



Together, in Jesus, we Love, Learn, Create and Celebrate!



St. Gregory's Catholic Primary School



Supporting Pupil with Medical Conditions, including Allergies

Approved by: Mr Joseph Perree

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1. Aims

This policy aims to ensure that:

- Pupils, staff and parents/carers understand how our school will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Mr Joseph Perree, Headteacher.

2. Legislation and statutory responsibilities

This policy meets the requirements under [Section 100 of the Children and Families Act 2014](#), which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

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

3. Roles and responsibilities

3.1 The Governing Board

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

3.2 The Headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

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

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

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

3.4 Parents/carers

Parents/carers will:

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

3.5 Pupils

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

3.6 School Nurses and Other Healthcare Professionals

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

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

4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

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

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

5. Being notified that a child has a medical condition

When the 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.

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.

See Appendix 1.

6. Individual healthcare plans (IHPs)

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Miss Heather Brown, Senior Leader and Senior First Aider.

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

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

- What needs to be done
- When
- By whom

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

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

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

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board, Headteacher and Senior Leadership Team 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
- 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/carers and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact and contingency arrangements

7. Managing and Administering Medicines

Prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so **and**
- Where we have parents/carers' written consent - **see Appendix 3**

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

Pupils will not be given medicine by a member of staff unless prescribed by a doctor. Parents are advised to keep medicated provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in some loss of the medication.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents/carers will always be informed.

The school will only accept prescribed medicines that are:

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

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

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

Medication stored in school will be

- Kept in the original container alongside the instructions for use

- Clearly labelled with
 - The child's name
 - The name of the medication
 - The correct dosage
 - The frequency of administration
 - Any likely side effects
 - The expiry date
- Stored alongside the accompanying administering medication parental consent form (file located nearby)

Medicines will be returned to parents/carers to arrange for safe disposal when no longer required. School will not store surplus or out-of-date medication. Where medication and/or its containers need to be returned to the pupil's doctor or pharmacist, parents will be asked to collect these for this purpose.

Any sharp objects will be disposed of safely and securely e.g. using a sharps disposal box.

If there is any confusion or concerns surrounding administering medication to a pupil, the medication will not be administered and the school will consult with the pupil's parent or a healthcare professional, documenting any action taken.

The school will not be held responsible for any side effects that occur when medication is taken correctly.

Written records will be kept of all medication administered to pupils, including the date and time that medication was administered, the name of the child, the name of the administering adult, the name of the medication administered, and the dosage administered.

7.1 Controlled drugs

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

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

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

7.2 Pupils managing their own needs

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

Pupils will be allowed to carry their own medicines and relevant devices wherever possible and appropriate. 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/carers so that an alternative option can be considered, if necessary.

7.3 Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, and administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents/carers
- Ignore medical evidence or opinion (although this may be challenged)

- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents/carers, or otherwise make them feel obliged, to attend school to administer prescribed medication or provide medical support to their pupil, including with toileting issues. No parent/carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8. Allergies

“Allergy is the response of the body’s immune system to normally harmless substances such as foods, pollen and house dust mites. Whilst these substances (allergens) may not cause any problems in most people, in allergic individuals their immune system identifies them as a ‘threat’ and produces an inappropriate response. This can be relatively minor, such as localised itching, but it can be much more severe causing anaphylaxis which can lead to upper respiratory obstruction and collapse. Common triggers are nuts and other foods, venom (bee and wasp stings), drugs, latex and hair dye. Symptoms often appear quickly and the ‘first line’ emergency treatment for anaphylaxis is adrenaline which is administered with an Adrenaline Auto-Injector (AAI)” (www.allergyuk.org). St. Gregory’s recognises the importance of avoiding stigma or discrimination against any person. For example, children should not be separated at mealtimes or excluded from activities (unless this is specified on an Individual Healthcare Plan). Inclusivity and overall awareness amongst individuals is vital.

8.1 Working in Partnership with Parents

- It is the responsibility of parents to inform school (ideally the Senior First Aider, Miss Heather Brown) regarding any changes to a child’s medical needs, including information regarding allergic reactions.
- The Senior First Aider must carry out a full Allergy Risk Assessment Procedure with the parent prior to the child starting at our school. The information must then be shared with all staff.
- St. Gregory’s is a nut-free school, and parents are expected to adhere to this when preparing food to be sent into school, and when preparing children’s packed lunches. This is to avoid children will allergies encountering allergens. If staff become aware of these foods, they will be removed from the child’s lunch box and returned to parents as soon as possible.
- Staff and parents will work together to ensure a child with specific food allergies receives no food at St. Gregory’s that may harm them. This may include designing an appropriate menu or substituting specific meals on the current menu.
- Parents will need to provide two labelled, in-date AAIs and details of how this medication should be stored and administered, as detailed throughout this policy.
- It is the parents’ responsibility to inform St. Gregory’s of any medication expiry date, however staff will ensure they are aware of the expiry date, and this information will be on the allergy register.
- St. Gregory’s will return all expired allergy medication to parents for safe disposal.

