



First Aid, Supporting Pupils with Medical Conditions and Managing Medication, and Allergy Policy

This policy has undergone an Equalities Impact Assessment in line with the requirements of the Public Sector Equality Duty

Committee:	Resources Committee
Policy Ratified:	October 2024
Review Date:	October 2027

Additional School Procedure - N/A	
Committee:	
Procedure Adopted:	
Review Date:	

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Section One: Introduction and Aims

1.1 The aims of this policy are to ensure:

- All schools have adequate and appropriate equipment, facilities and procedures to provide suitable first aid;
- That schools' first aid and medication arrangements are in line with this policy and government guidelines;
- That schools minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school activity;
- That the first aid and administering medication arrangements are based on a risk assessment of the school's likely requirements, taking into account the size, location of the school and any hazardous activities undertaken;
- Pupils in all schools are supported so that they can play a full and active role in school life, remain healthy, make a positive contribution, achieve their academic potential and achieve economic wellbeing once they have left the school;
- Staff are properly prepared to recognise and manage serious allergic reactions should they arise;
- That school communities are inclusive and are able to support and welcome pupils with medical conditions so that no child is denied admission or prevented from taking up a place in a school because arrangements for their medical condition have not been made;
- That all staff understand their duty of care to children and young people especially in the event of an emergency;
- Schools receive training on the impact that medical conditions can have on pupils;
- The importance of medication and care being given and taken as directed by healthcare professionals and parents is being promoted;
- All schools are responsive to the variable demands of an individual's medical condition. Schools should understand that not all children with the same medical condition will have the same needs.

1.2 This policy:

- Sets out the details which will provide a sound basis for ensuring that all pupils with medical conditions receive proper care and support whilst at school;
- Sets out the necessary safety measures to support pupils with medical conditions (including long-term and/or complex needs);
- Defines individual staff responsibilities for pupils' safety;
- Explains the procedures to ensure the safe management and administration of medicines;
- Will ensure that clear guidance is given with regards to the storage of medication and equipment at school and when on school trips;
- Will ensure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays;
- Will provide clear communication channels to pupils, parents, carers, staff, governors, healthcare professionals and/or healthcare agencies.

1.3 Legislation and Guidance:

- [Section 100 of the Children and Families Act 2014](#) which places a duty on governing bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units to make arrangements for supporting pupils at their school with medical conditions;
- The [Equality Act 2010](#);
- [Supporting Pupils at School with Medical Conditions](#) released in December 2015;
- [The Health and Safety \(First Aid\) Regulations 1981](#), which state that employers must provide adequate and appropriate equipment and facilities to enable first aid to be administered to employees, and qualified first aid personnel;
- [Health and Safety at Work etc Act 1974 \(HSWA\)](#);

- The [Early Years Foundation Stage \(EYFS\) Statutory Framework](#);
- [The Management of Health and Safety at Work Regulations 1992](#), which require employers to make an assessment of the risks to the health and safety of their employees;
- [The Management of Health and Safety at Work Regulations 1999](#), which require employers to carry out risk assessments, make arrangements to implement necessary measures, and arrange for appropriate information and training;
- [The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#), which state that some accidents must be reported to the Health and Safety Executive (HSE), and set out the timeframe for this and how long records of such accidents must be kept;
- [Social Security \(Claims and Payments\) Regulations 1979](#), which set out rules on the retention of accident records.

1.4 Other policies and documentation linked with this policy includes:

- CLP Safeguarding and Child Protection Policy and Procedures;
- Public Sector Equality Duty (PSED);
- CLP Health and Safety Policy;
- School Anti-Bullying and Behaviour Policies;
- School SEND Policy and Information Report;
- School Accessibility Plan.

2. Review

2.1 The Trust Board will review this policy every three years or earlier if necessary.

2.2 The Head teacher will review the implementation of this policy and local arrangements annually or as required.

3. Roles & Responsibilities

3.1 The **Trust Board** is responsible for ensuring:

- An appropriate and compliant First Aid & Supporting Pupils with Medical Conditions and Managing Medication Policy exists and is reviewed every three years or when statute/guidance changes and/or following an accident/incident;
- The appointment of a suitably qualified advisory body (currently ROSPA);
- That adequate insurance arrangements are in place including liability insurance to cover accidents to pupils and visitors as well as staff;
- Pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.

3.2 The **Local Governing Body** is responsible for:

- Ensuring there are adequate provisions for the training needs of all staff in relation to this policy;
- Providing a suitable and sufficient first aid space where the assessment of first aid needs identifies this as necessary. The area, which must contain a washbasin and be reasonably near to a WC, need not be used solely for medical purposes, but it should be appropriate for that purpose and readily available for use when needed;
- Ensuring that staff are appropriately consulted and trained;
- Receiving and considering reports from their Head teacher or someone delegated by them;
- Ensuring that accident records are kept as required in the CLP Health and Safety Policy, and reported to the HSE as required;
- Ensuring that any HSE reportable accidents are also reported to the central team for review and so that policy implications can be considered.

