Rowlands Gill Primary School

Administration of Medication in School Policy and Support for Pupils with Medical Conditions (including Allergies)

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Policy Review:

Review Date	Changes Made	By Whom	Date Shared
Sept 26	Updated to include Allergens policy and procedures	LC	

Introduction

The Headteacher, Governing Body and employees at Rowlands Gill Primary School wish to ensure that pupils with medical needs receive appropriate care and support at school and during school activities. This policy has been produced to ensure the safe administration of medication or medical procedures when in school care.

In most schools, there are pupils who may need to take medication or will have medical conditions that require support so that they can attend school regularly and take part in school activities. Pressure on non-medical staff to administer medication in schools has increased as education has become more inclusive. Gateshead Council is committed to inclusive education, and no pupil should be unnecessarily excluded from mainstream education or other educational activities by virtue of having a medical condition or health need.

At Rowlands Gill Primary School employees are not legally required to administer medicine, supervise a child taking it, or to undertake medical procedures. The primary responsibility for a pupil's health rests with parents; ***(the term 'parents' in this policy includes guardians and carers*)** who are responsible for making sure their children are well enough to attend school.

It is generally accepted that school staff may support pupils with administration of medication or support a medical need whilst acting in *'loco parentis'.* However, this does not imply a duty upon school staff.

Each request to support a pupil with a medical need will be considered on an individual basis. Parents should liaise with the school to reach an agreement on the School's role in supporting their child's medical or health care needs.

No medication will be administered without prior written permission from the parents.

Children should remain at home when they are unwell. Medicines will only be administered when it would be detrimental to a child's health if the medicine is not administered during the school day.

Legislation and Legal Responsibilities

The Children and Families Act 2014 (section 100) introduced new duties on Governing Bodies to support children with medical conditions. The aim of this legislation was to ensure that children who have a medical condition are able to play a full and active role in school life, remain healthy whilst in education and achieve their full potential.

The Act ensured that no child with a medical condition could be denied admission or be prevented from taking up a place in school because arrangements for their medical condition have not been made. This includes training staff to be aware of the child's condition, knowing what to do in an emergency, supervising a child to take their own medication, administering medicines daily or being prepared to administer medication in an emergency.

However, teachers and other school staff in charge of pupils have a common law duty to act in '*loco parentis'* and must ensure the safety of all pupils in their care. To this end, we reserve the right to refuse admittance to a child with an infectious disease (in line with the medical guidelines administered to all schools), where there may be a risk posed to others, or to the health of the child involved.

It should be noted that this legislation does not place a legal duty on teachers or school staff to administer medication, this is a voluntary task.

The Health and Safety at Work Act 1974 makes employers responsible for the health and safety of employees and anyone else on the premises, including pupils in their care. In the case of pupils with medical needs, the responsibility of the employer is to make sure that safety measures cover the needs of all pupils at the school. In this case, individual procedures may be required.

The Headteacher will ensure that there is adequate insurance in place to cover the administration of medicines and medical procedures undertaken in the school. In some cases, additional cover will be provided.

Procedures to be Followed

Parents must complete and sign the school form 'Request for School to Issue Prescribed Medication' stating the dose, method of administration, the time and frequency of administration, other treatment and any special requirements. The form is available from the main office.

All essential medication should be brought to school by the parent. It should be delivered personally to the school office staff.

All medication taken in school must be as originally dispensed, with prescription label attached.

Only in exceptional cases will employees administer non-prescribed medicine to a child and only when there is specific written consent from the parent e.g. travel sickness tablets.

Where appropriate, information, instruction and training will need to be provided by health professionals for employees who volunteer or are contractually involved in the administration of medicines or supporting pupils with medical needs. Other staff should also be trained, for example; to recognise symptoms or early warning signs of an asthma attack, epilepsy or anaphylaxis.

Employees providing complex medical assistance will require special training. It is the Headteacher's responsibility to ensure that employees who either contractually or voluntarily assist with medical needs receive information, instruction, training and support as guided by the medical professionals. Employees should not administer any medication or carry out medical procedures until they have been trained to do so and all protective clothing and equipment should be provided before the medication is administered.

All employees must undertake allergy awareness training, which includes recognition of symptoms, emergency response and how to use auto-injectors.