8.2 Headteacher Responsibilities concerning Allergies

Whilst the Headteacher accepts overall responsibility, the below is delegated to the Senior First Aider, Miss Heather Brown.

- An allergy register will be kept in the school office, staff room and the kitchen and updated accordingly.
- An allergy/medical list (with photographs of the individual's so they can be identified) will be displayed in and outside of the kitchen or eating area.
- Create and invite parents to contribute to a child's Individual Allergy Healthcare Plan. (Parents will determine whether children can have ingredients such as "May Contain" and include this on the plan.)
- Ask for parental written agreement in administering medication, in line with our administration guidelines.
- Liaise with staff on any updates or changes to an allergy communicated from parents, or the Individual Allergy Healthcare Plan
- Ensure staff are made aware of the signs and symptoms of a possible allergic reaction in case of an unknown or first reaction in a child or individual. These may include a rash or hives, nausea, stomach pain, diarrhoea, itchy skin, runny eyes, shortness of breath, chest pain, swelling of the mouth or tongue, swelling to the airways to the lungs, wheezing and anaphylaxis.
- Ensure staff are aware of any associated conditions of the allergy, e.g. asthma
- Ensure more than one staff member is Paediatric First Aid trained and that there is always a PFA trained member of staff on-site. A list of PFA trained staff should be displayed.
- Ensure at least two staff members have Allergy training (in AAI)
- Keep a record of staff training in administering medication
- Communicate with staff on allergy responsibilities (designated staff)
- Communicate to staff on measures to reduce the risk of an allergic reaction (allergy avoidance)
- Ensure that the kitchen staff are in contact with food suppliers as ingredients may change
- Inform staff if you have an allergy that will cause an allergic reaction, or require medication and that any medication you require is labelled, stored correctly and in-date
- Communicate with the school community on various occasions that St. Gregory's is a 'nut-free' and 'sesame-free' zone, where possible.
- Communicate with school community that families may not send in 'open' products, such as cakes to be cut up. Families may send in packeted items to be distributed, such as sweets, which may only be opened after children have been handed over at the end of the school day.

8.3 Staff Responsibilities concerning Allergies

- Liaise on any updates or changes to an allergy communicated from parents; this should pass through the Senior First Aider, Miss Heather Brown
- All food prepared for an individual with a specific allergy will be prepared in an area where there is no chance of contamination and served on equipment that has not been in contact with this specific food type. As an additional precaution, staff will wash equipment and sanitise the area.
- Adults supervising activities must ensure that suitable medication, including AAIs, is always on hand for the management of anaphylaxis. This includes excursions outside of the school premises.
- Insect sting allergy can lead to anxiety and needs careful management. Children need to take special care outdoors, wearing shoes at all times and making sure any food or drink is covered.
- Teachers must ensure that every child's care is tailored to meet their individual needs, as agreed with parents when notified and health care plans have been co-constructed.
- Where a staff member has an allergy, it is their responsibility to make the Headteacher and Senior First Aider aware, so a risk assessment and any necessary adaptations can be made; this will include processes to be followed in the event of an emergency.

8.3 Procedure in the Event of an Allergic Reaction

- If a child has an allergic reaction to food, a bee sting, plant etc, a first aid trained member of staff will act promptly and administer the appropriate treatment. Parents must be informed, and it must be recorded in the incident book.
- If the allergic reaction is severe, a member of staff will summon an ambulance immediately. (An ambulance should always be called if an EpiPen, or similar, has been administered). Staff will not attempt to transport the sick child in their own vehicles, unless directed to do so by emergency services due to force majeure circumstances.
- A sick child needs their family; therefore, every effort should be made to contact an emergency parental contact as soon as possible and arrange to meet them at the hospital, or at school, whichever is more appropriate in the individual circumstance.
- Staff must remain calm always; other children who witness an allergic reaction may be affected by it and may need lots of reassurance and comfort.
- A member of staff must accompany the child and take the relevant registration/medication forms and medication.
- All incidents will be recorded, shared and signed by parents as soon as possible.
- If an adult has an allergic reaction they must inform the nearest colleague where their medication is and administer it themselves where necessary. An ambulance will need to be called and next of kin informed. All other staff must remain calm and offer reassurance.

