



Supporting pupils with medical conditions and the administration of medicine policy, Allergies and Anaphylaxis

Date approved:	15.09.2026
Approved by:	Executive Team
Version:	7.2
Date for Review	September 2027

Version History

Version	Date Issued	Brief Summary of Change	Owners Name
0.1	05.02.2019	New Policy	Wendy Ainscough
1.1	14.05.2019	Policy updated to allow administration of non-prescription medication	Wendy Ainscough
2.1	04.02.2020	Updated to include locked storage of EpiPens	Wendy Ainscough
3.1	01.09.2020	Annual Review	Wendy Ainscough
4.1	07.09.2021	Annual Review	Wendy Ainscough
5.1	06.09.2022	Annual Review	Wendy Ainscough
6.1	04.09.2023	Annual Review	Lully Newman
7.1	25.06.2024	Annual Review -updated links and minor updates to terminology.	Caroline Merritt
7.2	15.07.2026	Review – add changes for Allergies and Anaphylaxis in conjunction with Benedicts Law	Sukkeena King

ALUMNIS



Inspiring Changemakers

Contents

2. Legislation and statutory responsibilities	3
3. Roles and responsibilities	4
4. Equal opportunities	5
5. Being notified that a child has a medical condition	6
6. Individual healthcare plans	8
7. Managing the administration of medicines	9
8. Emergency procedures	13
9. Training	13
10. Record keeping	14
11. Liability and indemnity	14
12. Complaints	15
13. Monitoring arrangements	15
14. Links to other policies	15

ALUMNIS



Inspiring Changemakers

1. Aims

This policy aims to ensure that:

- Pupils, staff and parents understand how our schools 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 Alumnis Multi-Academy Trust Board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupil's condition, where appropriate
- Making 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

The person with responsibility for implementing this policy in each school is the 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 Boards to make arrangements for supporting pupils at their schools with medical conditions.
- It is also based on the Department for Education's statutory guidance: Supporting pupils at school with medical conditions.
- Equalities Act 2010
- Children's Wellbeing and Schools Bill

This policy also complies with our funding agreement and articles of association.

ALUMNIS



Inspiring Changemakers

3. Roles and responsibilities

3.1 The Board of Directors

The Board of Directors has ultimate responsibility to make arrangements to support pupils with medical conditions. The 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 in each school will:

- Make sure that all staff are aware of this policy and understand their role in its implementation
- Ensure there are staff available to implement this policy and deliver against all healthcare plans, including in contingency and emergency situations
- Take overall responsibility for the development of healthcare plans
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact appropriate outside agencies 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 one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be expected 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.

ALUMNIS



Inspiring Changemakers

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 and work with the school in partnership to deliver an effective transition package
- Be involved in the development and review of their child's healthcare plan and will be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the healthcare plan 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 be as involved as possible in discussions about their medical support needs and contribute as much as possible to the development of their healthcare plans. They are also expected to comply with their healthcare plans.

3.6 School Nurses

Referrals can be made to School Nurses to support with early anxiety intervention, behaviour, healthy lifestyle concerns etc.

4. Equal opportunities

Our Trust 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 Trust 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.

