



Medication and Allergy Management Policy

ULT This policy outlines the procedures for the administration of medication in school and how we support pupils with medical conditions, including allergies. It has been developed with advice from Anaphylaxis UK, and Allergy UK.

This policy was approved as follows:

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1. Introduction

- 1.1 This document has been developed in line with the Department for Education guidance '[Supporting pupils at school with medication conditions](#)' (September 2015).
- 1.2 The Children and Families Act (Section 100) places a duty on proprietors of academies to make arrangements for supporting pupils with medical conditions.
- 1.3 This document has been developed in line with the model policy for allergy at school, by Professor Adam Fox, Paediatric Allergist at Guy's & St Thomas' Hospitals, London, Dr Paul Turner, MRC Clinician Scientist and Reader in Paediatric Allergy & Immunology at Imperial College London, and the British Society for Allergy & Clinical Immunology (BSACI)
- 1.4 This policy covers the general administration of prescribed and non-prescribed medication. Such medications could be on a temporary, short term or one-off basis or for a longer-term or continual period for pupils with ongoing support needs. Pupils who have longer-term support needs should have an individual healthcare plan developed, recorded and reviewed at least annually.
- 1.5 Guidelines and information on the administration of specific medicines for specific conditions are included in the appendices.

2. General Principles

- 2.1 The school aims to ensure that pupils with medication needs receive appropriate care and support while at school so that they have full access to education.
- 2.2 The headteacher accepts responsibility for members of the school staff giving or supervising pupils taking prescribed or non-prescribed medication during the school day.
- 2.3 When medication is administered by staff, it shall be by those members of staff who have volunteered and been trained to do so, unless medically qualified staff are employed on site. It will not automatically be assumed that a qualified first aider will fulfil this role.
- 2.4 Where staff do not volunteer to administer medicines an adult with parental consent may attend school to administer prescribed or non-prescription medication.
- 2.5 Staff will not give prescription or non-prescription medication unless there is specific written consent from a parent or guardian.
- 2.6 Non-prescription medication should only be administered on a short-term basis, no longer than two weeks, without a medical diagnosis which outlines the need for administration of a non-prescription medication for a longer period.
- 2.7 Medication must be in its original packaging.
- 2.8 Non-prescription medicines such as hay fever treatment or cough/cold remedies will be treated in the same way as prescription medicines in that they should be in a clearly labelled original container with a signed consent form detailing the pupil's name, dose and frequency of administration.
- 2.9 Prescribed medicines should be in original containers labelled with the pupil's name, dose, frequency of administration, storage requirements and expiry date.
- 2.10 Generally, it is not necessary for an over-the-counter medicine, prescribed by a medical practitioner to be administered in the school setting. The exception is where the child may already be taking prescribed medication and there may be an interaction between prescribed and non-prescribed medicines. In this instance, all medications should be prescribed. Aspirin should not be given to children under 16 years of age unless prescribed.

- 2.11 Pupils that have ongoing, long term or potentially emergency medication requirements should have an individual care plan completed and reviewed at least annually with parents and the school SENDCo. Pupils who require temporary, short-term medication only require a consent form to be completed.
- 2.12 Designated first aiders will need to have specific training on anaphylaxis and understand their responsibilities in this regard.

3. Responsibilities

3.1 Governance

The Board of Trustees has the ultimate responsibility to make arrangements to support pupils with medical conditions, these arrangements are outlined in this policy.

The Local Governing Board will monitor the implementation of the policy and ensure that sufficient staff have received suitable training and are competent before they take on responsibility for supporting children with medical conditions.

3.2 The Headteacher

The headteacher is responsible for the implementation of this policy and will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- The head teacher should also make sure that parents are aware of this policy, including arrangements for managing children with allergies and at risk of anaphylaxis.
- 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 emergencies
- Take overall responsibility for the development of IHPs
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date
- Ensure that catering facilities provided by the school support students with medical conditions and that catering staff can identify students with allergies.

3.3 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one 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

Parents 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

3.5 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Pupils should, wherever possible, 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.

After discussion with parents, competent children should be encouraged to take responsibility for managing their medicines and procedures. This should be reflected within individual healthcare plans.

3.6 School nurses and other healthcare professionals

The school nursing service will notify the school when a pupil has been identified as having a medical condition that will require school support. This will be before the pupil starts school, wherever possible.