9. Emergency procedures

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

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

10 Training

10.1 Training Staff

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, Mr Joseph Perree, and with the Senior First Aider, Miss Heather Brown. Training will be kept up to date.

Training will:

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

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

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

10.2 Training for Administering Adrenaline Auto Injectors (AAIs)

The school will arrange specialist training for staff on an annual basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis. Designated staff members with suitable training and confidence in their ability to use AAIs will be appointed to administer this medication.

As part of their training, all staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis
- Where to find AAIs in the case of an emergency
- How to respond appropriately to a request for help from another member of staff
- How to recognise when emergency action is necessary
- Who the designated staff members for administering AAIs are
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members
- How to make appropriate records of allergic reactions

There will be a sufficient number of staff who are trained in and consent to administering AAIs on site at all times. Where a child who may require an AAI is taken on an offsite trip, a suitably trained member of staff will be present on the trip.

11. Educational Trips and Visits

In the event of educational trips and visits which involve leaving the school premises, medication and medical devices will continue to be readily available to staff and pupils as detailed earlier in this policy. This may include pupils carrying their medication themselves, where possible and appropriate, e.g. for asthma inhalers.

If the medication is of a type that should not be carried by pupils, e.g. capsules, or if pupils are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated member of staff for the duration of the activity, trip or residential.

There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which pupils with medical conditions will attend. Staff members will ensure that they are aware of any pupils who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g. timing and dosage, for administering their medication. Records will be kept in accordance with usual school practice, outlined in this policy.

If the out-of-school trip or visit will be over an extended period of time, e.g. an overnight stay, a record will be kept of the frequency at which pupils need to take their medication, and any other information that may be relevant. This record will be kept by a designated trained staff member who is present on the trip and can manage the administration of medication. It is only these scenarios may non-prescribed medication be administered to children, e.g. travel sickness, antihistamine, whereby staff not allowing their administration would hinder the child accessing the educational trip or extended visit.

All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the pupil, e.g. what to do if an epileptic pupil has a seizure. This responsibility is delegated to the lead teacher on the activity / trip / extended visit.

12. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents/carers will be informed if their pupil has been unwell at school.

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

13. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Explain our school's approach here. Enter the details of our school's insurance arrangements, which cover staff providing support to pupils with medical conditions. Insurance policies should provide liability cover relating to the administration of medication, but individual cover may need to be arranged for any healthcare procedures.

14. Complaints

Parents/carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the Senior First Aider, Miss Heather Brown, in the first instance. If the Senior First Aider cannot resolve the matter, they will direct parents/carers to the school's complaints procedure by contacting the Headteacher.