ALUMNIS



Inspiring Changemakers

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

5. Being notified that a child has a medical condition

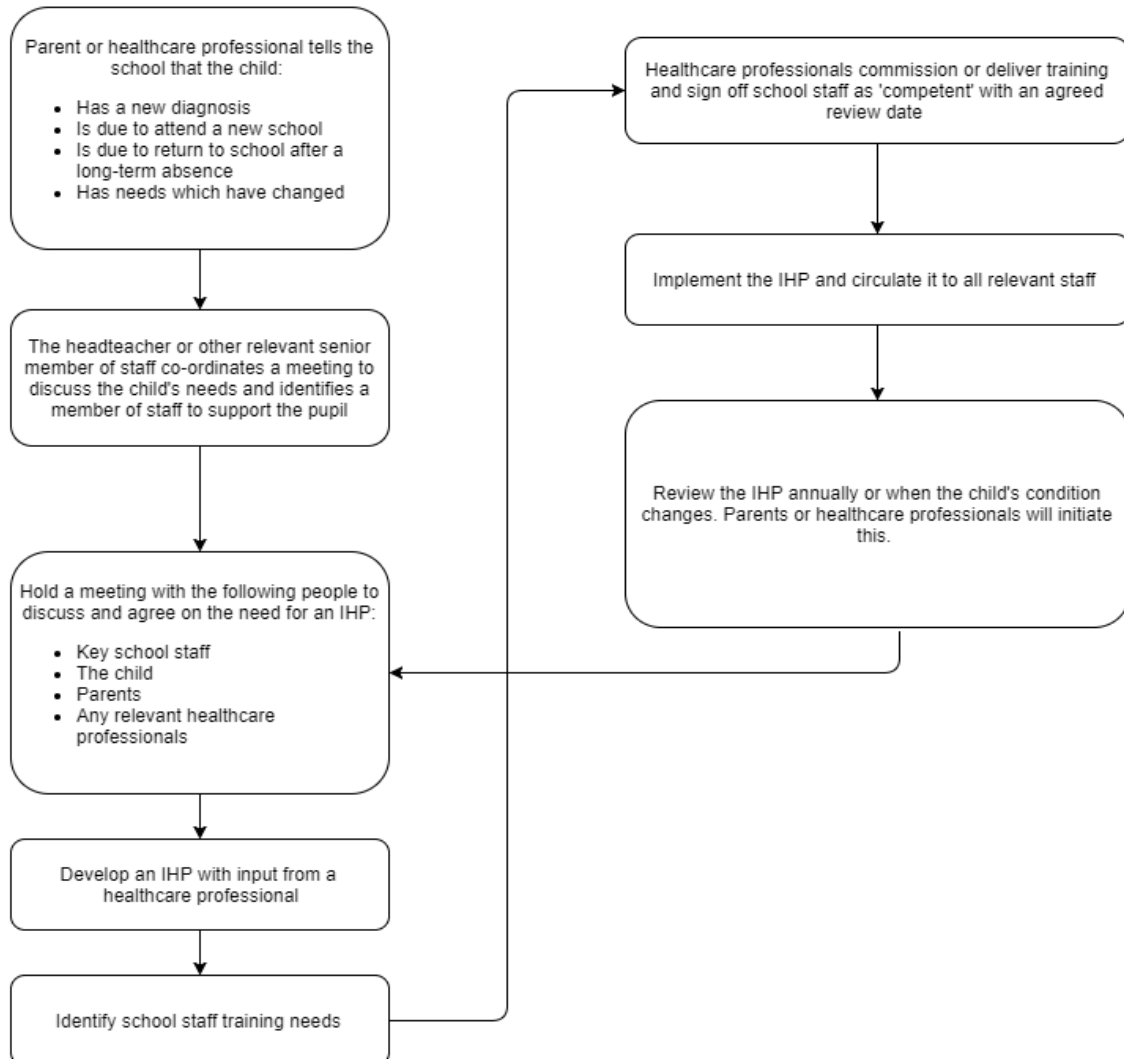
When a school is notified that a pupil has a medical condition, the process outlined below will be followed to decide whether the pupil requires a healthcare plan. The school will make every effort to ensure that arrangements are put into place as soon as practically possible, however with complex needs it may be necessary to consider an appropriate start date.

We will take into account that many medical conditions and allergies that require support at school may affect the quality of life and may be life threatening. We also acknowledge that some may be more obvious than others. We will therefore ensure that the focus is on the need of the individual child and how their medical condition impacts their school life.

We will ensure that staff are properly trained and supervised to support pupils' medical conditions and will be clear and ambiguous about the need to actively support pupils with medical conditions and allergies to participate in school trips and visits, or sporting activities, and not prevent them in doing so.

ALUMNIS

Inspiring Changemakers



ALUMNIS



Inspiring Changemakers

6. Individual healthcare plans (IHP)

The Headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This may be delegated to an appropriate member of staff.

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 when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is not a consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or pediatrician, 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 statement of special educational needs (SEN) or education, health and care (EHC) plan. If a pupil has SEN but does not have a statement or 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 Board of Directors and the Headteacher will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments;
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons;
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete

ALUMNIS



Inspiring Changemakers

exams, use of rest periods or additional support in catching up with lessons, counseling sessions;

- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring;
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable;
- Who in the school needs to be aware of the pupil's condition and the support required;
- Arrangements for written permission from parents and the Headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments;
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition;
- What to do in an emergency, including who to contact, and contingency arrangements.