Records of any allergy related incidents must be reported as an incident and lessons learned from the incident.

Where practicable, the School will ensure that alternative arrangements are in place for those occasions when employees who provide support for pupils with medical needs are absent or unavailable.

A record will be completed each time medication is given or medical procedures are carried out.

Allergies

Please see Appendix 1 for full details of our Allergy Safety Policy.

Responsibility of Parents

Parents **must** provide the school with detailed information about their child's medical condition, whether this is **before** the child starts school or if a **condition develops** whilst the child is attending school. A relevant form is included in the application pack for starting school so that parents can share this information at an early

opportunity.

Medication will not be accepted in school without written and signed instructions from the parent.

All medication must be delivered to the school office by a parent in a secure and labelled container as originally dispensed. Each item of medication must be clearly labelled with the following information:

- Pupil's name
- Name of medication
- Dosage
- Frequency of administration and any special instructions e.g. take with food
- Date of dispensing
- Storage requirements
- Expiry date

The school will not accept prescription medication which doesn't have a prescription label (or is unreadable), has been altered or tampered with or that has been removed from the original container.

Parents should:

- Request that the prescriber where clinically appropriate, prescribes in dose frequencies which enable the medicine to be taken outside school hours. If frequencies are three times a day, then there is no need for medication to be administered at school. It can be given by parents at breakfast time, straight after school and at bedtime. If marked four times a day (or more), then additional doses can be given during school time
- Provide the school with comprehensive information regarding their child's condition or medical need and about the medication or support their child needs whilst in school
- Complete the relevant forms as requested by the school
- Inform the school in writing of any changes to the prescription, the administration regime or the support required. This should be provided immediately in conjunction with the GP or other medical professional as appropriate
- For pupils on long-term medication, the request form should be renewed following any changes or at the beginning of each new school year
- Collect medication, which is usually kept in school, at the end of each term and return it at the start of the new term, via the school office (or daily, in the case of short-term medication)
- Collect and dispose of any unused or expired medicine at the end of each school year
- Ensure that medicines provided have not passed the expiry date
- Where appropriate, provide written permission for their child to self-administer medicine or carry his/her own medication
- Renew the medication when supplies are running low.

<u>School Responsibilities</u>

Key responsibilities of staff for administering medication:

- Understand the nature of a pupil's medical condition and be aware of situations where they may need additional support e.g. before physical activity for asthmatic pupils
- Administer medication as directed
- Supervise pupils who self-administer medication
- Understand and adhere to the safe storage of medication

- Be aware if there is a Health Care Plan (HCP) in place and understand what needs to be done and by whom, together with any emergency procedures detailed in the plan
- Maintain accurate administration records using the correct form, including recording when medication has been returned to a parent
- Liaise with parents as necessary
- Report any issues or concerns immediately to the Headteacher or Deputy Headteacher
- Ensure a back-up staff member can administer in their absence.

The prime responsibility for a child's health lies with the parent, who is responsible for the child's medication and must supply the school with all relevant information needed in order for proficient care to be given to the child and to safeguard the wellbeing of other staff, pupils and visitors in the school.

Headteachers will need to agree with parents exactly what support the school can provide. Where there is concern about whether the school can meet a pupil's needs or where the parents' expectations appear unreasonable, the Headteacher will take and seek advice and guidance from a range of sources, including the School Nurse, Health professionals and the child's GP in addition to the information provided by parents in the first instance, where applicable. This enables us to ensure we assess and manage risk and minimise disruption to the learning of the child and others who may be affected.

It is the decision of the school head teacher whether to agree to administer medication or undertake a medical procedure for pupils. If a school chooses not to take on this responsibility, then parents must be informed. The decision of the Headteacher must be reasonable.