15. Monitoring arrangements

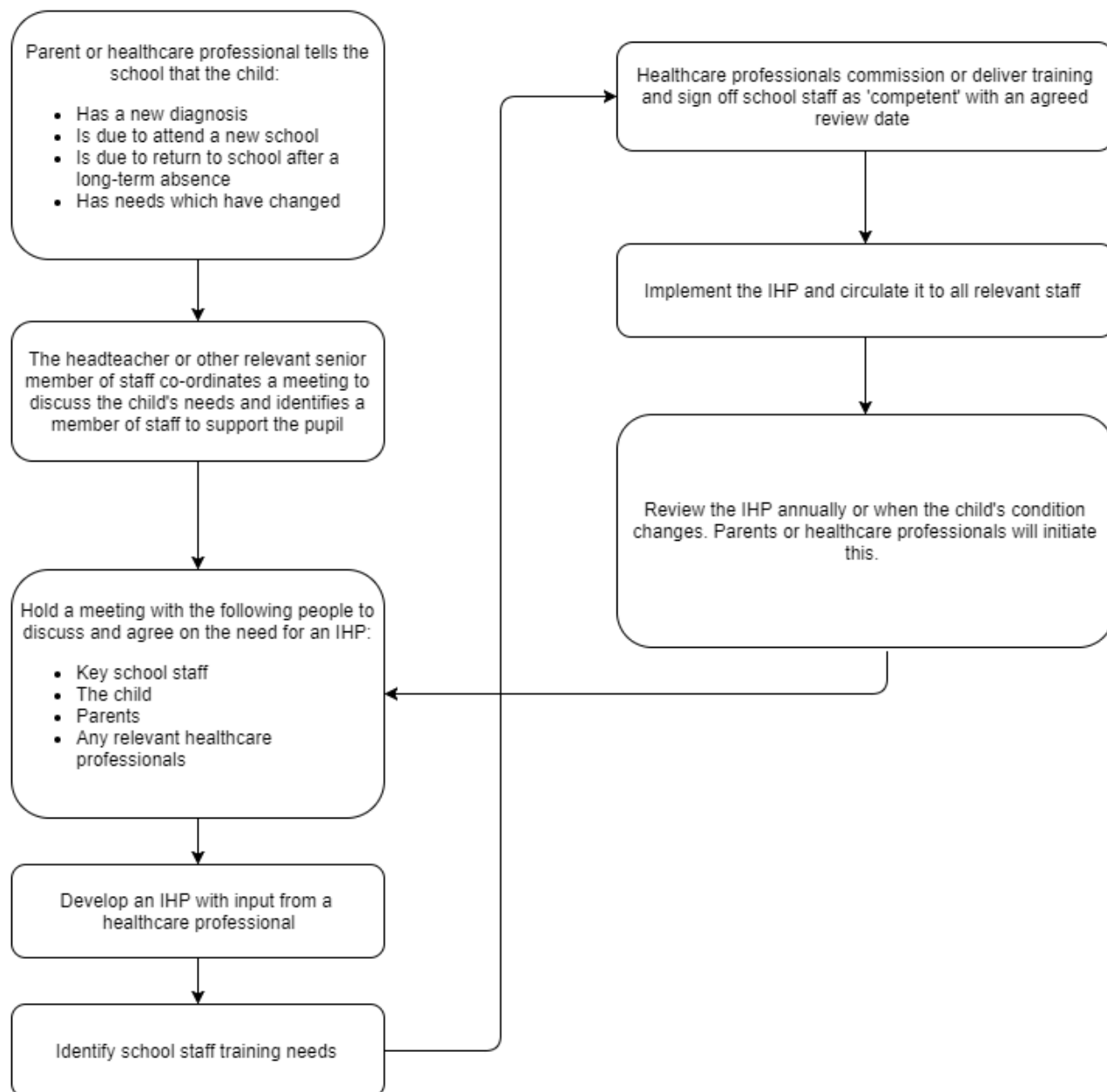
This policy will be reviewed and approved by the governing board every 2 years.

16. Links to other policies

This policy links to the following policies:

- Accessibility plan
- Complaints
- Equality Information and Objectives
- First Aid
- Health and Safety
- Safeguarding
- Special Educational Needs Information Report and Policy
- Attendance and Punctuality Policy

Appendix 1: Being notified a child has a medical condition



Appendix 2: Individual Healthcare Plan



St. Gregory's Catholic Primary School
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Individual Healthcare Plan

Child's Name:	
Year Group:	
Date of Birth:	
Child's Address:	
Medical Diagnosis or Condition:	
Date:	
Review Date:	

Family Contact Information

Name:	
Relationship to Child:	
Phone Number – Home:	
Phone Number – Mobile:	
Phone Number – Work:	
Name:	
Relationship to Child:	
Phone Number – Home:	
Phone Number – Mobile:	
Phone Number – Work:	

Clinic/Hospital Contact

Name:	
Phone Number:	
Email:	

Child's GP

Name:	
Phone Number:	
Address:	
Email:	

Who is responsible for providing support in school?	
---	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment, assistive technology, environmental issues etc.

--

Name of medication, dose, method of administration, when it should be taken, side effects, contra-indications, administered by/self-administered with/without supervision:

--

Daily care requirements:

--

Specific support for the child's educational, social and emotional needs:

--

Arrangements for school visits/trips:

Other relevant information:

Describe what constitutes an emergency, and the action taken if this occurs:

Responsible person in an emergency (state if different for off-site activities):

Voice of the Child (where appropriate): My adults can support me by...

Voice of the Child (where appropriate): In an emergency, I...

Plan developed with:

Staff training needed/undertaken – who, what, when:

The employee who is providing the medical procedure or intervention has received full training from a registered Medical or Healthcare professional, and has been signed off as fully competent in the procedure they are providing.

Name	Signature	Date
Parent/Carer		
Headteacher		
Employee providing the medical procedure		
GP/Supervising Healthcare Professional		

This IHP has been shared with:

Review date:

This IHCP should be used as an ongoing 'live' risk assessment document, which should be distributed to other services as appropriate and link into existing processes, such as EHCP, PEP reviews, Community Paediatrics, CAMHS etc.