3.3 The **Headteacher** is responsible for the effective implementation and monitoring of this policy in their school and will ensure:

- A referral to the SENDco is made for pupils with medical conditions who are finding it difficult to keep up educationally;
- A Designated First Aid Lead is appointed;
- The name of the Designated First Aid Lead is informed to the Local Governing Body and is displayed in communal staff areas including the front office and staff room and on all displayed lists of first aiders;
- The Designated First Aid Lead receives adequate initial and refresher training in order to deliver this role effectively and safely;
- A deputy Designated First Aid Lead is appointed and is able to work with and support the Designated First Aid Lead to ensure continuity in the event of absence.
- A member of staff is appointed to maintain oversight of the support for pupils with medical conditions. (This may be the Designated First Aid Lead person.);
- The school provides sufficient funding for first aid provision;
- The first aid needs of their school are determined, taking into account, among other things, the number of employees, size, location and work activity;
- There are sufficient trained staff to meet statutory requirements and risk assessed needs, including making an allowance for staff who may be on sick leave or off-site;
- The school community are informed of the arrangements that have been made for the provision of first aid, including the location of equipment, facilities and personnel; and
- Suitable first aid arrangements for off-school activities e.g. school excursions are in place.

3.4 The **Designated First Aid Lead** is responsible for:

- Working with the deputy Designated First Aid Lead to ensure knowledge and continuity in the event of absence.
- Facilitating communication with all parties and ensuring that the school meets the needs of all those identified with responsibilities in this policy;
- Collating information provided by parents and maintaining a list of all pupils with medical conditions;
- Developing appropriate individual healthcare plans;
- Ensuring all staff are aware of the policy for supporting pupils with medical conditions and understand their role in its implementation;
- Notifying all staff who need to know of an individual child's medical condition and are aware of any updates to the individual's situation;
- With the head teacher, ensuring there are sufficient number of appropriately trained numbers of staff available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations;
- Ensuring contact arrangements for the school nursing service are in place;
- Ensuring that first aid and medical advice is available in the schools, and that training for staff and volunteers on first aid, medical conditions, arrangements and how medical conditions may affect the education of individual pupils;
- Ensuring safe storage of medication;
- Ensuring that prescribed and non-prescribed medication is administered appropriately;
- Ensuring that detailed records of medication administered and general record keeping in relation to pupils with medical conditions is strictly kept up-to-date ;
- Ensuring that all parents are aware of the school's policy and procedures for dealing with medical needs;
- Reporting regularly to the Head teacher who will then report to the LGB;
- Ensure that the first aid provision is adequate and appropriate;

- Carry out appropriate risk assessments in liaison with the Head teacher or other relevant staff member;
- Ensure that appropriate training is provided and monitor the competence of first aiders;
- Ensure that the equipment and facilities are fit for purpose and first aid kits are regularly re-stocked and best before dates checked (See Appendix D);
- Ensure that any reportable incidents (RIDDOR) are reported to the HSE as well as logged in the H&S Management System and reported to the central team;
- Ensure that an ambulance or other professional medical help is summoned when required;
- Ensure that all staff know the procedures for calling for first aid and their duties towards any person requiring first aid; and
- Regularly keep the Head teacher informed of the implementation of the policy.

3.5 The **Educational Visits Co-Ordinator** is responsible for:

- Reviewing any risk assessments carried out by the lead member of staff before any out-of-school visit. (The needs of pupils with medical conditions must be considered during this process and plans put in place for any additional medication, equipment or support that may be required);
- Ensuring that arrangements are in place for safeguarding pupils during off-site activities.

3.6 **All Staff** are responsible for:

- Knowing the arrangements and following the school's procedures;
- Knowing how to call for help in an emergency (this includes temporary and support staff); and
- Reporting any problems to the Designated First Aid Lead or other person appointed to support pupils with medical conditions and oversee the administration of medication;
- All staff in charge of pupils (including volunteers) must use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils in the same way that parents would be expected to act towards children;
- Trained staff may take action beyond the initial management stage. Other staff must provide assistance only to the level of qualification or competence they possess.

3.7 **Parents/carers/guardians** are responsible for:

- Making sure that their child attends school, if they are well enough to do so;
- Sharing details of special care needed during the school day with the school;
- Informing the school if their child's medical or care needs change.

3.8 Normally any prescribed medication should be administered at home. However, where it is necessary for medication to be administered during school hours, for example, where it would be detrimental to a child's health if medicine were not administered during the school day:

- Schools are responsible for requesting information concerning details of all pupils' medical conditions and care; and
- **Parents/carers/guardians** must provide the school with sufficient information about their child's medical condition and treatment.