Pupils Who Need Medication

There are three main categories for pupils who need medication:

- Short-term prescribed medication for acute conditions
- Long term condition which requires regular medication to alleviate symptoms or control the condition
- Emergency medication required – such a pupil would have a Medical Record Information Form outlining what a medical emergency is in their context of their condition

Medication Categories

Medications fall into one of four categories and are easily identifiable by the code marked on the packaging:

1. General Sales List (marked GSL) which include medicines such as cold and flu remedies, throat lozenges, paracetamol
2. Pharmacy medicines (marked P) which are only available behind the pharmacy counter and from where a professional can give advice e.g. codeine, lactulose
3. Prescription Only Medication (marked POM) which requires a prescription from a doctor or a dentist. The includes medicines such as antibiotics, anti-depressants
4. Controlled Drugs (marked POM & CD) these are the most serious category of medication as they have powerful effects on the body and can harm or cause addiction. There are strict restrictions on how these drugs should be prescribed, dispensed, stored and administered. Examples include Morphine, Fentanyl and Methylphenidate which used to treat ADHD.

Medications labelled PRN (pro re nata) means they should be taken when needed. It will state on the label how many should be taken e.g.; take one as required.

Administration of Medication

There are 3 main routes for administering medication:

1. Orally – through the mouth e.g. tablets, lozenges, liquids
2. Topically – applied to the skin e.g. creams, gels including eye drops, nasal sprays
3. More intrusive routes – injections or rectal administration. Specialist training from an NHS practitioner must be completed before undertaking this type of administration e.g. by a school nurse

If a prescription label says, 'swallow whole', the pupil must do this to avoid causing further medical problems e.g. stomach irritation, ulcers, mouth irritation. If tablets are labelled to take before or with food this should also be followed to prevent stomach irritation. These medications can be administered with a snack if it is not to be administered after lunchtime.

If a label says 'use as directed' it cannot be used without also having the prescriber's instructions.

Some medications require using sharp instruments e.g. syringes. A yellow sharps bin is located in the First Aid Room and should be used carefully to prevent infection, or the transfer of blood borne viruses. The contract to service the yellow sharps bin is with Interserve, provided through Equans, our facilities management company.

Administration Procedures

These procedures must be followed to avoid dangerous practice which would place the pupil, you and your organisation at risk.

Good hygiene is an essential requirement for all medical procedures. **Hands must be washed thoroughly before and after.** All employees are familiar with normal precautions for avoiding infection.

Always follow the '6 Rights':

- ✓ Right Pupil – ask the pupil to say their name and check it against the name on the medicine container
- ✓ Right Medicine – check the name on the actual medicine with the name stated on the medicine plan or administration sheet to ensure they are the same. Check to see if the pupil is taking more than one medicine which you also need to administer and always check the expiry date before administering
- ✓ Right Dose – check the written instruction on the label every time you administer
- ✓ Right Route – check to see if medication is given orally, rectally or buccal (placed inside the cheek, next to the gum)
- ✓ Right Time – check the frequency of giving the medicine, check the time and check the pupil has not already received the medication
- ✓ Right to Refuse – if a pupil refuses to take the medication you should not force or coerce them to *(see information below)*

'Covert administration' – the giving of medication without the pupil knowing may on occasion be necessary. This is when medication may be deliberately concealed in food and drinks. It is only ever used in extenuating circumstances and when directed by the outcome of a Best Interests Meeting involving relevant medical professionals.

Controlled drugs should only ever be administered when there is witness present to verify the medication and administration of it.

Self-Administration

Where it is appropriate to do so, pupils will be encouraged to administer their own medication, in school this will be under staff supervision. Self-administration should only happen with parental agreement and following a risk assessment which will consider the child's age, access to medicines and competence.

Pills / tablets are marked with instructions on how many to take and how often to take them.

Refusal of Medication or Medical Procedure

If a child refuses to take their medication, staff will not force them to do so. Parents will be informed as soon as possible and contacted to enable them to administer the medicine or medical procedure themselves. The school will contact the emergency services if necessary. Refusal to take medication will be recorded and dated on the child's record sheet. This includes records of any dropped / discarded tablets too.

Storage

Medication will be kept in a secure place, out of reach of pupils, including if necessary, within a fridge.

Controlled drugs (marked POM & CD) should be stored in a lockable container and only accessible to named staff. No one else should have access to them.

Emergency medication e.g. Epi-pens and inhalers may be needed quickly so they should be stored in a suitable airtight but unlocked container. They will be located in the class medical bag. Emergency Epi-pens are kept in the First Aid Room cupboard in a clearly labelled box.

