



BDMAT
Birmingham Diocesan
Multi-Academy Trust

Supporting pupils with medical conditions policy

(Including the managing of allergies,
asthma, diabetes and epilepsy at
school)

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Aims

1.1. This policy aims to ensure that:

- Children and young people with medical conditions who are entitled to a full education and have the same rights of admission to school as other children, are not denied admission or prevented from taking up a place in a BDMAT school because arrangements for their medical condition have not been made. However, in line with their safeguarding duties, the Trust will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore reserve the right to not accept a child in any of our schools at times where it would be detrimental to the health of that child or others to do so.
- Pupils, staff, and parents understand how our schools will support pupils with medical conditions. Examples of medical conditions covered in in this policy are:
 - Allergies
 - Asthma
 - Diabetes
 - Epilepsy

This list is not exhaustive and there may be children in school with other medical conditions requiring medication and individual healthcare plans (IHPs).

- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including educational visits and sporting activities, so that they can play a full and active role in school life, remain healthy and achieve their academic potential.
- Pupils with medical conditions are not stigmatised or discriminated against in anyway at school due to their condition such as an allergy. For example, they should not be separated at mealtimes or excluded from class activities (unless this has been specified in the pupil's BSACI Allergy Action Plan or Individual Health Care Plan). ***The school's behaviour/antibullying policy recognises bullying for health conditions and treats it seriously like any other bullying.***
- Procedures are in place to keep children with potentially life-threatening conditions safe and well.



- To minimise the risk of any pupil suffering a serious allergic reaction
- whilst at school or attending any school related activity
- To ensure staff are properly prepared to recognise and manage:
 - serious allergic reactions should they arise.
 - serious asthma attacks that may require medical treatment.
 - diabetic complications such as hyperglycaemia and/or hypoglycaemia that may require medical treatment.
 - seizures caused by epilepsy that may require medical treatment.

1.0 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 schools with medical conditions.
- It is also based on the Department for Education's statutory guidance on supporting pupils at school with medical conditions at school. December 2015.
- Where we have pupils who are considered disabled under the definition of the Equality Act of 2010, the trust will comply with their duties under that Act.
- For children with SEN, this guidance should be read in conjunction with the SEND-code-of-practice The Special educational needs and disability code of practice explains the duties, of schools to provide for those with special educational needs under part 3 of the Children and Families Act 2014. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

2.0 Roles and Responsibilities.

The Board of Trustees responsibilities:

- The board has ultimate responsibility regarding the arrangements to support pupils with medical conditions in the schools within the Trust.
- The board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.



- The board will make sure all school staff are appropriately insured and aware that they are insured to support the pupils in this way.

Headteachers' responsibilities.

They will:

- Make sure all staff are aware about this policy and understand their role in its implementation.
- Ensure there is a sufficient number of trained staff available to implement this policy in full and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations. The training should include using appropriate forms and systems identified within this policy.
- Appoint two named staff to lead on allergy management in the school and support the Lead First Aider on training, IHPs, medication and record management.
- Ensure that all staff who need to know are aware of a child's condition.
- Take overall responsibility for the development of IHPs, following the process outlined in **appendix 1** of this policy.
- Ensure contact is made with 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.

Ensure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date and logged on the Trust's Management Information system and the Trust's Accident and Incident Management system.

Staff Responsibilities -

Staff will:

- Be aware that supporting pupils with medical conditions during school hours is not the sole responsibility of one person and will support in the care of these pupils in line with this policy.
- Be aware that any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines, including adrenaline autoinjectors (AAIs) and inhalers in an emergency.
- Be aware that those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.



- Be made aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time not just at mealtimes. Any food related activities must be supervised with caution and anaphylaxis risk assessments adhered to.
- Use the forms and systems specified in this policy as stated to ensure consistency of care.
- Attend training so they know what to do and can respond accordingly when they become aware that a pupil with a medical condition needs help.

When leading school trips, ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication, or have a named, trained adult to do this for them.

The Lead First Aider will:

- Ensure that a copy of the up-to-date Individual Health Care Plan, BSCACI Allergy Plan and allergy risk assessment, Asthma Card/Action Plan (as appropriate) are kept with the pupils' medication.
- Check that all medication held in school is in date and arrange for a reminder to be sent to parents if medication is approaching the expiry date.
- Ensure that pupils prescribed with an adrenaline auto-injector (AAI) are recorded on the Trust's Accident and Incident Management system and the use of any AAI(s) and emergency treatment is also recorded on the Trust's Accident and Incident Management system.

Although administering medicines and giving first aid is not part of teachers' conditions of employment, teachers and other staff in charge of pupils are expected to always use their best endeavours, particularly in emergencies, to secure the welfare of the pupils at the school in the same way that parents might be expected to act towards their children. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Parents' Responsibilities

Parents will:

- Provide schools with sufficient and up to date information about their child's medical needs upon entry to school or when diagnosis is made. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication. They will also keep the



school informed of any changes to their child's medical needs as they occur, so action plans and healthcare plans can be updated.

- Provide the school with a copy of their child's Allergy Action Plan (BSACI plans preferred). 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.
- Be involved in the development of their child's Individual Healthcare Plan (IHP) and may be involved in its drafting and sign the IHP particularly if their child has an allergy, asthma, epilepsy, or diabetes. An invite to be involved can be found at **appendix 8**.
- 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. Parents of pupils with an allergy should provide two in-date AAIs, which should be kept within easy accessibility of the child.
- Ensure all medication provided to school is in date and take away all expired medication. Parents can register AAIs on the manufacturer's websites to receive text alerts for expiry dates.
- Complete and sign parental agreement to administer medication forms (**appendix 5**) *This is not necessary if a signed BSACI Action plan is in place.*

Pupils' Responsibilities

Pupils will:

- Often be best placed to provide information about how their condition affects them, and as such should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs.
- Be expected to comply with their IHPs, including wearing wristbands if they have food allergies.
- Be encouraged to have a good awareness of their symptoms for their condition and to let an adult know as soon as they suspect they are having an allergic reaction, the onset of an asthma attack or seizure or feel their blood sugars are not under control etc.