4. Managing medicines

Storage

- 4.1 Under no circumstance may pupils be in charge of storing their medication in bags or other personal places without the knowledge and permission of the class teacher and/or another suitable member of staff.
- 4.2 Prescribed emergency medication, such as diabetic insulin pens, epi-pens or asthma inhalers, should remain within reach of the pupil at all times and stored in a place known by the class teacher and/or another member of staff (**never locked away**). Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAIs/Inhalers/Insulin pens on them at all times (in a suitable bag/container).
- 4.3 For younger children or those not ready to take responsibility for their medication, there should be an emergency medical kit with all their medications and equipment needed, which is kept safely, not locked away and accessible to all staff.
- 4.4 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® or Emerade®
 - An up-to-date allergy action plan
 - Antihistamine as tablets or syrup (if included on allergy action plan)
 - Spoon if required
 - Asthma inhaler (if included on allergy action plan).
- 4.5 Medication should be kept in a known, safe, secure location. This may need to be in a fridge or at room temperature, protected from direct sunlight and temperature extremes, depending on the

medication and manufacturer's requirements. Staff will ensure that students know where their medication, AAI and inhalers are at all times.

- 4.6 Parents/guardians are responsible for ensuring that the school has an adequate amount of medication for their child and two AAIs for children with severe allergies. As a general rule, no more than four weeks of medication should be stored at any one time.
- 4.7 Since 2017, schools have been legally able to directly purchase AAI from a pharmaceutical supplier, such as a local pharmacy, without a prescription. Guidance from the Department for Health and Social Care UK Departments of Health (and equivalent guidance for the Devolved Nations) provides further details. www.gov.uk/government/publications/usingemergency-adrenaline-auto-injectors-in-schools. All schools will hold a 'Spare AAI' for emergency use ONLY – see 7.4 for more detail.
- 4.8 If a pupil has anaphylaxis, and their AAI is stored away from them, then the AAI must be brought to them. They must not be told to go to the room where the AAI is stored, for it to be administered.

Disposal of medication

- 4.9 Procedures using sharp items should be disposed of safely using a sharps bin. These are available on prescription where needed and supplied by the parents/guardians.
- 4.10 Parents/guardians are responsible for collecting the remaining medication at the end of each day or term (as appropriate) and for re-stocking medication at the start of each term.
- 4.11 Parents/guardians are responsible for ensuring that medication is within its expiry date and that any expired medication is returned to the pharmacy for safe disposal.
- 4.12 Schools should return expired medication to parents for safe disposal.
- 4.13 Parents and schools can register AAIs on the manufacturer's websites to receive text alerts for expiry dates.
- 4.14 When the school is closed for long periods e.g. school holidays, it is possible that medication could have expired so staff must check the expiry dates of inhalers, AAIs and other medications on return as these may need replacing.

5. Record keeping

- 5.1 Consent forms must be signed before any medication is given. The school is responsible for storing copies of signed consent forms. Consent forms should include:
 - The pupil's name, age and class.
 - Contact details of the parent/guardian and GP.
 - Details of any allergies the pupil may have.
 - Clear instructions on the medication required, dose to be administered, frequency of dose and period of time medication will be needed.
 - Acknowledgement that the pupil has previously taken the required medication with no adverse reactions.
 - A dated signature of the parent/guardian.

- 5.2 Changes to prescriptions or medication requirements must be communicated to the school by the pupil's parent/guardian and a new consent form signed.
- 5.3 Individual care plans or Allergy Action Plans should be developed and reviewed for all pupils with needs that may require ongoing medication or support. Such care plans should be developed with parents/guardians, the school and other professional input as appropriate. AAI (Adrenaline auto-injectors) plans are medical documents and should be completed by a child's health professional (and not by parents or teachers, for example)
- 5.4 A signed record of medication given or supervised being taken should be kept including the date, time and dose taken. Parents/guardians should be informed that medication has been taken on the same day or according to the individual care plan.

6. Training

- 6.1 All staff will be made aware of their role in implementing the policy through for example whole school awareness training, involvement in the development of IHCPs, staff briefing sessions on what to do in the event of an allergic reaction etc.
- 6.2 Members of staff who volunteer to administer medicines will be offered professional training and support as appropriate and required.
- 6.3 All staff allergy training will be refreshed yearly (at a minimum) either via the online AllergyWise anaphylaxis website or face-to-face by a professionally qualified Trainer and new and temporary staff will be trained as soon as they join the school to ensure confidence and competence. All training will include a practical session by an approved AAI trainer (see manufacturer website for details).
- 6.4 Whenever possible at least two named members of staff at a school will be responsible for coordinating medication and allergy management including the development and upkeep of the school's medication and allergy documentation.