Class medical bags should be kept with the class when they are away from their classroom (e.g. PE, assembly, forest school) and during emergency evacuation / lockdown.

Inhalers

Inhalers need to be accessible by the children and are kept in the class medical bag. Inhalers should be clearly labelled with pupil's name and dosage. Relevant paperwork relating to their asthma will also be kept in the medical bag for reference which will include what triggers an attack and what action should be taken.
We have an emergency inhaler in the First Aid room cupboard. Parents of children who have asthma will be asked to sign a consent for use of the emergency inhaler.

Administration of Analgesics

Staff will administer school supply of paracetamol for children (e.g. Calpol) for unexpected, short term or mild illness (e.g. headache, high temperature, pain relief following an injury). Aspirin, ibuprofen or any medicines that contain these products must not be given to a child under 16 unless prescribed by a doctor under medical guidance (and in this case it would then be given under the normal administration of medication policy).

Written permission from parents must be given before a child is given any school supply of analgesia. Once written permission has been given, it does not have to be provided on each occasion. Before giving analgesic, staff should check if the child has been given a dose of analgesia within the last 4-6 hours. If staff are not able to ascertain this, then they should not administer another dose.

The record of Paracetamol administration form must be completed and a notification text (not in-app message) must be sent to the parent to tell them the time it was given.

Staff Supporting Pupils

It is important that responsibility for pupil safety is clearly defined and that each person involved in supporting pupils with medical needs is aware of what is expected of them. Risk assessments (where required), allergy management plans, individual health care plans and school nursing health care plans compiled by trained and competent persons, in conjunction with parents, should determine the procedures schools will need to adopt to comply with the LA's policy of inclusive education. These assessments and plans should also identify any exceptions to normal participation in school activities.

Some employees may be naturally wary about their ability to support pupils with medical conditions, particularly if it is potentially life threatening. Therefore, all employees (including supply and temporary ones) who have pupils with medical needs in their class or group should be provided with the following information:

- The nature of the medical condition
- When and where the pupil may need extra attention and support with administration of medication or medical procedures
- Where the medication is stored or if the pupil carries or self-administers it
- The likelihood and the action to be taken if an emergency occurs
- Arrangements for back up cover when the responsible member of staff is absent or unavailable.

Any employee, who has concerns about a child's medical condition, should share those concerns with the head teacher in order that parents can be informed and the appropriate action taken.

Medical Health Care Plan (MHCP)

Where appropriate, a personal Medical Health Care Plan will be drawn up in consultation with the school, parents and health professionals. The MHCP will outline the child's needs and the level of support required in school. This is usually only needed when a pupil has complex health needs, needs specialist treatment or have known circumstances where they may need emergency care. Appendix 2 includes a template for a MHCP. Anyone supporting a pupil with a MHCP must be familiar with the plan and any updates made to it. Training will be provided, by a healthcare professional, for any specialist medication e.g. use of Epi-pen. The MHCP should be reviewed annually, or earlier, if any changes need to be made.

The MHCP will include:

- The name of the pupil;
- Their date of birth;
- The known condition;
- Care requirements;
- Contact details of their GP/specialist;
- Emergency contact details.

Educational Visits / Sporting Activities

To ensure that as far as possible, all children have access to all activities and areas of school life, our school will make every effort to continue the administration of medication to children whilst on educational outings or residential visits. This is however something that will be discussed with parents on an individual basis. A risk assessment will be undertaken to ensure the safety of all children and staff. It may be that self-medication (and keeping their own medication with them) may be required e.g. use of own inhaler in dormitory – appropriate risk assessment for this will be undertaken. Appropriate records will be kept of administration of medication, even when off-site.

In some cases, pupils with medical needs may be more at risk than their classmates. Therefore, individual risk assessments may need to be completed for certain activities, for example physical activities, external visits and residential visits. The risk assessment should consider such issues as the pupil's medical needs, medication requirements, physical abilities and emergency procedures, etc. All employees supervising visits should be aware of any medical needs and relevant emergency procedures. Risk assessments should be regularly reviewed and amended as necessary.

A member of staff who is trained to administer any specific medication (e.g. epipens) must accompany the pupil and ensure that the appropriate medication is taken on the visit.