- Pupils who are trained and confident to administer their own AAI and inhalers will be encouraged to take responsibility for carrying them on their person at all times.

School nurses:

- The relevant Local Authority's 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.
- They may also provide advice and liaison on training.

Other healthcare professionals.

- BDMAT in line with DfE statutory guidance expect healthcare professionals, such as GPs and paediatricians, to 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.
- Specialist local health teams may be able to provide support in schools for children with particular conditions (e.g. allergies, asthma, diabetes, epilepsy).

Key Information (including contact details) can be found at appendix 2 of this policy.

3.0 Equal Opportunities.

- All our schools are clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.
- The schools will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.
- Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.



4.0 Being notified that a child has a medical condition.

- When any BDMAT school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP. ***(Please see appendix 1 for diagram of process).***
- ***ALL pupils with a diagnosed allergy, diagnosed asthma, diagnosed epilepsy or diabetes will need an individual healthcare plan (IHP) so it is clear who is responsible for different aspects of the additional needs the child has.***
- The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. Dependent on the level of medical condition and support/training required, there may be a delay in the start date for the pupil. This is to ensure that the wellbeing of the child is being met at all times during the school day.

5.0 Individual healthcare plans.

- Templates for Individual Healthcare Plans (IHPs) can be found at ***appendix 3*** in this policy.
- The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions but may delegate it to another member of staff.
- Plans will be reviewed at least annually, along with any risk assessments attached to the plan, or earlier if there is evidence that the pupil's needs have changed.
- Plans will be developed with the pupil's best interests in mind and will set out:
 - What needs to be done
 - When
 - By whom
- Not all pupils with a medical condition will require an IHP. It will be agreed with a healthcare professional and the parents 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, following FULL consultation with the CEO.
- Plans will be drawn up in partnership with the school, parents, and a relevant healthcare professional, such as the school nurse, specialist, or paediatrician, who can advise on the pupil's specific needs. The pupil will also be involved as appropriate to their age and level of understanding.



- Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools will work with the local authority and education provider / parent to ensure that the individual healthcare plan identifies the support the pupil will need to reintegrate effectively
- The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The headteacher or individual with responsibility for developing IHPs will consider the following when deciding what information to record on IHPs:
 - The medical condition, its triggers, signs, symptoms, and treatments.
 - The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements, and environmental issues, e.g., crowded corridors, travel time between lessons.
 - Specific support for the pupil's educational, social, and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods 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.
 - 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.



- Informing the parent/pupil that the school uses the Trust's Accident and Incident Management system to administer medications.
- What to do in an emergency, including who to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan.

Additional forms that support the IHPs:

- BDMAT schools use **BSACI** templates for allergy action plans in **appendices 4 a-d** for children with allergies to support the Individual Healthcare Plans. This is a national plan that has been agreed by the British Society of Allergy and Clinical Immunology (BSACI), Anaphylaxis UK and Allergy UK. Each action plan template is designed to provide medical and parental consent for school to administer the medical treatment required and how to administer the medication in the event of an allergic reaction. Electronic versions of these forms can be accessed at <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>
- BDMAT schools use School Asthma Cards and Action plans from Asthma and Lung UK to support our pupils who have been diagnosed with asthma <https://www.asthma.org.uk/advice/resources/>
- BDMAT schools liaise directly with the diabetic team responsible for the care of individual children and implement appropriate plans accordingly.

Pupils with SEND

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

7.0 Risk Management

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

A risk assessment for anaphylaxis is available to assist in the drawing up of the IHP (see appendix 7)



8.0 Managing medicines

a) Prescription and non-prescription medicines due to or following an illness/injury

- Prescription and non-prescription medicines will only be administered at school:
 - When it would be detrimental to the pupil's health or school attendance not to do so and
 - Where we have parents' written consent (signed consent forms will be uploaded to the Trust's Accident and Incident Management system)
 - Where medicines have not been prescribed in dose frequencies which enable them to be taken outside school hours
- ***Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.***
- Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken on the Trust's Accident and Incident Management system Parents will always be informed.
- The school will only accept prescribed medicines that are:
 - In-date
 - Labelled
 - Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

b) Medicines prescribed for a medical condition (allergies, asthma, diabetes)

- The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
- All medicines will be stored safely and records of stored medication kept up to date on the Trust's Accident and Incident Management system. It is the responsibility of the child's parents / carers to ensure that medication is up-to-date and clearly labelled, however the school's Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma



inhalers, and blood glucose testing meters will always be readily available to pupils and never locked away.

- For pupils who have diabetes there should be an emergency kit (a rigid container clearly labelled with the child's name and photograph) always readily available to all staff. It should contain:
 - Lucozade and/or sucrose tablets and any other treatments needed to raise blood sugars as identified in the Health Care Plan
 - For pupils who have allergies and are not ready to take responsibility for their own medication, there should be an anaphylaxis kit (a rigid container clearly labelled with the child's name and photograph) always readily available to all staff. It should contain:
 - TWO adrenaline auto-injectors (AAIs) i.e. EpiPen® or Jext® or Emerade ®
 - an up-to-date allergy action plan (IHP and BSACI form)
 - antihistamine as tablets or syrup (if included on BSACI allergy action plan)
 - spoon if required
 - asthma inhaler (if included on BSACI allergy action plan)
- Medicines will be returned to parents to arrange for safe disposal when no longer required / out of date.
- It is the responsibility of the child's parents to ensure that anaphylaxis kits and diabetic emergency kits are up to date and clearly labelled, however the Lead First Aider will check medication kept at school on a termly basis and send a reminder to parents when medication is approaching expiry.
- Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

d) Pupil managing their own needs

- Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. For example (around age 11 years +) pupils will be encouraged to take responsibility for and to always carry their own adrenaline injectors on them (in a suitable bag/ container). However, symptoms of anaphylaxis can come on very suddenly so school staff need to be prepared to administer medication if the young person cannot.
- This will be discussed with parents, and it will be reflected in their IHPs.