4. The NHS School Nursing Team

- 4.1 "Every school in Dorset has a named school nurse who maintains regular contact with their school to promote healthy lifestyles and offer practical advice, information and support." (From www.dorsethealthcare.nhs.uk).
- 4.2 The NHS appointed school nurse should be consulted, along with parents/carers in the formulation of individual healthcare plans.

- 4.3 The School Nurse should be involved in providing health information as part of an assessment for an IHP and *may* be involved in delivering some of the provision, as specified in an IHP, to achieve defined health outcomes.
- 4.4 The NHS appointed School Nurse will be involved in advising/providing support for staff training on medical issues.

Section Two: First Aid

5. Risk Assessment

- 5.1 The DfE First aid in schools, early years and further education guidance states that, “There is no rule on the number of first aiders required as this will be identified as part of the first aid needs assessment and will be based on the circumstances of each individual school or college.”
- 5.2 The EYFS requires that at least one person who has a current paediatric first aid (PFA) certificate should be on the premises and available at all times when children are present and should accompany children on outings. The certificate must be for a full course consistent with the criteria set out in annex A in the EYFS.
- 5.3 Headteachers and Designated First Aid Leads must prepare a risk assessment to indicate the number of trained staff on site, the ratio of trained staff to pupils and the controls in place as outlined in this section of the policy.
- 5.4 They can refer to The DfE First aid in schools, early years and further education guidance and use the HSE checklist for assessment on pages 10 to 12 [The Health and Safety \(First-Aid\) Regulations 1981: Guidance on Regulations](#) and appendix 3 of the same to determine the number of first aiders needed.
- 5.5 The Local Governing Body and Head teacher must ensure that there is cover for planned absences in terms of first aiders and appointed persons including staff accompanying school excursions and leaving the school short in terms of supply. Consideration should also be given to:
 - Cover needed for unplanned and exceptional absences such as sick leave or special leave due to bereavement;
 - Suitable and sufficient provision for known medical conditions of staff and pupils etc;
 - The risks to employees and also any non-employees who may visit.

6. First Aiders

- 6.1 All employees providing first aid in CLP schools must have an appropriate and valid first aid qualification and remain competent to perform their role. Typically, first aiders will hold a valid certificate of competence in either first aid at work (FAW) or emergency first aid at work (EFAW). EFAW training enables a first aider to give emergency first aid to someone who is injured or becomes ill while at work. FAW training includes EFAW and also equips the first aider to apply first aid to a range of specific injuries and illnesses.
- 6.2 All first aid training providers are required to train workplace first aiders in the use of an automated external defibrillator (AED) on all first aid at work courses.
- 6.3 First aiders and appointed persons will be expected to follow any appropriate trust or government guidance.
- 6.4 The DfE First aid in schools, early years and further education guidance states that:

In selecting a first aider, the following factors should be considered:

- *reliability and communication skills*
- *aptitude and ability to absorb new knowledge and learn new skills*
- *ability to cope with stressful and physically demanding emergency procedures*
- *availability to respond to an emergency immediately*

And that:

First aiders will be expected to:

- *give immediate help to casualties with common injuries or illnesses and those arising from specific hazards at the school or college or on educational visits*
- *when appropriate, ensure that an ambulance or other professional medical help is called*

6.5 All Schools recognise that a first aid certificate does not constitute appropriate training in supporting children with medical needs and [will have regard to the statutory requirements and guidance, as well as the pupil's Individual Healthcare Plan and the relevant school policies in relation to the care of pupils with medical conditions.](#)

7. Early Years

7.1 The [DfE First aid in schools, early years and further education guidance](#) states that:

Early years education providers, including schools, must meet the paediatric first aid requirements set out in the statutory framework for the early years foundation stage (EYFS). This includes arrangements for off-site activities involving young children such as educational visits.

The EYFS requires that at least one person who has a current paediatric first aid (PFA) certificate should be on the premises and available at all times when children are present and should accompany children on outings. The certificate must be for a full course consistent with the criteria set out in annex A in the EYFS.

All staff who obtained a level 2 or level 3 qualification on or after 30 June 2016 must also have either a full PFA or an emergency PFA certificate within 3 months of starting work in order to be included in the required staff to child ratios at level 2 or level 3 in an early years setting.

Childminders, and any assistant who might be in sole charge of the children for any period, should hold a current paediatric first aid certificate.

Paediatric first aid training must be renewed every 3 years and should be relevant for workers caring for young children and where relevant, babies. Employers should take into account, via their first aid needs assessment, the number of children, staff and layout of premises to ensure that a paediatric first aider is able to respond to emergencies quickly.