Supporting Pupils with Medical Conditions/Health Needs

The governing body checks that our school is compliant in following statutory guidance for ensuring a good education for children who cannot attend school because of health needs. This guidance can be found using the following link: Supporting pupils at school with medical conditions The details within this policy clearly sets out how our school support children to attend school while addressing their medical needs.

Supporting Staff and Visitors Who Have Medical Conditions

Staff and visitors to school may also have medical conditions that require them to take medication during their working day or in emergency situations. All medication brought into the school should be stored safely and securely where pupils cannot access it.

On induction to the school, enquiries should be made as to whether anyone, either staff or visitor has a medical condition which we need to be aware of. However, if they do not wish to disclose this information, their privacy must be respected.

Confidentiality

Pupil medical information will be treated as confidential and protected. However, it is vital that all information concerning pupils with medical conditions and those requiring medicines within core hours is shared with all relevant staff. This includes those immediately concerned with the pupils' medical support and those who may need to intervene either routinely or in an emergency. The sharing and co-ordinating of pupil information is for pupil safety.

Emergency Procedures

Whether or not a member of staff volunteers to administer medicine, he/she must act as a reasonable parent would in the case of an emergency. For emergency purposes, it is important that each school has an agreed procedure for employees to follow. This can be part of the individual care plan. It should provide a sound basis for ensuring pupils receive proper care and support in school and during school activities.

In the event of a medical emergency a first-aider must be called upon. Named first aiders are listed in the first aid room, staff handbook and staff room. They can be contacted via walkie-talkie or at the office.

A member of the senior leadership team should be alerted to the emergency as soon as is reasonably possible.

Every effort must be made to contact the parent if a pupil needs to be taken directly to hospital. If the parent is unable to accompany their child to hospital or a delay in waiting for a parent to arrive at the school would be detrimental to the pupil's health, a member of staff must always accompany a child to hospital and should

stay until a parent arrives. Health professionals are responsible for any decisions on medical treatment when a parent is not available. However, any medical information and contact details held by the school should be taken to hospital by school staff.

Complaints

Should parents or pupils be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason, this does not resolve the issue, they may make a formal complaint via the school's existing complaints procedure.

This policy has been written with reference to:

- LA ED-MOD-02 Model School Policy – Administration of Medication and Management of Health Needs in Schools (Issue 4.1 reviewed 2025)

- LA EDU-HS-01 Administration of Medication and Management of Health Needs in Schools (Issue 6.1)

Appendix 1 – Allergy Safety Policy

1. Introduction

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

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

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

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

Common UK Allergens include (but are not limited to): peanuts, tree nuts, sesame, milk, egg, fish, latex, insect venom, pollen and animal dander.

This policy sets out how Rowlands Gill Primary School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life. Our policy includes all children in our care and has due regard for EYFS as well as primary aged children.

2. Roles and Responsibilities

The named staff members responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's allergy safety policy are: Lindsey Clarke, Wendy Rowell, Jenn Armstrong.

Our Safeguarding Link Governor, Nicola Kehoe is our named Governor for allergy compliance.

Parent Responsibilities

- On admission to the school, it is the parent's responsibility to inform office staff of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan (BSACI plans preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. School nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete allergen and anaphylaxis training. Training is provided for all staff on a yearly basis and on an ad-hoc basis for any new members of staff.

- Staff (including supply staff) must be aware of the pupils in their care who have known allergies as an allergic reaction could occur at any time and not just at mealtimes. Any food-related activities must be supervised with due caution.
- **In EYFS, children must always be within sight and hearing of a member of staff whilst eating.** Where possible, staff should sit facing children whilst they eat so they can prevent food sharing and be aware of any unexpected allergic reactions.
- At snack time, class teachers should ensure that the food being provided meets all the requirements for each child.
- Staff leading school visits will ensure they carry all relevant emergency supplies. **Visit leaders will check that medication for all pupils with medical conditions, including allergies, is taken on the visit by a named member of staff.**
- First Aiders will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date. However, the First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
- Office staff or First Aiders keep a register of pupils who have been prescribed an adrenaline auto-injector (AAI) and a record of use of any AAI(s) and emergency treatment given.
- First Aiders ensure that any reaction or near misses are recorded and reported internally to the Headteacher.