- 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.

e) 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
 - 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. The treatment **MUST** be taken to the child not the child to the treatment.
 - Leave an ill child unattended. A trained first aider at work/paediatric first aider should remain with a child who is suffering any of the conditions below until medical help and/or the parent arrives to take the child off the premises:
 - allergic reaction
 - asthma attack
 - seizure
 - Hypoglycaemia/Hyperglycaemia
 - 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, 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 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, unless it is a medical emergency such as anaphylaxis

f) Controlled drugs

- Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and include subsequent amendments, such as morphine or methadone.
- All controlled drugs must be kept in a secure cupboard in the school office and only named staff have access. Controlled drugs will be accessible in an emergency.
- A record of any doses used, and the amount held will be kept on the Trust's Accident and Incident Management system whilst the pupil is on roll.

9.0 Anaphylaxis and Catering

- All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.
- An Allergen Matrix is compiled daily for each menu item by the school caterers detailing all of the 14 Allergens. Menu information is available via School Food United for parents and at the counter for pupils and teachers. The full menu cycle is available in advance and to order so there is visibility on the who menu for each term. Menus are changed twice per year Autumn/Winter in October and Spring/Summer in April. If a child has an allergen then the parent declares this and it is recorded for each child and contained in the Allergens Folder.
- The school's Lead First Aider will ensure the Catering Manager is informed about pupils with food allergies and provided with copies of any action plans.



- Appendix 9 details the systems in place, including the four levels of safety checks to support the identification of pupils with an allergen at mealtimes. This system **MUST** be followed by all staff in school.
 1. All primary pupils with allergies will be issued a purple wristband before going to lunch by the named person on the Individual Health Plan
 2. All primary aged pupils with allergies will be escorted to the front of the queue at the serving hatch discreetly and sensitively by a named member of staff on the Individual Health Plan
 3. Where electronic ordering systems are in place, the catering team will check against the pre-order register.
 4. Catering staff will check the BSACI form held in the school kitchen

- Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs once they commence at the school and update them on any changes.

The school adheres to the following Department of Health guidance recommendations:

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

may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10.0 Emergency procedures

- Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.
- If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives or accompany the pupil to hospital by ambulance. A contacting emergency services template can be found at **appendix 10**.

"Spare" adrenaline auto injectors in school.

BDMAT schools have purchased spare adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, at room temperature, protected from direct sunlight and temperature extremes, not locked away and accessible and known to all staff.

Written parental / carer permission for use of the spare AAIs is included in the pupil's BSACI Allergy Action Plan and Individual Health Care 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.

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service.



“Spare” asthma inhalers in school.

BDMAT schools have purchased spare asthma inhalers for emergency use in children who have been diagnosed with asthma, but their own devices are not available or not working (e.g. because they are out of date, left at home or not readily available whilst child is having an asthma attack).

These are stored in a rigid box, clearly labelled ‘Emergency asthma inhaler’, kept safely, not locked away and accessible and known to all staff.

Written parental / carer permission for use of the spare inhalers is included in the pupil’s Individual Health Care Plan.

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

The school’s Lead First Aider is responsible for checking all “spare” medication in date on a monthly basis and to replace as needed.

11.0 Training

- Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.
- The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.
- The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher. Training will be kept up to date.
- Training will:
 - Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils in school with medical conditions.
 - Fulfil the requirements in the IHPs.
 - Help staff to understand the specific medical conditions they are being asked to deal with, their implications and preventative measures.





- BDMAT expect that healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication, using **appendix 6**
- All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs.
- Anaphylaxis training for staff will take place annually.
- Asthma training for staff will take place annually.
- Epilepsy training for staff will take place annually if a pupil is diagnosed with the condition, Specialist training will be provided for named staff to support the pupil with managing the condition in school,
- Diabetes training for staff will take place annually if a pupil is diagnosed with the condition. Specialist training will be provided for named staff to support the pupil with managing the condition in school,
- Medical training will be provided for new staff during their induction.

12.0 Day trips, residential visits and sporting activities

- Teachers should be aware of how a child's medical condition will impact on their participation, but there should be enough flexibility for all children to participate according to their own abilities and with any reasonable adjustments.
- Schools should make arrangements for the inclusion of pupils in these activities with any adjustments as required unless evidence from a clinician such as a GP states that this is not possible.
- Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. It is best practice to carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included safely and alternative activities are planned if necessary to ensure inclusion. This will require consultation with parents and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely. This may mean a child with a food allergy taking their own food on a trip to a venue that cannot cater for their specific needs.
- 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. Where appropriate due to the age of the child a nominated adult will carry the medication.

- Where children with medical conditions are participating in activities off school premises a member of staff trained to administer the emergency medication must also be in attendance.
- Pupils unable to produce their required medication will not be able to attend the excursion.
- 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).

13.0 Record keeping.

- The Headteacher will ensure that medical conditions of pupils and the information related to that condition is recorded on the Trust's Management Information system. This data will be made available to any third-party electronic food ordering system.
- The school's Lead First Aider alongside the 2 named staff with responsibility for anaphylaxis will ensure that records are kept of all medicine administered to pupils by members of staff, for as long as these pupils are at the school. These records will be maintained on the Trust's Accident and Incident Management system The records will state what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at the school will also be noted so staff are aware of what to look for.
- Parents will be informed if their pupil has been unwell at school.
- IHPs and action plans (if required) are kept in a readily accessible place with the child's medication, which all staff are aware of.
- Copies of all IHPs and action plans will be stored on the Trust's Accident and Incident Management system .

14.0 Staff/Adults with medical conditions

- BDMAT employees and any adult workers with medical conditions will inform relevant colleagues about their conditions and where to locate their medication in an emergency.
- BDMAT employees and any adult workers will take responsibility for the management of their own medication.

15.0 Allergy awareness and nut bans

BDMAT supports the approach advocated by Anaphylaxis UK towards nut bans/nut free schools. They would not necessarily support a blanket ban on any particular allergen that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. They advocate instead for schools to adopt a culture of allergy awareness and education.