7. Medical Emergencies

- 7.1 In the event of a medical emergency, all relevant procedures should be activated and 999 dialled as appropriate.
- 7.2 A record of emergency medicines and their expiry dates should be kept and recorded each term for schools which store such medications (for example epi-pens or asthma inhalers).
- 7.3 Emergency medicines should only be given to pupils with a signed consent form and following clear, agreed procedures detailed in the consent form or individual care plan.
- 7.4 Under existing UK legislation, a school's "spare" AAI (epi-pen) can in principle be used in the event of an emergency to save the life of someone who develops anaphylaxis unexpectedly, even when parental/guardian consent has not been obtained, for example in a child presenting for the first time with anaphylaxis due to an unrecognised allergy. Note, however, that this provision should be reserved for exceptional circumstances only, that could not have been foreseen.

8. Day trips, residential visits and sporting activities

- 8.1 Pupils with medical conditions should not be precluded from taking part in day trips, residential visits or sporting activities unless evidence from a clinician such as a GP states that this is not possible.

- 8.2 School will carry out a thorough risk assessment to ensure the safety of all pupils and staff. In the case of pupils with medical needs, the risk assessment process will involve consultation with the child, parents/carers and relevant healthcare professionals to ensure the pupil can participate safely.
- 8.3 Where pupils are required to take medicine during a day trip etc, arrangements should be made to administer them following this policy.
- 8.4 Staff must ensure that all emergency medication such as AAI's and inhalers are taken with the student on all offsite visits.
- 8.5 Teachers should be aware of how a pupil's medical condition may impact on their participation.
- 8.6 The school will consider any reasonable adjustments that may need to be made to enable pupils with medical conditions to participate fully and safely on visits.

9. Catering for Allergies

- 9.1 All 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.
- 9.2 The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website
- 9.3 The school will obtain information regarding allergies from parents and will update the information on our MIS system, which automatically links to the catering system.
- 9.4 Parents/carers are encouraged to meet with the Catering Manager to discuss their child's needs.
- 9.5 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 the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
 - The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
 - Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; and carefully cleaning (using 8 warm soapy water) food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
 - Food should not be given to primary school-age food-allergic children without parental engagement and permission (e.g. birthday parties, food treats).
 - Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their allergy sensitivity.

10. Complaints

- 10.1 Parents concerned about the support provided for their child with a medical condition should be directed in the first instance to the Head of House. If you are not satisfied, this should be escalated to

SENDCo. If the concern cannot be resolved, they will direct parents to the school's complaints procedure.

11. Further relevant information

Appendices for information and templates are available in the ULT TEAMS Key Documentation Channel – Health & Safety.

Appendix 2	Template forms including: Individual Health Care Plan (IHCP) for pupils Record of medicine administered to an individual child Record of medicine administered to all children Staff training record – administration of medicines Contacting emergency service Model letter inviting parents to contribute to individual healthcare plan development
Appendix 3	Epilepsy Health and record forms from health professionals
Appendix 4	Emergency action plans for anaphylaxis from health professionals
Appendix 5	Diabetes health forms from health professionals
Appendix 6	Supporting pupils at school with medical conditions - Department of Education document.
Appendix 7	Guidance on the use of emergency asthma inhalers in schools - Department of Education guidance.
Appendix 8	Salbutamol Inhaler - School Letter Template to Pharmacy
Appendix 9	Antihistamine Action Plan
Appendix 10	Emerade action plan
Appendix 11	Epipen action plan
Appendix 12	Jext action plan
Appendix 13	'Spare pens' in Schools
Appendix 12	Sports and Allergies in schools