8. Number, Location and Contents of First Aid Containers & AED's

- 8.1 The Designated First Aid Lead will determine the number of First Aid containers required and their appropriate locations and will ensure that this information is communicated to all staff.
- 8.2 The contents of each container will be at least the minimum suggested by [The Health and Safety \(First-Aid\) Regulations 1981: Guidance on Regulations](#) (see appendix 2 of the above for suggestions, provided as Appendix C of this policy). The risk assessments will highlight any additional supplies that may be required in various locations. Drugs, medicines and tablets will not be kept within the first aid container. The container should be immediately recognisable as a first aid container and be green in colour with a white cross. Its location should also be clearly signposted.
- 8.3 The number of first aid containers required and their locations should be recorded on the school's risk assessment, which should be updated at least annually.
- 8.4 CLP schools will notify [The Circuit](#) (The National Defibrillator Network) of the location of any defibrillators on site should it choose to install such a device as recommended by the DfE.

9. Supporting a pupil who is unwell or had an accident

- 9.1 All pupils who feel unwell or who have suffered an accident should, if possible, be accompanied to the location as recorded in the school's risk assessment.
- 9.2 Where it is unsafe to move the pupil, someone should be sent to the First Aid location as recorded in on the school's risk assessment to gain assistance.
- 9.3 A qualified first aider will assess the individual's need and apply basic first aid; a second opinion should be sought if available. Where necessary the first aider will use a non-invasive/no touch thermometer to determine whether the child has a temperature and to decide if there is a need to send the child home.
- 9.4 The First Aider will issue an advisory note to the parents/carers detailing the illness or incident that has occurred.
- 9.5 If there is any concern that the injury or illness may be more serious, the parents/carers will be contacted immediately.
- 9.6 Any pupil having difficulty breathing, feeling dizzy or faint must remain with the teacher or other member of staff. A message should be sent to the first aider on duty immediately.
- 9.7 If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

10. Records

- 10.1 The H&S Management System Incident log must be used to record all accidents, incidents and near misses. An additional manual record may be kept if the school wishes using the template in the CLP H&S Policy.
- 10.2 RIDDOR incidents must be recorded with the HSE and on the H&S Management System Incident Log and the central team notified.

11. Individual Healthcare Plans for Pupils with Medical Conditions

- 11.1 An Individual Healthcare Plan (IHP) is used in education to detail exactly what sort of care a child needs at school if they have complex medical needs.
- 11.2 A list of pupils who suffer from complex medical conditions together with details of their individual Healthcare Plans must be kept and updated annually or when required by the Designated First Aid Lead. The location of this list must be recorded on the risk assessment.
- 11.3 Appropriate medication should be named and labelled and stored securely. Locations must be recorded on the risk assessment.
- 11.4 Named and labelled spare inhalers and auto-injectors (commonly known as Epipens) will also be kept for each pupil with a known medical condition locations named on the risk assessment.
- 11.5 Members of staff will be made aware of the pupils who suffer from medical conditions and have Individual Healthcare Plans, having due regard to confidentiality, staff authority and medical necessity in the distribution of information.
- 11.6 All asthma inhalers should be taken to all PE/Games lessons.
- 11.7 Portable first aid kits with named auto-injectors and inhalers should be taken to all off-site excursions. The Education Visits Coordinator must ensure arrangements meet the requirements of EVOLVE and the CLP Education Visits Policy.

Section Three: Supporting Pupils with Medical Conditions and Managing Medication

12. Administering Medication at School

- 12.1 No members of staff are obliged to give, or oversee the giving of, medication to pupils. Only the school staff who are authorised and trained in the giving of medication are authorised to give or oversee the taking of medication.
- 12.2 School staff will only oversee the administration of medicines prescribed by a qualified medical practitioner or nurse consultant and it is the parents' responsibility to ensure that such medication has been appropriately prescribed. The school will **never** accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions. School staff may, exceptionally, agree to administer non-prescribed medication (eg Calpol, Piriton) but only with the appropriate written consent and only when it would be detrimental to a child's health or education if they did not take it during the school day
- 12.3 The school arrangements for administering medication are in line with the government guidance in [Supporting Pupils at School with Medical Conditions](#).
- 12.4 Only suitably trained, named school staff can administer medication. This is usually the designated First Aid Lead.
- 12.5 Medication can only be administered with the written consent of the parents/carers, for both prescribed and/or non-prescribed medication, and this should be obtained using the consent form in Appendix A.
- 12.6 There **must** be a written record of any medication administered in school using the consent form in Appendix A. This form must be retained with the pupil file, whether than be in hard copy or on the H&S Management System – this will vary from school to school..

13. Specific Medical Issues

- 13.1 Coastal Learning Partnership welcomes all pupils and encourages them to participate fully in all school activities.
- 13.2 Coastal Learning Partnership schools routinely and regularly advise staff on the practical aspects of the management in school of medical conditions which the pupils on roll might demonstrate which could include:
- Asthma attacks;
 - Diabetes;
 - Epilepsy; and
 - An anaphylactic reaction.
- 13.3 The Designated First Aid Lead will be responsible for ensuring a record is kept of all pupils who may require such treatment via their own manual record or via H&S Management System.
- 13.4 Coastal Learning Partnership expects all parents whose children may require such treatment to ensure that appropriate medication has been recorded with the school together with clear guidance from the prescriber on the usage of the medication. The medication **must** be provided in the container as dispensed.