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

16.0 Liability and indemnity

- The trustees have ensured that the appropriate level of insurance is in place and appropriately reflects the schools' level of risk. All BDMAT schools are members of the Department for Education's risk protection arrangement (RPA).

17.0 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, they will direct parents to the BDMAT complaints procedure.

18.0 Monitoring arrangements

- This policy will be reviewed and approved by the Trust Board every three years or earlier if legislation changes.

19.0 Links to other policies

- This policy links to the following policies:
- Child Protection and Safeguarding policy
- Children with health needs who cannot attend school
- Accessibility Plan
- Safeguarding
- First Aid
- Health and Safety
- SEND
- Educational Visits Policy
- Behaviour and anti-bullying

20.0 Useful links

Statutory guidance Supporting pupils with medical conditions: links to other useful resources

<https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3/supporting-pupils-with-medical-conditions-links-to-other-useful-resources--2>

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

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

AllergyWise training for schools -

<https://www.anaphylaxis.org.uk/informationtraining/allergywise-training/for-schools/>

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

- Resources for managing allergies at school - <https://www.allergyuk.org/living-with-an-allergy/at-school/>

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

Official guidance relating to supporting pupils with medical needs in schools:

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

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

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

<https://www.asthma.org.uk/>

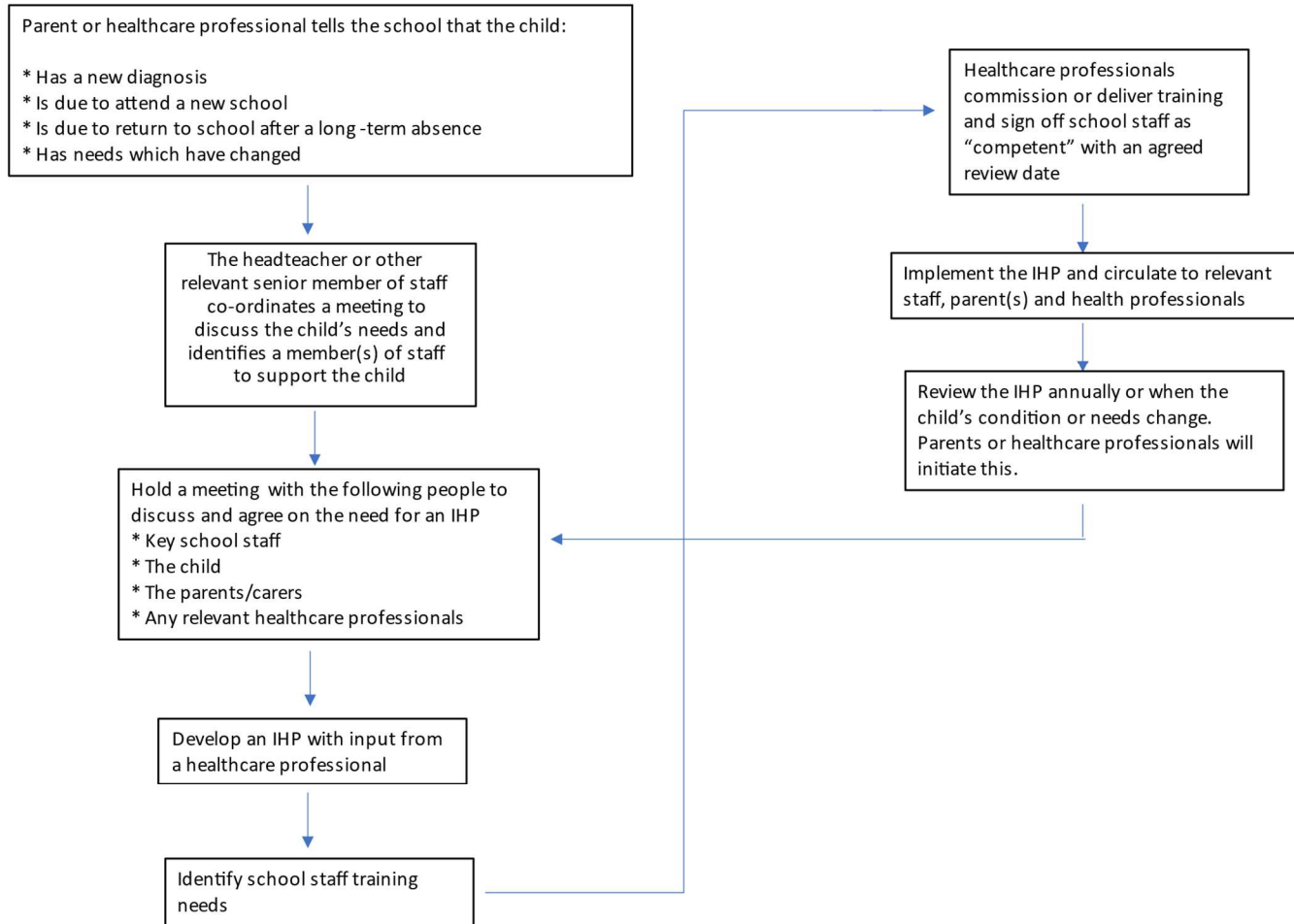
<https://www.nhs.uk/conditions/asthma/>

<https://www.gov.uk/government/publications/emergency-asthma-inhalers-for-use-in-schools>.

<https://neu.org.uk/media/6836/view>

<https://www.diabetes.org.uk/guide-to-diabetes/your-child-and-diabetes/schools/school-staff>

Appendix 1: Being notified a child has a medical condition



Appendix 2 - please complete for display in staff room, school office and staff handbook

Key Information (including contact details)

Headteacher	Daniel Rogers
Staff responsible for medical training	Daniel Rogers
School Website	www.stgeorgesb16.bdmat.org.uk
Lead First Aider	Jacque Stagg
Named staff responsible for allergy management in school	Daniel Rogers Diane Regan Ella Petrova

Spare inhalers are kept in the following location/s:-

Location	No. of Inhalers
School Office	2

Spare adrenaline pens are kept in the following location/s:-

Location	No. of Pens
School Office	1

The sharps bin is kept in the school office.