Pupil Responsibilities
- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction / or are feeling unwell.
- Pupils who are trained and confident to administer their own AAIs will be encouraged to take responsibility for this. (Written parental agreement will be in place before this can happen)
- Pupils are encouraged to ask an adult, 'is this safe for me?'

3. Allergy Action Plans

Allergy action plans are designed to function as individual healthcare plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto- injector.

British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans are produced by a medical professional and should not be created by school. These are a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK. The allergy action plans are designed to function as an individual healthcare plan.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:
Symptoms usually come on quickly, within minutes of exposure to the allergen.

Mild to moderate allergic reaction symptoms may include:
- A raised rash (known as hives or urticaria) anywhere on the body.
- A tingling or itchy feeling in the mouth.
- Swelling of lips, face or eyes.
- Stomach pain or vomiting.

More serious symptoms are often referred to as the ABC symptoms and can include:

- AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
- BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
- CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.

The term for this more severe reaction is anaphylaxis. In extreme cases there could be a dramatic fall in blood pressure. The person may become weak and floppy and may have a sense of something terrible happening. This may lead to collapse and unconsciousness and, on rare occasions, can be fatal.

If the pupil has been exposed to something they are known to be allergic to, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment, and it starts to work within seconds.

What does adrenaline do?
- It opens up the airways.
- It stops swelling.
- It raises the blood pressure.

As soon as anaphylaxis is suspected, adrenaline must be administered without delay.
Action:

- Keep the child where they are, call for help and do not leave them unattended.
- **LIE CHILD FLAT WITH LEGS RAISED** – they can be propped up if struggling to breathe but this should be for as short a time as possible.
- **USE ADRENALINE AUTO-INJECTOR WITHOUT DELAY** and note the time given. AAIs should be given into the muscle in the outer thigh. Specific instructions vary by brand – always follow the instructions on the device.
- CALL **999** and state **ANAPHYLAXIS (ana-fil-axis).**
- If no improvement after 5 minutes, administer second AAI.
- If no signs of life commence CPR.
- Call parent/carer as soon as possible.

Whilst you are waiting for the ambulance, keep the child where they are. Do not stand them up, or sit them in a chair, even if they are feeling better. This could lower their blood pressure drastically, causing their heart to stop.

All pupils must go to hospital for observation after anaphylaxis, even if they appear to have recovered as a reaction can re-occur after treatment.

5. Supply, Storage and Care of Medication

Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for their condition.

For younger children or those not ready to take responsibility for their own medication, there should be an anaphylaxis kit which is **kept within 5 minutes of them**, not locked away and **accessible to all staff**.

Medication should be stored in a suitable container and clearly labelled with the pupil's name. The pupil's medication storage container should contain:

- Two AAIs i.e. EpiPen® or Jext®.
- An up-to-date allergy action plan.
- Antihistamine as tablets or syrup (if included on allergy action plan).
- Spoon if required.
- Asthma inhaler (if included on allergy action plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the First Aider will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant AAIs their child is prescribed, to make sure they can get replacement devices in good time.

Older Children and Medication

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

Storage

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

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. The sharps bin is kept in the First Aid Room and is disposed of by our clinical waste contractor.

6. 'Spare' Adrenaline Auto-injectors in School

Our school has purchased spare **AAIs for emergency use in children who are at risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date) or are experiencing anaphylaxis for the first time.

These are stored in a plastic box labelled **'Emergency Anaphylaxis Kit' in the First Aid Room cupboard** which is accessible and known to all staff. The kit includes AAIs for children under 6 and a different AAI for children aged 6 and over.

The First Aider is responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAIs is included in the pupil's allergy action plan.

7. Staff Training

The named staff members (at least 2) responsible for coordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are:

- Lindsey Clarke
- Wendy Rowell
- Jenn Armstrong

All staff will complete Natasha's Law, Allergy School Allergen and anaphylaxis training annually and on an ad-hoc basis during induction of new staff.

Training includes:

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

Rowlands Gill Primary School ensures that staff undertake a practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk

8. Inclusion and Safeguarding

Our school is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their developmental milestones and academic potential. Our school conforms to the Safer Eating requirements in Early Years Safeguarding 2025.