14. The use of emergency salbutamol inhalers in schools

- 14.1 Schools are encouraged to buy salbutamol inhalers for use in emergencies.
- 14.2 [Guidance on emergency asthma inhalers for use in schools](#) provided by the Department for Health and Social Care should be followed. This includes:

- How to recognise an asthma attack
- Arrangements for the supply, storage, care and disposal of the inhaler.
- Children who can use an inhaler.
- Responding to asthma symptoms and an asthma attack.

15. Individual Healthcare Plan

The process for formulating an IHP is provided in [Appendix C](#).

- 15.1 All children with a formal diagnosed medical condition should have an individual healthcare plan (IHP). Parents/carers at each school are asked if their child has any medical conditions on the enrolment form. Schools use an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, school staff, NHS appointed nurse and any other relevant healthcare services.
- 15.2 An IHP details exactly what care a child needs in school, when they need it and who is going to give it. It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance. If the child is on daily medication the First Aid Lead will be made aware of this
- 15.3 Coastal Learning Partnership schools recognise that common triggers can make common medical conditions worse or can bring on an emergency and schools are committed to identifying and reducing triggers both at school and on out-of-school visits.
- 15.4 School staff receive necessary written information on medical conditions, which includes avoiding/reducing exposure to common triggers. Each school has a list of the triggers for pupils with medical conditions and actively work towards reducing/ eliminating these health and safety risks. Training is regularly updated as the need arises.
- 15.5 The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs, and the Designated First Aid Lead will advise on such risk assessments. A first aider will travel on any school trip and will manage any necessary medication.
- 15.6 A child's IHP should explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings. Some pupils with medical conditions will require a Personal Emergency Evacuation Plan (PEEP) that will name a responsible member of staff to assist the pupil during emergency.
- 15.7 IHPs are regularly reviewed, at least every year or whenever the pupil's needs change. The pupil (where appropriate) parents, 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.

16. Returning to School after a Period of Hospital Education or Home Tutoring etc.

- 16.1 Coastal Learning Partnership will work with the local authority and external professionals where appropriate to ensure that the child receives the support they need to reintegrate effectively.

17. Storage of Medicine and Equipment

- 17.1 Schools will ensure that all staff understand what constitutes an emergency for an individual child and will make sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities.
- 17.2 Medication must be kept safely, not locked away and accessible to all staff. Pupils with medical conditions must know where their medication is at all times and processes must be in place to enable them to access it quickly.

- 17.3 Schools will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- 17.4 Local arrangements for the storage of medication must be detailed on the school risk assessment, including each location.
- 17.5 Parents are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- 17.6 Schools **must** dispose 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.

18. Record Keeping for administering medication

- 18.1 Records must be up-to date and include:
- Parental consent for administering medication;
 - Any medication administered and by whom;
 - Training undertaken;
 - Individual Healthcare Plans;
 - Emergencies etc.

Section Four: Allergy

This section is written using the template model school policy provided by [Anaphylaxis UK](#). It has been adapted to suit Coastal Learning Partnership's organisation.

19. 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 Coastal Learning Partnership schools will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

20. Role and responsibilities

Parent Responsibilities

- On entry to the school, it is the parent's responsibility to inform the school of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and

details of all prescribed medication. The initial declaration is made using the CLP New Starter form and will be followed by the appropriate person in the school.

- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.
- 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.

Staff Responsibilities

- As a minimum, all first aiders will complete anaphylaxis training as outlined in section 24 of this policy. Schools may choose to provide additional staff with this training following risk assessment.
- 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.
- The **Designated Lead 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 is in date however, the Designated Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry. If not undertaking this check themselves, they may nominate a colleague but responsibility for the check will remain with them.
- The Designated Lead 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.
- The **Head of Finance and Operations** will ensure contract monitoring arrangements are in place to ensure the appointed school caterer adheres to legislation and guidance, including with regard to the control and management of allergens.

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.

21. 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 auto-injector.

Coastal Learning Partnership 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.

22. 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. AAI 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.

23. Supply, storage and care of adrenaline auto-injectors medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAls 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 AAls 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 Designated First Aid Lead 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 AAls their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

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

Storage

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

Disposal

AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority (delete as appropriate). The sharps bin is kept in the [redacted] room.

24. 'Spare' adrenaline auto-injectors in school

All schools should purchase spare AAls 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).

They must be stored in a pack/container, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

A log of the location must be kept in the school office and staff room as a minimum.

