- Complaints Policy and Complaints Procedure
- Equality information and objectives
- Health and safety
- Offsite Visits and Learning Outside the Classroom
- Relationships, Sex and Health Education
- Safeguarding
- Special Educational Needs Information Report and Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Template individual healthcare plan

Name of school/setting	
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

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

Other information

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

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Appendix 3: Template British Society of Allergy and Clinical Immunology (BASCI) Allergy Action Plans (IHPs) for Anaphylaxis or other Allergies

BASCI– Allergy Action Plan – EpiPen [BSACIAllergyActionPlan2019EpiPen-1.pdf](#)

BASCI – Allergy Action Plan – Jext [BSACIAllergyActionPlan2019Jext.pdf](#)

BASCI – Allergy Action Plan – Emerade [BSACIAllergyActionPlan2019Emerade.pdf](#)

BASCI – Allergy Action Plan – no AAI [BSACIAllergyActionPlan2018NoAAI2981-2.pdf](#)

Appendix 5 – Record Of Medicine Administered

Child's Name	
Child's Class	

Date					
Medicine					
Time given					
Dose given					
Staff Member 1					
Staff Member 1 signature					
Staff Member 2 (where required)					
Staff Member 2 signature					
Parent notified					
Requested replacement medication					

Date					
Medicine					
Time given					
Dose given					
Staff Member 1					
Staff Member 1 signature					
Staff Member 2 (where required)					
Staff Member 2 signature					
Parent notified					
Requested replacement medication					

Appendix 6 – Schools Allergy Code

Click [here](#) to view