It should include mental health as well as physical conditions to ensure everyone has a holistic overview of the difficulties a child or young person may be facing in their access to education.

Appendix 3: Medication Administration Consent Form



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Administering Medication – Parental Consent Form

Name of Child:		
Date of Birth:		
Year Group:		
Medical Condition or Illness:		
Prescribed Medication:		
Name and/or type of medication, as described by the container:		
Date Dispensed:		
Expiry Date:		
Agreed Review Date:		
Dosage to be Administered:		
Timing to be Administered:		
Method to be Administered:		
Special Precautions:		
Likely Side Effects: <i>Note, as per policy, school staff take no responsibility for side effects for correctly administered medication.</i>		
Self-Administration?	Yes, child to self-administer	No, adult administer
Any relevant, additional details:		

Appendix 5: Allergy Register



St. Gregory's Catholic Primary School

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Allergy Register

<u>Child</u>	<u>Allergy</u>	<u>Symptoms</u>	<u>Medication</u> (What, When, How)

Appendix 6: Summary Poster to be Displayed around School





Appendix 7: Individual Allergy Care Plan

What is this? Allergy Risk Assessment (IHP)		Date:
		Latest Healthcare Plan:
Assessment completed by:		Class Teacher sighted and aware; copy available in class
Hazard	Control Measure	What if any additional control measures in place
<p>Contact with the following products in school can cause anaphylactic shock;</p> <p>List in severity (most severe to least severe)</p> <ul style="list-style-type: none"> ALLERGENS <p>(This list can be subject to change but will on be done so with agreement from parent/carer and updated allergy plan for someone involved in child ongoing care)</p>	<p><u>CLASSROOM</u></p> <ul style="list-style-type: none"> All staff aware of CHILD condition and have received adequate EpiPen training. 2 EpiPens in insulated marked allergy bag as per Allergy plan stored in classroom where CHILD is taught. Inside the bag should also be: list medication. School to hold a spare bottle of medication, provided by parents. All classrooms have access to a phone to call for assistance. An updated photo each year of CHILD and their allergy list as per care plan displayed in prominent places within the school. Risk assessment shared at the start of each academic year with those involved in CHILD's teaching – to be read and understood. Appropriate staff first aid trained and paediatric first aider in proximity if not working directly with CHILD. Class based activities that involve food products may operate without common food allergies. If introducing food, consult with parent to ensure child is safe around product. Activity trays – Early Years – be mindful of products such as pine cones, acorns, conkers etc. 	<p>Allergy Bag to be moved with a staff member should CHILD change location in school. For example, taken outside when doing sports.</p> <p>Use the peg available at the front of all classrooms for EpiPen bag to be placed on – easily accessible and all staff have knowledge of where these pegs are.</p> <p>Epi pen (https://www.sparepensinschools.uk/for-schools/supply-storage-and-care-of-aais/)</p> <p>Check with parent/carer how products easily found in public space can affect child and avoid if necessary</p>
	<p><u>LUNCHTIME</u></p> <ul style="list-style-type: none"> CHILD to eat in lunch hall with peers. All dining tables will be cleaned prior to children seating to 	EpiPen remains on peg in class – adults are aware of the location.

	<p>avoid cross contamination.</p> <ul style="list-style-type: none"> • All pupils especially in CHILD's year group will wash hands upon leaving the hall. • All welfare staff must wash their hands prior to entering the hall and before assisting with lunch duty. • Parent/Carer of CHILD should access the lunch menus published, to allow for preselecting meals for their child where possible. • Continuously monitor child throughout lunch time experience • CHILD to be leader of their line each day into dinner hall to be served. • CHILD to be seated at the end of a table so easily accessible should a reaction occur. 	<p>This is important if risk has been identified or children on packed lunch.</p> <p>Copy of allergy action displayed in and near kitchen to ensure staff are aware of what to do should a child with allergies have a reaction during lunchtime. Positively communicate to children and families the seating arrangements, to alleviate anxiety or difference.</p>
	<p><u>OFF SITE TRIPS/ACTIVITIES</u></p> <ul style="list-style-type: none"> • Before trip designate a staff member to be in charge of medical bag for CHILD . • In advance of trip, check date of all medication within the bag to give parent/carer a chance to obtain up to date prescription prior to trip. • Place CHILD in group of a person who is paediatric first aid trained or most recent first aid training. If not, class teacher to take control of this group. • When CHILD is being provided food off site, prior contact made with provider prior for school to obtain menus, including all known allergens. School to communicate this with parents/carers to review and agree. If necessary, parent/carer to provide food. 	<p>Ensure trips are appropriately resourced for the safety of both CHILD and rest of class, should a reaction occur off site.</p>