The Designated First Aid Lead 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 AAls must be included in the pupil's allergy action plan.

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

25. Staff Training

The central team Compliance Manager and school H&S Training Administrator are responsible for ensuring training is allocated to all relevant staff, including on an ad-hoc basis for any new members of staff, as set out in the CLP training matrix.

The CLP Training Matrix will detail the training to be allocated.

Training includes:

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

26. Inclusion and safeguarding

Coastal Learning Partnership 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.

27. Catering

Schools should also refer to the CLP School Catering and Nutrition Policy.

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 DfE [Allergy guidance for schools](#) explains legal requirements for schools and caterers.

School lunches

Coastal Learning Partnership provides hot and cold school meals in-house and by appointment of school meal caterers.

Every appointed caterer or school with cook on site provision, must provide parents and carers of pupils with an allergy or other medical condition with a registration / ordering system that enables them to share details about a pupil's allergies.

Parents must indicate a pupil's allergies when registering on the relevant system and then follow the process in place with the caterer or school. It is the policy of CLP that supporting medical evidence is required for the provision of a medical meal, including an allergy meal.

Schools must check meal reports against information held on the pupil record to ensure that known allergens and medical conditions have been accounted for by the caterer or school kitchen.

All schools must have in place a Food Safety Management System, including Medical Diet Process, as outlined in the Health and Safety Policy and Catering and Nutrition Policy. This system will be localised to reflect local provision, be that via a caterer or in-house.

School caterers are not legally obliged to offer a meal to suit every eventuality. Sometimes parents may not be happy with the suitable alternative that Chartwells are able to offer and occasionally it may not be possible to provide a suitable alternative. These instances and the circumstances must be looked at on a case by case basis and schools may need to support the parent or carer in providing a meal themselves. This may require the involvement of medical people such as the school nurse and with funding if the child is entitled

to Infant Free School Meals or Free School Meals. 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.

Schools may offer assistance to families with the online ordering system and ordering of meals, however, they must be careful not to provide medical information to a caterer on behalf of the parents and where possible not to order on behalf of parents without their permission. It is for the caterer to manage the provision of medical meals, including for allergens. Where a school is providing assistance to a family, it would be best practice, if possible, to provide them with a paper on which they can mark their meal selection for the school to input.

School serveries and kitchens

The Designated First Aid Lead will inform the kitchen staff and all midday supervisors of pupils with food allergies.

Every school must have a system in place to ensure kitchen staff and all midday supervisors and any other staff or visitors in the lunch hall (or other place of eating) can identify pupils with allergies. A photograph should be included together with details of the allergy and treatment. This information must be prominently displayed in the school servery or kitchen and any other regular place of eating, for example, the classroom.

The Designated First Aid Lead is responsible for ensuring this information is kept up to date and must check at least termly.

Provision of Food Outside of School Lunch

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.

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.

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.

28. Allergy awareness and bans

Coastal Learning Partnership supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools who do 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, schools cannot guarantee no cross contamination from other utensils and surfaces because schools do not operate a sealed preparation or serving environment. Anaphylaxis UK advocate instead for schools to adopt a culture of allergy awareness and education.

Coastal Learning Partnership schools will put in place processes and education / awareness for anyone associated with school lunches and provision of food in school time and will ensure that parents and carers have access to resources to help them understand why a food or product ban is not supported. Schools will work with Chartwells to support parents, this might mean supporting them with the provision of a packed lunch.

The [DfE's allergy guidance for schools](#) does not advocate banning products.

[This FAQ from Allergy UK](#) explains that it is not possible to guarantee and enforce a nut free zone.

[Spare Pens in Schools](#) explains that a ban may not be effective.

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

Useful links to organisations who can support wider school and community education can be found in [Appendix F](#).

The Key for School Leaders provides some [practical guidance](#) including around food restrictions and this would extend to any person who may bring in food to the school such as volunteers, contractors, visitors:

While you can't force staff to eat or not eat certain things, asking pupils and staff to avoid certain high-risk foods can reduce the chances of someone suffering a reaction.

For example, to avoid allergic reactions to nuts, you could set out restrictions on bringing the following foods to school:

Packaged nuts

Peanut butter or chocolate spreads containing nuts

Cereal, granola or chocolate bars containing nuts

Peanut-based sauces like satay

While you shouldn't ask staff to inspect food brought to school, set out their right to ask pupils to eat lunch away from others if they have brought in restricted food.

29. Risk Assessment

Coastal Learning Partnership schools 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 systems and processes for keeping allergic children safe.

Template Risk Assessment can be found in [Appendix E](#).

Appendix A: Permission Form

Parental agreement for administration of prescribed and non-prescribed medicine

The school will not give your child medicine unless you complete and sign this form.