9. Catering

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

The school's menu is available for parents to view in advance with all allergens highlighted on the organisation website at School Meals - Rowlands Gill Primary School. **In addition, the full matrix is available in the individual school kitchens.**

Process

- The parents will inform school of pupils with food allergies, school will issue parents with a 'Medical Diet Application Form' and a 'Medical Diet Form' (purple headed sheet).
- The parent will return both forms to school supported with relevant copy of a medical note from a qualified medical professional such as a GP, dietitian, NHS nurse or other NHS professionals (private laboratory results and homeopathic diagnosis will not be accepted).
- School will forward the completed forms, along with medical evidence to the School Catering team at SchoolCateringAllergens@gateshead.gov.uk

- If a special menu is required for the pupils this will be developed by the School Catering team and forwarded to school to pass onto parents to make a selection for a three-week menu that will be followed throughout the year.
- The selected menu is returned to the catering team by school at SchoolCateringAllergens@gateshead.gov.uk.
- The selected menu will be transferred to the medical diet menu template.
- The kitchen will then be provided with the medical form with current picture of the pupil attached and a copy of the selected menu, these will be kept in the allergen folder in the kitchen for reference.
- When the lunchtime supervisors take the lunch register, they will issue a purple wristband to any child who is identified on the register as requiring a special menu due to allergens.
- The child gives this purple wristband to the kitchen staff who will then issue their special menu meal on a purple tray.

Our kitchen team do know our children well and always familiarise themselves with the child and their menu, however this procedure is needed in case of kitchen staff absence.

Parents/carers can be directed to the School Catering Team to directly discuss their child needs if they wish.

All Medical Diet Forms (purple headed sheet) for pupils must be updated annually by parents and a new up to date picture added prior to the new academic year, any special diets will then be created.

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

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from a PTA event or external event, parents should check the appropriateness of foods by speaking directly to the PTA or manager of a stall.
- The pupil should be taught to also check with staff, before selecting their lunch choice by asking 'Is this safe for me?'
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Food should not be given to primary school age food-allergic children without parental engagement and permission (e.g. food treats).
- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) must be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

Trips and Visits

Staff leading school visits will ensure they carry all relevant emergency supplies. **Visit leaders will check that medication for all pupils with medical conditions, including allergies, is taken on the visit by a named member of staff.**

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips should be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions
Children with allergies should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture by the visit lead. A member of staff trained in administering adrenaline will accompany the team. If the other school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

Provision of Packed Lunches from the School Kitchen
Where packed lunches are required from the kitchen for school trips, these must be ordered at least 48 hours in advance (in our school we always aim to do this at least one week in advance) by completing the packed lunch request form from the kitchen. This will ensure all pupils with allergens are catered for and their packed lunch is clearly labelled and kept separate.

10. Allergy Awareness and Nut Bans

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

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

A wide variety of educational resources are available through Natasha's Foundation Allergy School, including a curriculum map, lesson plans, assembly packs, posters, additional resources and videos.

11. Risk Assessment

Our school will undertake a risk assessment for each individual child with allergies both newly joining and newly diagnosed. The risk assessments will identify the control measures that are needed to be implemented to keep the child with allergies safe. The risk assessment will be used to help identify any gaps in our systems and processes for keeping allergic children safe.

School and individual risk assessments can be downloaded for free from:
https://www.anaphylaxis.org.uk/downloads-form/safer-schools-download/

12. Useful Links

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

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

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

Whole school allergy and awareness management - For Schools | Allergy UK | National Charity

BSACI Allergy Action Plans - https://www.bsaci.org/professional-resources/resources/paediatric-allergy-action-plans/

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

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

Department of Health Guidance on the use of adrenaline auto-injectors in schools - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

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

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

Early Years Foundation Stage Safeguarding Reforms: Early years foundation stage (EYFS) statutory framework - GOV.UK

Nutrition Guidance for Early Years providers: Early Years Foundation Stage nutrition guidance

This policy incorporates content from the LA EYFS Allergens Policy (Sept 2026) as necessary.

Appendix 2 - EDU-08 Healthcare Plan can be accessed through the Intranet (Scanned images below as an example).