7. Managing the administration of medicines including the use of asthma inhalers and EpiPens

7.1 The Headteacher will accept responsibility in principle for members of school staff giving or supervising a pupil taking prescribed medication during the day, where those members of staff have volunteered to do so.

There are two forms which require completion

1. Administration of medicines in schools declaration form to be completed by the parent or guardian of the child and delivered personally, together with the medicine, to the headteacher or school office.

ALUMNIS



Inspiring Changemakers

2. Record of medicine administered to an individual must be completed by the member of staff and signed by a second member of staff (to confirm the correct dosage and medication) prior to the administering each dose of medicine.

Any parent/carers requesting the administration of medication will be given a copy of this policy.

- Prescribed medication will be accepted and administered in the establishment;
- Non-prescription medication will only be accepted and administered in the following circumstances:
 - i. When a pupil requires non-prescribed medication for a minor condition that will enable them to remain in school, rather than being sent home. Examples of minor conditions: headache, toothache, pain from minor injury already treated.

Prior written parental consent is required before any medication can be administered. For administration of non-prescription medication parents/carers will be requested to complete a form. Only reasonable quantities of medication will be accepted (no more than one week's supply).

Each item of medication should be delivered in its original dispensed container and handed directly to a member of the school's staff, as authorised by the Headteacher.

Each item of medication should be clearly labeled with the following information:

- Student's name
- Name of medication
- Dosage
- Frequency of dosage
- Quantity received ml/number of tablets
- Date of dispensing
- Storage requirements (if important)
- Expiry date (if available)

ALUMNIS



Inspiring Changemakers

The school will not accept items of medication which are in un-labelled containers or not in their original container.

Unless otherwise indicated, all medication to be administered in the school will be kept in a designated lockable cupboard or in a fridge in a secure area. Where appropriate pupils will be informed about where their medicines are and be able to access them immediately.

Where it is appropriate to do so, students will be encouraged to administer their own asthma medication, under staff supervision. Parents/carers will be asked to confirm in writing if they wish their child to administer their own asthma medication.

It is the responsibility of parents/carers to notify the school if there is a change in medication, a change in dosage requirements, or the discontinuation of a student's need for medication. The school will review administration routines termly.

Staff who volunteer to assist in the administration of invasive medication will receive appropriate training/guidance through arrangements made with the appropriate professional health team.

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

Medicines will be returned to parents to arrange for safe disposal when no longer required.

7.2 Inhalers

Asthma inhalers should be kept in the child's classroom under the charge of the teacher. Parents must complete the Administration of Medicines in Schools declaration form to give permission to administer the medicine to the child during the time they are in school. All inhalers and spacers should be clearly marked with the child's name.

If a parent requires the school to administer an asthma inhaler to their child on an ad-hoc basis this request must be made to the office first thing in the morning.

- An updated list of all children who are Asthmatic must be kept and relevant staff advised.
- Asthma inhalers must be kept as per storage to medicines.
- Inhalers for children in KS2 must be made easily accessible for them to self administer.
- Staff must ensure that inhalers are taken on school trips, visits and PE lessons.

ALUMNIS



Inspiring Changemakers

- All inhalers should be clearly labelled and sent home at the end of each term to be checked.

7.3 EpiPens

If a pupil is admitted to the school with known allergies, the parents will arrange a IHCP to be completed which will define the severity of the allergy and type of reaction expected.

If the pupil is likely to suffer anaphylactic shock through exposure, the parents will provide an EpiPen and complete the Trust's administration of medicine consent form.

All relevant staff will be made aware of the pupils need and trained in its use.

As explained in the H&S019 supporting pupils with medical conditions, this also includes to be considered for trips or activities are planned to ensure the risk assessment considers the allergies and pupils needs.

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 accessing their inhalers and medication when necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the pupil or their parents;
- Ignore medical evidence or opinion (although this may be challenged);
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs;
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with

ALUMNIS



Inspiring Changemakers

toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs;

- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child;
- Administer medicine in school toilets.

8. Emergency procedures

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

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

9. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils;
- Fulfill 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.
- Training on knowing the common allergies and triggers of allergy.