Name of child				
Class				
Medical condition or illness				
Contact Details				
Name				
Daytime telephone number				
Relationship to child				
Medicine				
Name/type of medicine (<i>as described on the container</i>)				
Expiry date				
Short term medication with effect from	Date:			To:
Dosage and method				
Timing				
Special precautions/other instructions				
Are there any side effects that the school needs to know about?				
Self-administration – yes/no				
Procedures to take in an emergency				

NB: Medicines **must be in the original container as dispensed by the pharmacy**

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with this policy.

I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature _____ Date _____

School use only:

Appendix B: Ongoing administration of medication:

Name of pupil: _____

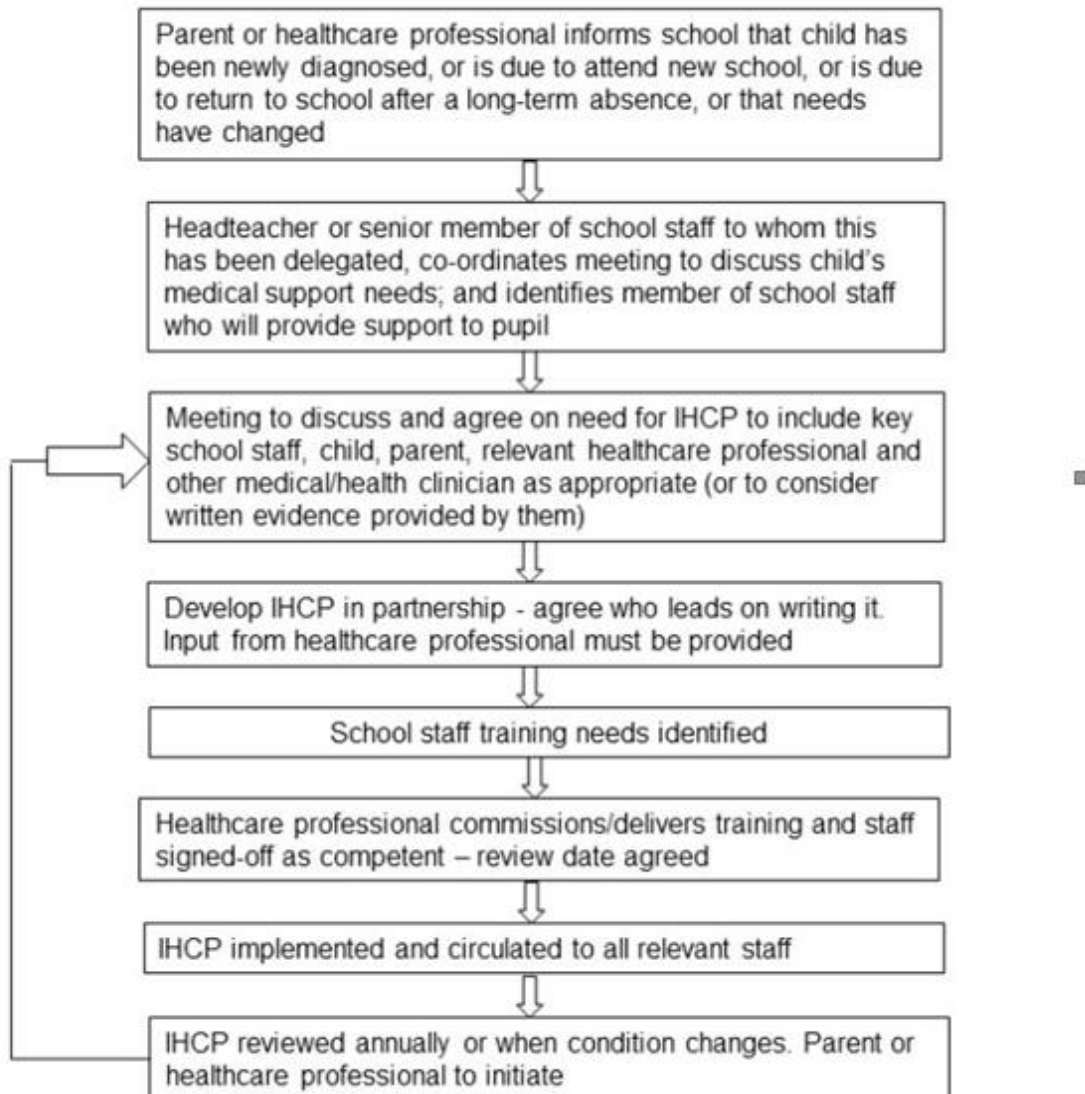
Staff Member to initiate review: _____ By date: _____

Record of Medication Administered in School

DATE	TIME	MEDICINE	DOSE GIVEN	ANY REACTIONS	GIVEN BY (PRINT NAME)

Appendix C: Model Process for Developing Individual Healthcare Plans

Coastal Learning Partnership utilise the DfE's model process for developing IHPs as outlined below.