Appendix 3: model individual healthcare plan

Insert recent photograph of child

Name of school

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*)

Staff training needed/undertaken – who, what, when

Asthmatic pupils

Is a School Asthma Card and action plan needed?

If yes complete a school asthma card. An editable version is available @

<https://www.asthma.org.uk/advice/resources/>

Action plans should be completed by either the GP, asthma nurse or school nurse.

Arrangements for lunchtimes for pupils with food allergies

Is a BSACI allergy action plan needed? If not go straight to plan developed with box and NA boxes in between.

Has a BSACI allergy action plan been completed?

Have parents been informed that the BSACI allergy action plan will be shared with the catering company along with the child's allergies so they can protect the child from potential triggers?

Has an anaphylaxis risk assessment been completed (see appendix 7)?

Child to wear wristband to identify them to catering company as part of 4 safeguarding measures.

Staff members identified who will ensure child is given a wristband prior to lunchtime



Staff members identified who will escort child to the front of the queue at the serving hatch

Plan developed with

Form copied to/shared with (include pupil if not involved in writing up plan)

Parental consent for this form and any related action plan to be shared with relevant staff so the effective management of their child's medical needs can be undertaken.

Name

Signature

Date

Child agrees to wear wristband

Name

Signature

Date

Date this plan will be reviewed on:

Appendix 4a - Allergy Action Plan for pupil without AAD but with prescribed antihistamine in school – electronic version of this form is available from <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action->



[plans/](#)

bsaci **ALLERGY ACTION PLAN**   

This child has the following allergies:

Name: _____

DOB: _____

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|---|--|---|
| A AIRWAY | B BREATHING | C CONSCIOUSNESS |
| <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
 


- 2 Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- 3 In a school with "spare" back-up adrenaline autoinjectors, ADMINISTER the SPARE AUTOINJECTOR** if available
- 4 Commence CPR** if there are no signs of life
- 5 Stay with child** until ambulance arrives, **do NOT stand child up**
- 6 Phone parent/emergency contact**

***** IF IN DOUBT, GIVE ADRENALINE *****

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis. For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepenschools.uk

Emergency contact details:

1) Name: _____



2) Name: _____



Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a "spare" back-up adrenaline autoinjector (AA) if available, in accordance with Department of Health Guidance on the use of AAs in schools.

Signed: _____

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepenschools.uk

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This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at bsaci.org

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at guidance.nice.org.uk/CG116

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a "spare" adrenaline autoinjector in the event of the above-named child having anaphylaxis (as permitted by the Human Medicines (Amendment) Regulations 2017). The healthcare professional named below confirms that there are no medical contraindications to the above-named child being administered an adrenaline autoinjector by school staff in an emergency. **This plan has been prepared by:**

Sign & print name: _____

Hospital/Clinic: _____



Date: _____

Appendix 4b – Allergy Action Plan for pupil with prescribed EpiPen – electronic version of this form is available from <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

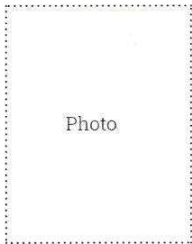


bsaci improving allergy care **ALLERGY ACTION PLAN** **RCPCH** Royal College of Paediatrics and Child Health **Anaphylaxis Campaign** **AllergyUK**

This child has the following allergies:

Name: _____

DOB: _____



Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:**

..... (If vomited, can repeat dose)

- Phone parent/emergency contact

● Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> Persistent cough Hoarse voice Difficulty swallowing Swollen tongue 	<ul style="list-style-type: none"> Difficult or noisy breathing Wheeze or persistent cough 	<ul style="list-style-type: none"> Persistent dizziness Pale or floppy Suddenly sleepy Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)

- 2 Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: mg)
- 3 Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")**

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

- Stay with child until ambulance arrives, **do NOT stand child up**
- Commence CPR if there are no signs of life
- Phone parent/emergency contact
- If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:
.....
.....

2) Name:
.....
.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

How to give EpiPen®

- PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"
- Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
- PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name:

Hospital/Clinic:

..... Date:

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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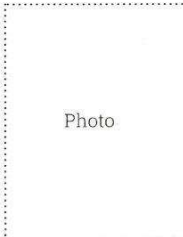
Appendix 4c – Allergy Action Plan for pupil with prescribed Emerade – electronic version of this form is available from <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>

bsaci **ALLERGY ACTION PLAN**   

This child has the following allergies:

Name: _____

DOB: _____



Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

..... (If vomited, can repeat dose)

- Phone parent/emergency contact


Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
<ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue 	<ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough 	<ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



- 2 Use Adrenaline autoinjector without delay** (eg. Emerade®) (Dose: .. mg)
- 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes**, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: _____

2) Name: _____

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AA) if available, in accordance with Department of Health Guidance on the use of AAs in schools.

Signed: _____

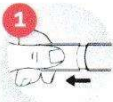

Print name: _____

Date: _____

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give Emerade®

- 1 REMOVE NEEDLE SHIELD**

- 2 PRESS AGAINST THE OUTER THIGH**

- 3 HOLD FOR 5 SECONDS**
Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: _____

Hospital/Clinic: _____

_____ Date: _____

Appendix 4d – Allergy Action Plan for pupil with prescribed Jext – electronic version of this form is available from <https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/>



bsaci **ALLERGY ACTION PLAN** RCPCH Anaphylaxis Campaign AllergyUK

This child has the following allergies:

Name: _____

DOB: _____

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine:

(If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

- | | | |
|---|--|---|
| A AIRWAY | B BREATHING | C CONSCIOUSNESS |
| <ul style="list-style-type: none"> • Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue | <ul style="list-style-type: none"> • Difficult or noisy breathing • Wheeze or persistent cough | <ul style="list-style-type: none"> • Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious |

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

- 1 Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
 - 2 Use Adrenaline autoinjector without delay** (eg. Jext®) (Dose: ... mg)
 - 3 Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
- *** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: _____



2) Name: _____



Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: _____

Print name: _____

Date: _____

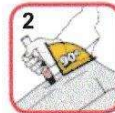
For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

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How to give Jext®



Form fist around Jext® and PULL OFF YELLOW SAFETY CAP



PLACE BLACK END against outer thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: _____

Hospital/Clinic: _____



Date: _____

Appendix 5: parental agreement for school to administer medicine (This form does not need to be completed by parents who have signed BSACI Allergy Actions Plans or for children using reliever inhalers in school)

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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 the school 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(s) _____

Date _____

Appendix 6: staff training record – administration of medicines

Name of school			
Names of staff trained			
Type of training received			
Date of training completed			
Training provided by			
Profession and title			

I confirm that the above-named members of staff have received the training detailed above and are competent to carry out any necessary treatment.
I recommend that the training is updated in **(insert number)** months' time.

Trainer's signature _____

Date _____



Appendix 7: BDMAT - Anaphylaxis Risk Assessment

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.

Pupil:	Date of Birth:
School: Phase: Primary/Secondary:	Key Worker/Teacher/Tutor:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse or School Nurse):	



Date of Assessment:	Reassessment due:
<p>I give permission for this to be shared with anyone who needs this information to keep the child/young person safe:</p> <p>Signatures:</p> <p>Head teacher: Date</p> <p>Parents / carers Date</p> <p>Young person Date</p>	
<p>What is this child allergic to?</p> <p>Under which conditions is the allergy? Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/></p>	



Does this child already have an Allergy Action Plan and/or Individual Healthcare Plan? YES NO

Is the child prescribed adrenaline auto injectors (AAIs)? YES NO

Summary of current medical evidence seen as part of the risk assessment (copies attached)

Describe the container the medication is kept in:

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: kitchen prepared food (is allergy information available): packed lunches:
Snacks (is allergy information available):
Drinks:



Celebrations: e.g. Birthday, Christmas, Diwali, Easter, Eid:
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
No

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 No

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?



What is the location of the spare backup AAls?

Outcome of Risk Assessment

Is a new Allergy Action Plan/Individual Healthcare Plan required? YES NO

Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES NO

Appendix 8: model letter inviting parents to contribute to individual healthcare plan development (please copy on to school letterhead)

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided.

Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one.

We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support need.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 9. System for Identifying Pupils with Allergens or who have medical dietary needs such as diabetes.

Food allergies can be fatal. It is vital that we have adequate control measures when food is served to our students to reduce the risk posed by allergens as far as possible.

Our caterers have robust processes in place to manage allergens safely. However, we must ensure that our catering teams can easily identify our students with special dietary needs and those with an allergen intolerance to ensure we keep our children safe.

The following system is adopted by all schools within BDMAT.

- All pupil allergen information is recorded in the school's management information system. This data is to be made available to any third-party electronic food ordering system.
- The catering team are provided with a copy of the BSACI form. Parents will have agreed to this on the IHP.

Primary Schools Only – 4 levels of safety checks

- Prior to collecting lunch, a member of BDMAT staff (named on the IHP) will issue the child with an allergen or food intolerance a purple wrist band. The pupil will wear this as they approach the food service point as agreed in the IHP.
- Pupils with allergens and medical dietary needs **MUST** be accompanied by a member of BDMAT staff to the **front of the queue** at the serving counter to ensure that the correct meals are given to those students and the risk of any cross contamination is reduced. **(This should be carried out sensitively so as not to embarrass older pupils)**
- Where electronic ordering systems are in place, the catering team will check against the pre-order register.
- The catering team will also check the BSACI form held within the school kitchen.

Appendix 10: contacting emergency services – to be updated by the individual schools

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number *[insert school telephone number]*
2. your name
3. your location as follows *[insert school address]*
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code *[insert school postcode]*
5. provide the exact location of the patient within the school
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by any school phone that could be used in an emergency

9. Appendix 11

Allergy management checklist

- Does the child have an Individual Healthcare Plan (IHP) with parents and child? Appendix 3
- Does the child have a completed and signed BSACI Allergy Action Plan? Appendix 4
- Has the school completed an allergy risk assessment with parents and child? Appendix 6
- Have ALL school staff been trained in allergy and anaphylaxis this academic year?
- Is there a schedule to in place for the allergy and anaphylaxis training to take place on an annual basis?
- Has your school purchased spare AAIs?
- Does the school managing medical conditions policy include where and how to store AAIs?
- Is there a schedule to check the expiry dates on spare AAIs and each child's AAI?
- Is there a schedule to review the IHPs, allergy action plans and risk assessments?

Appendix 12

How to Record Administered Medication

Accident Book

1.2. Any user with access to Medication Tracker (see User Permissions in Settings) will be able to either Add, Track or Manage medication in the Trust's Accident and Incident Management system.