ALUMNIS



Inspiring Changemakers

- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key including knowing when to call the emergency services.
- Managing allergy action plans and ensuring they are up to date.
- Measures to reduce the risk of a child having an allergic reaction, e.g allergen avoidance and knowing who is responsible for what.

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. Record keeping

The Board of Directors will ensure that written records are kept of all medicine administered to pupils. Parents will be informed if their pupil has been unwell at school.

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

11. Liability and indemnity

The Board has appropriate insurance cover provided by Zurich Municipal's Select for Academies Policy.

12. Complaints

Parents with a complaint about their child's medical condition should discuss this directly with the Headteacher in the first instance. If the Headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

13. Monitoring arrangements

This Policy will be reviewed and approved by the Board of Directors annually.



14. Links to other policies

This policy links to the following policies:

- [DfE - Supporting pupils at school with medical conditions \(20215\)](#)
- Accessibility plan
- Complaints Policy
- Equality information and objectives
- First aid Policy
- Health and Safety Policy
- Child Protection & Safeguarding Policy
- SEND information report and policy

Appendix 1:

Parental agreement to administer medicine

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

Date for review to be initiated by

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

Medicine

--

ALUMNIS



Inspiring Changemakers

Name/type of medicine
(as described on the container)

Expiry date

Dosage and method

Timing

Special precautions/other
instructions

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

Self-administration – y/n

Procedures to take in an
emergency

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

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver
the medicine personally to

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

ALUMNIS



Inspiring Changemakers

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

Signature(s) _____

Date _____

- **Appendix 2:**

Record of medicine administered to an individual child

Name of school/setting

Name of child

Date medicine provided by parent

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Dose and frequency of medicine

Date

Time given

ALUMNIS



Inspiring Changemakers

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

ALUMNIS



Inspiring Changemakers

Date

Time given

Dose given

Name of member of staff

Staff initials

Date

Time given

Dose given

Name of member of staff

Staff initials

• **Appendix 3: Emergency Treatment and Management of Anaphylaxis**

- 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).

ALUMNIS



Inspiring Changemakers

- It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.
- Common UK Allergens include (but are not limited to):-
- Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.
- **What to look for:**
 - Symptoms usually come quickly, within minutes of exposure to the allergen.
 - Mild to moderate allergic reaction symptoms may include:
 - a red raised rash (known as hives or urticaria) anywhere on the body
 - a tingling or itchy feeling in the mouth
 - swelling of lips, face or eyes
 - stomach pain or vomiting.
 - More serious symptoms are often referred to as the ABC symptoms and can include:
 - AIRWAY - swelling in the throat, tongue or upper airways (tightening of the throat, hoarse voice, difficulty swallowing).
 - BREATHING - sudden onset wheezing, breathing difficulty, noisy breathing.
 - CIRCULATION - dizziness, feeling faint, sudden sleepiness, tiredness, confusion, pale clammy skin, loss of consciousness.
 - The term for this more 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. AAls 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 AAl.
 - 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.

ALUMNIS



Inspiring Changemakers

- All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.
- **Appendix 4: Supply, Storage and Care of Medication for Allergies**
 - Depending on their level of understanding and competence, pupils will be encouraged to take responsibility for and to carry their own two AAls on them at all times in a suitable container clearly marked with their name.
 - 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 AAls i.e. EpiPen® or Jext®
 - An up-to-date allergy action plan
 - Antihistamine, tablets or syrup (if included on allergy action plan)
 - Spoon if required
 - Asthma inhaler (if included in an 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 School will check medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
 - Parents can subscribe to expiry alerts for the relevant AAls their child is prescribed, to make sure they can get replacement devices in good time.
 - **Storage**
 - AAls should be stored at room temperature, protected from direct sunlight and temperature extremes.
 - **Disposal**
 - AAls are single use only and must be disposed of as sharps. Used AAls can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin.
 - **'Spare' adrenaline auto-injectors in school**
 - Every School has spare AAls 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 the Kitt Medical Boxes, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen, kept safely and accessible and known to all staff.
 - Each school holds 2 x 300mcg and 2 x 150mcg pens.
 - The First Aider is responsible for checking the spare medication is in date on a monthly basis; any pens used must be logged on the Kitt Medical website, who will immediately dispatch replacements.
 - Written parental permission for use of the spare AAls is included in the pupil's allergy action plan.