Appendix D: Contents of First Aid Container

There is no mandatory list of items to be included in a first-aid container. The decision on what to provide will be influenced by the findings of the first-aid needs assessment. As a guide, where work activities involve low hazards, a minimum stock of first-aid items might be:

- a leaflet giving general guidance on first aid (for example, HSE's leaflet Basic advice on first aid at work);
- 20 individually wrapped sterile plasters (assorted sizes), appropriate to the type of work (hypoallergenic plasters can be provided if necessary);
- two sterile eye pads;
- two individually wrapped triangular bandages, preferably sterile;
- six safety pins;
- two large, sterile, individually wrapped un-medicated wound dressings;
- six medium-sized sterile individually wrapped un-medicated wound dressings;
- at least three pairs of disposable gloves (see HSE's leaflet Latex and you).

Employers may wish to refer to British Standard BS 8599, which provides further information on the contents of workplace first-aid kits. Whether using a first aid kit complying with BS 8599 or an alternative kit, the contents should reflect the outcome of the first-aid needs assessment.

Travelling first-aid kit contents

There is no mandatory list of items to be included in first-aid kits for travelling workers. They might typically contain:

- a leaflet giving general guidance on first aid (for example HSE's leaflet Basic advice on first aid at work);
- six individually wrapped sterile plasters (hypoallergenic plasters can be provided, if necessary);
- two individually wrapped triangular bandages, preferably sterile;
- two safety pins;
- one large, sterile, un-medicated dressing;
- individually wrapped moist cleansing wipes;
- two pairs of disposable gloves (see HSE's leaflet Latex and you).

Either of the above should be considered as suggested contents lists only.

Appendix E: Anaphylaxis Risk Assessment

(Provided by Anaphylaxis UK)

This form should be completed by the school in liaison with the parents/carers and the child, if appropriate. It should be shared with everyone who has contact with the child/young person.

Child/Young Person Name:		Date of Birth:	
Setting/School:		Key Worker/Teacher/Tutor:	
Phase: Primary/Secondary:			
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):			
Date of Assessment:		Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):	
Name of school staff member	Position of school staff member	Signature	Date
I give permission for this to be shared with anyone who needs this information to keep my child safe:			
Name of parent / carer 1	Name of parent / carer 2	Signature(s)	Date
What is this child/young person allergic to?			
Is this diagnosis supported by medical evidence / a letter from a GP / Hospital			

Allergen exposure risks to be considered	Ingestion <input type="checkbox"/>	Direct contact <input type="checkbox"/>	Indirect contact <input type="checkbox"/>
Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Is the child prescribed adrenaline auto-injectors (AAIs)? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Summary of current medical evidence seen as part of the risk assessment (copies attached)			
Key Questions - Please consider the activities below and insert any considerations than need to be put in place to enable the child to take part.			
Activities			
Crayons/painting:			
Creative activities: i.e. craft paste/glue, pasta			
Science type activity: i.e. bird feeders, planting seeds, food			
Musical instrument sharing (cross contamination issue):			
Cooking (food prep area and ingredients):			
Meal time:			
<ul style="list-style-type: none"> • Chartwells prepared food (allergy information available from Chartwells): • Breakfast Club / Afterschool Club • packed lunches: 			
Snacks (is allergy information available):			
Drinks:			
Celebrations: e.g. Birthday, Easter:			
Hand washing (secondary school how accessible is this for the child):			
Indoor play/PE (AAIs to be with the child):			
Outdoor play/PE (AAIs to be with the child):			
School field (AAIs to be with the child):			
Forest school (AAIs to be with the child):			
Offsite trips (are staff who accompany trip trained to use AAI?):			

Allergy Management	
Does the child know when they are having an allergic reaction?	
What signs are there that the child is having an allergic reaction?	
What action needs to be taken if the child has an allergic reaction?	
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes state when and how this can be adjusted:	
If the child is trained and confident can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No state reason:	
Does the child have two of their own prescribed AAIs?	
How many staff need to be trained to meet this child's need?	
Are there backup spare AAIs available and where are they located?	
Outcome of Risk Assessment	
New Allergy Action Plan/Individual Healthcare Plan required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Existing Allergy Action Plan/Individual Healthcare Plan to be updated?	YES <input type="checkbox"/> NO <input type="checkbox"/>

Appendix F: Allergy Policy Useful Links

[Anaphylaxis UK Safer Schools Programme](#)

[AllergyWise for Schools \(including certificate\) online training](#)

[BSACI Allergy Action Plans](#)

[Spare Pens in Schools](#)

[Department for Education Supporting pupils at school with medical conditions](#)

[Department of Health Guidance on the use of adrenaline auto-injectors in schools](#)

[Food allergy quality standards \(The National Institute for Health and Care Excellence, March 2016\)](#)

[Anaphylaxis: assessment and referral after emergency treatment \(The National Institute for Health and Care Excellence, 2020\)](#)