Step 1

Click Medication

Step 2

Click Add Medication Use

Step 3

Choose Person Type from drop down menu

Step 4

If Student or Staff, begin typing to search. Select name from search results

Step 5

Choose the time medication was administered, either Now or by Choose Time

Step 6

Select Medication from the drop down menu

Step 7

Add any notes

Step 8

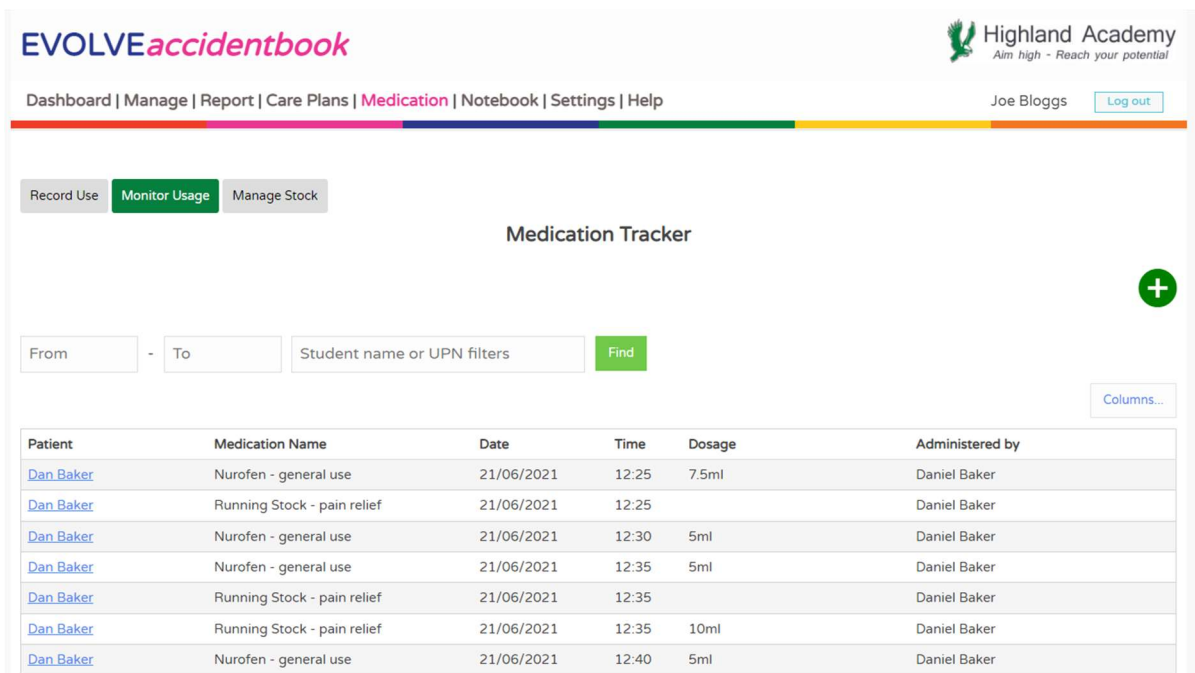
To add further medication, click add (green plus icon)

Step 9

Choose who Administered and/or Witnessed from the drop-down menus of staff members.

Step 10

Click [Save Report].



The screenshot shows the 'EVOLVEaccidentbook' Medication Tracker interface. At the top, there is a navigation bar with 'Dashboard | Manage | Report | Care Plans | Medication | Notebook | Settings | Help' and a user profile for 'Joe Bloggs' with a 'Log out' button. Below the navigation bar, there are three tabs: 'Record Use', 'Monitor Usage' (which is active), and 'Manage Stock'. The main heading is 'Medication Tracker' with a green plus icon on the right. Below this, there are search filters: 'From' and 'To' date pickers, a 'Student name or UPN filters' text input, and a green 'Find' button. A 'Columns...' button is also present. The main content is a table with the following data:

Patient	Medication Name	Date	Time	Dosage	Administered by
Dan Baker	Nurofen - general use	21/06/2021	12:25	7.5ml	Daniel Baker
Dan Baker	Running Stock - pain relief	21/06/2021	12:25		Daniel Baker
Dan Baker	Nurofen - general use	21/06/2021	12:30	5ml	Daniel Baker
Dan Baker	Nurofen - general use	21/06/2021	12:35	5ml	Daniel Baker
Dan Baker	Running Stock - pain relief	21/06/2021	12:35		Daniel Baker
Dan Baker	Running Stock - pain relief	21/06/2021	12:35	10ml	Daniel Baker
Dan Baker	Nurofen - general use	21/06/2021	12:40	5ml	Daniel Baker

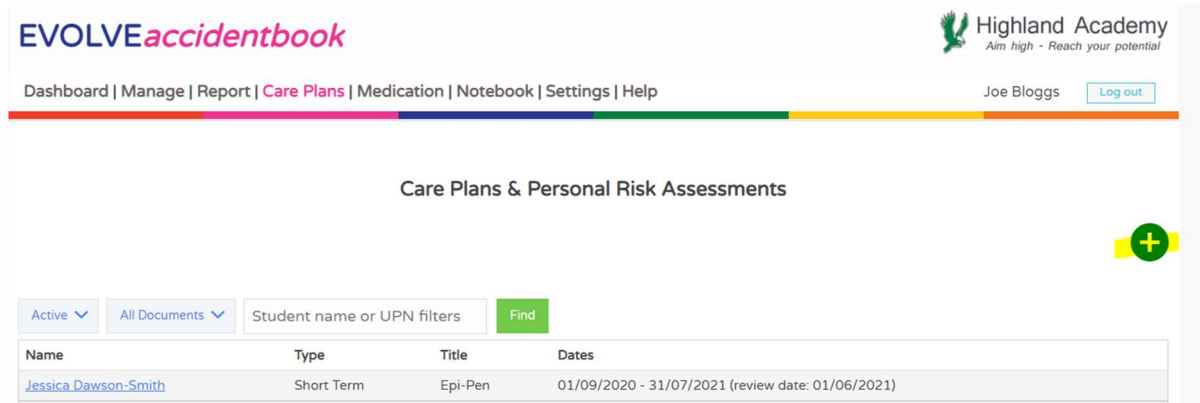
[Previous](#)

Appendix 13

To Add a Care Plan/ IHP

Step 1

Click Care Plans



EVOLVEaccidentbook Highland Academy
Aim high - Reach your potential

Dashboard | Manage | Report | **Care Plans** | Medication | Notebook | Settings | Help Joe Bloggs [Log out](#)

Care Plans & Personal Risk Assessments

Active ▾ All Documents ▾ Student name or UPN filters [Find](#)

Name	Type	Title	Dates
Jessica Dawson-Smith	Short Term	Epi-Pen	01/09/2020 - 31/07/2021 (review date: 01/06/2021)

Step 2

Click 

Step 3

Choose Type (Short/Long/Risk Assessment)

Enter the details of the care plan

Care Plan Summary

Type

Short Term Care Plan ▾

StudentName

Kate Smith



Title/Description

Start Date

End Date

Review Date

Copy of Care Plan

Choose file | No file chosen

Cancel

Step 4

Begin typing to search for the Student you wish to add the plan to

Step 5

Choose Start, End, and Review Date

Step 6

Click to [Choose File/Browse] to upload a copy of the document

Step 7

Click [Continue] to save.