Response to Allergic Reaction – Personalise to Individual

Severity	Action	Additional Controls
**** REACTIONS CAN ESCALATE QUICKLY YOU MAY NOT HAVE TIME TO COMPLETE EVERY STEP ****		
<p>Mild</p> <ul style="list-style-type: none"> Slight swelling to lips face or eyes Itchy, tingling mouth Hives or itchy skin rash Abdominal pain lead to vomiting Feeling of something bad may happen Sudden change in behaviour 	<ul style="list-style-type: none"> Usually show as white hives and general itchiness. Usually around face neck and torso. Cool damp cloth over reddened area and hives and remove to cool place. If symptoms don't subside after approximately 5 mins then administer 10ml or one cetirizine table. This should not usually require any other form of intervention and child should be able to remain in school. 	<p>Invite parent carer in to discuss individual child.</p> <p>This would display like a nettle rash and appear similar to hay fever type symptoms.</p> <p>CHILD will become withdrawn. CHILD will try to take themselves to the toilet for fear of needing to be sick or diarrhoea. CHILD will want to be left alone and cuddled reassured in equal measures.</p> <p>Give CHILD a little space, avoid crowding her and becoming agitated yourself. Let CHILD advocate for themselves, remaining aware of any changes to symptoms – be vigilant to whether a mild reaction is progressing to moderate.</p>
<p>Moderate</p> <ul style="list-style-type: none"> More prominent facial swelling Child touching at neck and mouth Child holding stomach and appear visibly in pain Crying or clear teary water filled eyes. Red blotchy face 	<ul style="list-style-type: none"> A further 10ml of cetirizine or 1 tablet to be given. Should CHILD complain of feeling Wheezy or request inhaler, provide this. This should be given by spacer. A member of staff who has been with CHILD since the start of the episode should remain with them. Member of staff to ensure CHILD is sat down. Staff member to offer reassurance to CHILD throughout. Staff to call SLT/DSL to report allergic reaction and record medication administration. SLT/DSL should have sight of allergy plan and inform parents. SLT/DSL to go to incident and be in possession of defib should the reaction worsen. Child should be taken home by appropriate adult should allergy be brought under control. 	<p>CHILD will be in clear distress with pains to their stomach and rub at their eyes. This can also increase swelling, as if when crying. Hives will become visible similar to heat lumps around cheeks and chin.</p> <p>CHILD can become warm to touch and says they feel hot. Once vomiting stops, readminister dose.</p> <p>CHILD will likely tell you their throat feels funny, having difficulty swallowing and headache/dizziness.</p> <p>Parent would usually give 5 puffs if CHILD requests. Ask CHILD do they feel they need their inhaler. In a moderate reaction, CHILD should be able to answer this question.</p> <p>It will usually take child 24-48hrs to feel back to usual self-following a moderate reaction.</p>
<p>Severe</p>  	<ul style="list-style-type: none"> If in doubt/appearance of continuing or developing symptoms: GIVE ADRENALINE ADHERE TO ALDER HEY ALLERGY PLAN Pull off blue safety cap and grasp EpiPen. REMEMBER "BLUE TO SKY – ORANGE TO THIGH" Hold leg still and place ORANGE end against outer thigh. This can be administered over clothing. Ensure it has pierced through clothing. PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. Somebody will be sent with the message that CHILD needs EpiPen to nearest staff member. This staff member will in turn inform SLT/DSL and contact 999. On call you will state CHILD's name, that they are in anaphylaxis and first epi pen has been administered and at what time. Staff to continuously monitor Katy and keep 999 control room updated on her condition. If NO IMPROVEMENT after 5 minutes as per Alder Hey Allergy Plan give further adrenaline dose with 2nd EpiPen. Keep 999 operator updated with time. <p>AFTER GIVING ADRENALINE: LEAVE IN RECOVERY POSITION. Commence CPR if there no signs of life – Present DEFIB.</p>	<p>CHILD would become visibly upset, clear wheezing and most likely hold on to her neck.</p> <p>CHILD's voice may raise as if they believe you are not listening. It's as if auditory senses have gone. Please remain calm. Their body at this point is potentially in fight or flight.</p>