Date form completed:
Date for review (at least annually):
Copies held by:

1. Pupil's information

Name of school:	Name of pupil:
Class:	Date of birth:
Member of staff responsible for home-school communication:	☐ male ☐ female ☐ other

2. Contact information

Pupil's address:	Postcode
Family contact 1:	
Name:	
Phone (day):	Mobile:
Phone (evening):	Relationship to child
Family contact 2:	
Name:	
Phone (day):	Mobile:
Phone (evening):	Relationship to child:
GP:	
Name:	Phone:
Hospital / Clinic / Specialist contact:	
Name:	Phone:

Medical condition information

3. Details of pupil's medical conditions

Name of pupil's medical condition:

Triggers, symptoms, signs or things that make this pupil's condition worse:

4. Routine healthcare requirements

(For example, dietary, therapy, time, equipment, nursing needs or before physical activity)

During school hours:

Out of school hours:

5. What to do in an emergency

6. Regular medication taken during school hours

Medication 1	Medication 2
Name/type of medication (as described on the container):	Name/type of medication (as described on the container):
Doses and method of administration (the amount taken and how the medication is taken, e.g. tablets, inhaler, injection)	Doses and method of administration (the amount taken and how the medication is taken, e.g. tablets, inhaler, injection)
When is it taken (i.e. times of day)?	When is it taken (i.e. times of day)?
Are there any side effects that could affect this pupil at school?	Are there any side effects that could affect this pupil at school?

Are there any contra-indications (signs when this medication should not be given)?	Are there any contra-indications (signs when this medication should not be given)?
Self-administration: Can the pupil administer the medication themselves? ☐ yes ☐ no ☐ yes, with supervision by:	Self-administration: Can the pupil Administer the medication themselves? ☐ yes ☐ no ☐ yes, with supervision by:
Staff member's name who will support:	Staff member's name who will support:
Medication expiry date	Medication expiry date

7. Emergency medication

Name/type of medication (as described on the container):

Describe what signs or symptoms indicate an emergency for this pupil:

Dose and method of administration (how the medication is taken and the amount):

Are there any contra-indications (signs when medication should not be given)

Are there any side effects that the school needs to know about?

Self-administration: Can the pupil administer the medication themselves?

☐ yes ☐ no ☐ yes, with supervision by:

Staff member's name:

Is there any other follow-up care necessary?

Who should be notified? ☐ Parents ☐ Specialist ☐ GP

8. Regular medication taken outside of school hours

(To be completed if pupil is likely to be in school after normal school hours or undertaking a residential visit)

Name/type of medication (as described on the container):

Are there any side effects that the school needs to know about?

9. Members of staff trained to administer medications for this pupil

Regular medication:

Emergency medication:

10. Specialist education arrangements required

(e.g. Activities to be avoided, special education needs)

11. Any specialist arrangements required for off-site activities

(Please note the school will send parents a separate form prior to each residential visit/off-site activity. Also consider arrangements for swimming lessons and other sporting activities.

12. Any other information relating to the pupil's healthcare in school?

(e.g. Consider social and emotional needs, absences, rest periods, additional time to complete tests/exams).

Parental and pupil agreement

I agree that the medical information contained in this plan is accurate and up to date. It may be shared with individuals involved with my/my child's care and education, (this includes emergency services). I understand that I must notify the school of any changes in writing.

Signed:
Pupil

Date:

Print name:

Date:

Signed:
Parent (if pupil is below the age of 16)

Date:

Print name:

Healthcare professional agreement (if applicable)

☐ I agree that the information is accurate and up to date.

Signed: Date:
Print name: Job title:

Permission for emergency medication

☐ I agree that I/my child can be given their medication by a member of staff in an emergency.
☐ I agree that my child **cannot** keep their medication with them and the school will make the necessary medication storage arrangements
☐ I agree that my child **can** keep their medication with them for use when necessary

Name of medication carried by pupil:
Signed: Date:
Parent/guardian (or pupil if above age of 16 years)

Head teacher agreement

It is agreed that (name of child):

☐ will receive the above listed medication at the above listed time (see part 6).

☐ will receive the above listed medication in an emergency (see part 7).

This arrangement will continue until
(Either end date of course of medication or until instructed by the pupil's parents).