To View a Care Plan:

Step 8

Click Care Plans

Step 9

Choose a Care Plan to view from the list in the table.

Step 10

The summary is shown at the top of the screen. The document can be viewed by clicking [View Care Plan].

Step 11

You can edit a Care Plan, add notes, or add an attachment from this screen.

Appendix 14

1.3. How to Add Stored Medication to the Trust's Accident and Incident Management system

Accident Book

1.4. Any user with access to Medication Tracker (see User Permissions in Settings) will be able to either Add, Track or Manage medication in the Trust's Accident and Incident Management system k.

Step 1

Click [Medication]

Step 2

Click [Manage Stored Medication]. All stored medication is shown in the table below, including expiry dates.

Step 3

Choose between General Use medication or Student medication. Click add (green plus icon).

NB: General Usage medication will appear for everyone - Student medication will only appear when that student is chosen to Add Administered Medication to.

Step 4

Search the student name and choose from the search results

Step 5

Enter the name of Medication

Step 6

Enter the Quantity/Volume/Weight (number)

Step 7

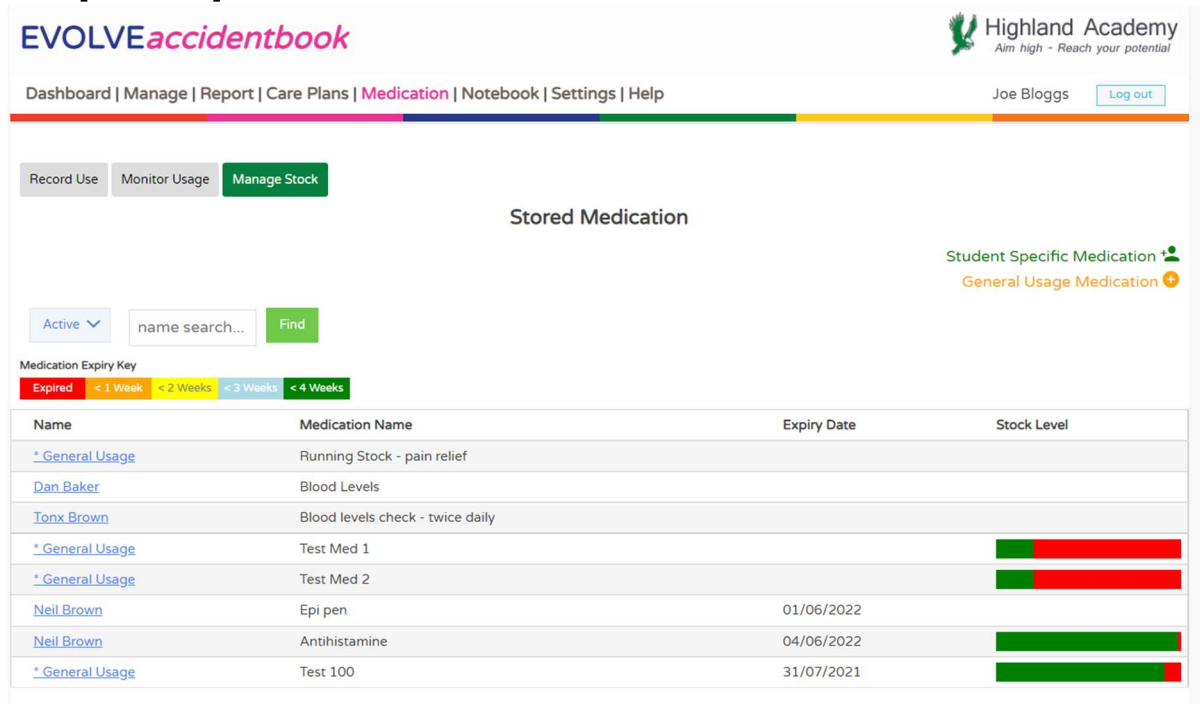
Select Volume/Weight/Quantity type

Step 8

Enter Expiry Date

Step 9

Click [Continue].



The screenshot shows the 'EVOLVEaccidentbook' Medication Management interface. At the top, there is a navigation bar with links for Dashboard, Manage, Report, Care Plans, Medication, Notebook, Settings, and Help. The user is identified as Joe Bloggs with a Log out button. Below the navigation bar, there are three tabs: Record Use, Monitor Usage, and Manage Stock (which is active). The main heading is 'Stored Medication'. On the right, there are filters for 'Student Specific Medication' (with a person icon) and 'General Usage Medication' (with a plus icon). Below this is a search bar with a dropdown menu set to 'Active', a text input field for 'name search...', and a 'Find' button. A 'Medication Expiry Key' is provided with color-coded buttons: Expired (red), < 1 Week (orange), < 2 Weeks (yellow), < 3 Weeks (light green), and < 4 Weeks (dark green). The main content is a table with columns for Name, Medication Name, Expiry Date, and Stock Level. The Stock Level column uses a green-to-red gradient bar to indicate the remaining stock.

Name	Medication Name	Expiry Date	Stock Level
* General Usage	Running Stock - pain relief		
Dan Baker	Blood Levels		
Tonx Brown	Blood levels check - twice daily		
* General Usage	Test Med 1		<div style="width: 100%; height: 10px; background: linear-gradient(to right, green, red);"></div>
* General Usage	Test Med 2		<div style="width: 100%; height: 10px; background: linear-gradient(to right, green, red);"></div>
Neil Brown	Epi pen	01/06/2022	
Neil Brown	Antihistamine	04/06/2022	<div style="width: 100%; height: 10px; background: linear-gradient(to right, green, red);"></div>
* General Usage	Test 100	31/07/2021	<div style="width: 100%; height: 10px; background: linear-gradient(to right, green, red);"></div>