Appendix A: Medicine Consent Form

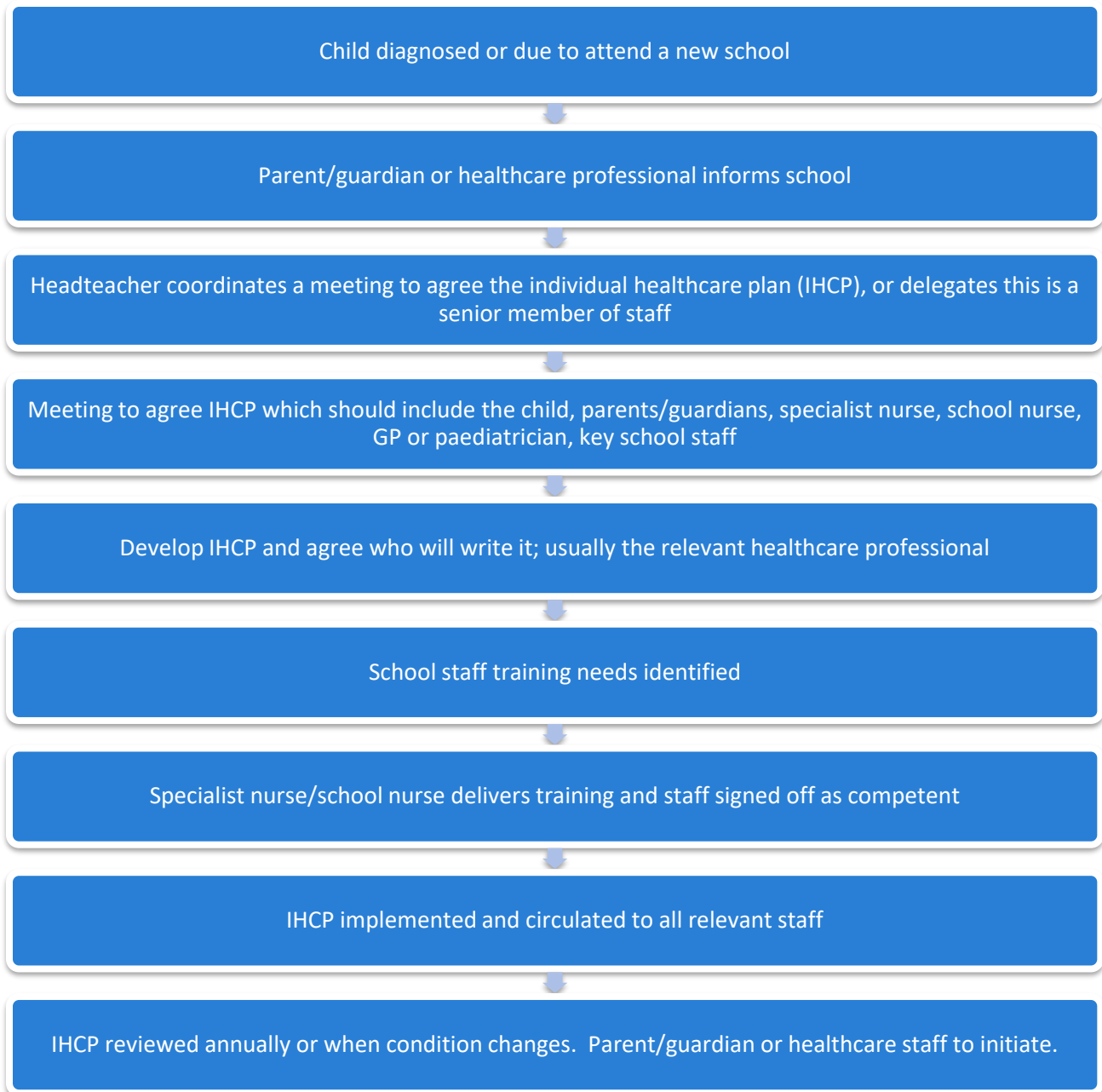
[Name of school] Medicine Consent Form	
Child's name and class	
The child's date of birth	
My child has been diagnosed as having <i>(condition)</i>	
He/she is considered fit for school but requires the following medicine to be given during school hours	
Name of medicine	
Dose required	
Time/s of dose	
With effect from [start date]	
Until [end date]	
The medicine should be taken by <i>(mouth, nose, in the ear, other: please provide details as appropriate)</i>	
I consent/do not consent for my child to take the medicine by him/herself and therefore kindly request/do not request that you arrange for the administration of the above medicine as indicated. <i>(Please delete as appropriate)</i>	
I consent/do not consent for my child to carry his/her own medicine and therefore kindly request/do not request the school to store it on his/her behalf. This medicine does/does not need to be kept in a fridge. <i>(Please delete as appropriate)</i>	
By signing this form I confirm the following statements:	
<ul style="list-style-type: none"> • That my child has taken this medicine or at least two doses of this medicine before and has not suffered any adverse reactions. 	
<ul style="list-style-type: none"> • I will update the school with any change in medication routine use or dosage 	
<ul style="list-style-type: none"> • That I undertake to maintain an in-date supply of the medication 	
<ul style="list-style-type: none"> • That I understand the school cannot undertake to monitor the use of self-administered medication carried by my child and that the school is not responsible for any loss of/or damage to any medication 	
<ul style="list-style-type: none"> • I understand the school will keep a record of the medicine given and will keep me informed that this has happened. 	
<ul style="list-style-type: none"> • That I understand staff will be acting in the best interests of my child whilst administering medication. 	
Signed	
Name (please print)	
Contact details	
Date	
Staff member signature	
Name (please print)	
Date	

Appendix B: Procedure for the development of an Individual Health Care Plan (IHCP)

An IHCP is a written, recorded plan on the specific information and requirements of an individual pupil and ensures that the pupil's needs will be met in the educational setting.

Plans should be agreed upon by the headteacher and parents/guardians, and be formally recorded and reviewed at regular intervals. A template/pro forma is available for download in the accompanying appendix file on the Central TEAMS Documentation Channel – Health & Safety.

The procedure for the development of an IHCP is given below:



Appendix C: Advice on Medical Conditions

The Community Pediatrician or nurse, on request, will advise schools regarding medical conditions. Parents or guardians of children with medical conditions seeking general information should be advised to seek advice from their GP, school health professionals (providing name and contact details) or from specialist bodies, a selection of which are listed below.

Asthma	
General information	Asthma UK: www.asthma.org.uk Asthma helpline: 0300 222 5800
For teachers	Guidance on Emergency asthma inhalers for use in schools: www.gov.uk
Epilepsy	
General information	Epilepsy Action: www.epilepsy.org.uk Helpline: 0808 800 5050
For teachers	Guidance in Appendix 3: 'Epilepsy Health Forms for IHCPs'.
Infectious diseases	Public Health England: www.gov.uk ; Tel: 0344 225 4524 option 1
Hemophilia	The Hemophilia Society: www.haemophilia.org.uk ; Tel: 0207 939 0780
Anaphylaxis	
General information	Anaphylaxis Campaign: www.anaphylaxis.org.uk ; Tel: 01252 542 029 Anaphylaxis UK's Safer Schools Programme / AllergyWise for Schools
For teachers	See Appendix 4: 'Emergency Action Plan' forms for Epipen/Jext Pens. NB the need to report the administration of this medication to: Bridge Park Plaza, Fax: 0116 258 6694 and email to childrensallergy@uhl-tr.nhs.uk
Thalassemia	UK Thalassemia Society: www.ukts.org ; Tel: 020 8882 0011
Sickle Cell Disease	The Sickle Cell Society: www.sicklecellsociety.org ; Tel: 020 8961 7795
Cystic Fibrosis	Cystic Fibrosis Trust: www.cftrust.org.uk ; Tel: 020 846 47211
Diabetes	
General information	Diabetes UK: www.diabetes.org.uk ; Tel: 0345 123 2399
For teachers	Staffordshire Children and Young person diabetes nursing team Diabetes Specialist Nurse: 0300 123 09956 Ext. 3522/3524 Hanford Health Centre New Inn Lane Stoke-on-Trent Staffordshire ST4 8EX
Other useful contact numbers	
SCC Health, Safety and Well-Being Service	Tel: 01785 355777 (emergency) OR 7815 826740 (general enquiries)
Families Health and Wellbeing Service (0-19) - health visitors and school nurses	
The Hub – central point of access	0808 178 0611
Regional hubs for any queries, referrals, advice or guidance.	West Hub - FHWS.west@mpft.nhs.uk East Hub FHWS.east@mpft.nhs.uk or Stoke Hub - 019CityHub@mpft.nhs.uk A referral can be made by ringing the Hub or referral forms for the service can be found on our website. Staffordshire Connects Families Health and Wellbeing Service (0-19) - health visitors and school nurses

Appendix D: Advice on 'Spare' adrenaline auto-injectors in school

[Name of school] 'Spare' adrenaline auto-injectors in 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)	
These are stored in: <i>(kept safely, not locked away and accessible and known to all staff)</i>	<i>[insert colour of the pack/bag/container here]</i> <i>(clearly labelled 'Emergency Anaphylaxis Adrenaline Pen')</i>
Number of 'spare pens':	<i>[insert number of spare pens here]</i>
Locations of 'spare pens':	<i>[insert locations of spare pens here]</i>
The person responsible for checking spare medication is in date every month and replaces as needed:	School Nurse/SENCO/First Aider <i>[delete as appropriate]</i>
Is written parental permission for the use of the spare AAIs included in all appropriate pupils' allergy action plans?	Yes / No <i>[delete as appropriate]</i>
If anaphylaxis is suspected in an undiagnosed individual call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.	