



PARKSIDE MIDDLE SCHOOL SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY

(including First Aid and Administration of Medicines and
Anaphylaxis Policy)

Dated: November 2023

Review date: November 2025

Headteacher.....

Chair of Governors.....



Parkside Middle School

Supporting Pupils with Medical Conditions Policy

(including First Aid and Administration of Medicines and Anaphylaxis Policy)

Policy Statement

Parkside Middle School is an inclusive community that welcomes and supports pupils with medical conditions.

Parkside Middle School provides all pupils with any medical condition the same opportunities as others at school.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution

The school makes sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

Parkside Middle School understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

Parkside Middle School understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at Parkside Middle School. Staff receive training on the impact medical conditions can have on pupils.

See Appendix 1 – 4 for Individual Healthcare Plan documentation

Policy framework

The policy framework describes the essential criteria for how Parkside Middle School can meet the needs of children and young people with long-term medical conditions.

1 Parkside Middle School is an inclusive community that supports and welcomes pupils with medical conditions.

- Parkside Middle School is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both school-based and out-of-school) as other pupils. No child will be denied admission or prevented from taking up a place in this school because arrangements for their medical condition have not been made.
- Parkside Middle School will listen to the views of pupils and parents/carers.
- Pupils and parents/carers feel confident in the care they receive from Parkside Middle School and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at Parkside Middle School and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole school and local health community understand and support the medical conditions policy.
- This school understand that all children with the same medical condition will not have the same needs.
- Parkside Middle School recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

2 Parkside Middle School's medical conditions policy is drawn up in consultation with a wide range of local key stakeholders within both the school and health settings.

- Stakeholders should include pupils, parents, carers, school nurse, school staff, governors, the school employer, relevant local health services and relevant support organisations.

3 The medical conditions policy is supported by a clear communication plan for staff, parents/carers and other key stakeholders to ensure its full implementation.

- Pupils, parents/carers, relevant local healthcare staff, and other external stakeholders are informed of and reminded about the medical conditions policy through clear communication channels.

4 All children with a medical condition should have an individual healthcare plan (IHP)

- An IHP details exactly what care a child needs in school, when they need it and who is going to give it.
- It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.

- This should be drawn up with input from the child (if appropriate), their parent/carer, relevant school staff and healthcare professionals, ideally a specialist if the child has one.

5 All staff understand and are trained in what to do in an emergency for children with medical conditions at Parkside Middle School.

- All Parkside Middle School staff, including temporary or supply staff, are aware of the medical conditions at this school and understand their duty of care to pupils in an emergency.
- All staff receive training in what to do in an emergency and this is refreshed at least once a year.
- A child's IHP should explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

6 All Staff understand and are trained in the school's general emergency procedures.

- All staff, including temporary or supply staff, know what action to take in an emergency and receive updates at least annually.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent/carer arrives, or accompany a child taken to hospital by ambulance. Only if absolutely necessary would a member of staff take a pupil to hospital in their own car.

7 This school has clear guidance on providing care and support and administering medication at school.

- Parkside Middle School understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- Parkside Middle School will make sure that there is more than one member of staff who has been trained to administer the medication and meet the care needs of an individual child. This includes escort staff for home to school transport if necessary. Parkside Middle School will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. Parkside Middle School's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- Parkside Middle School will not give medication (prescription or non-prescription) to a child under 16 without a parent's/carer's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent/carer, while respecting their confidentiality.
- Parkside Middle School will provide emergency medical supplies for offsite visits. Parental consent will be obtained prior to administering medication, ointments and creams etc. Medical supplies held or supplied by parents/carers will be checked for expiry dates every half term.
- When administering medication, for example pain relief, Parkside Middle School will check the maximum dosage, when the previous dose was given and expiry dates. Parents will be informed. Parkside Middle School will not give a pupil under 16 aspirin unless prescribed by a doctor.
- Parkside Middle School will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents at Parkside Middle School understand that they should let the school know immediately if their child's needs change.

- If a pupil misuses their medication, or anyone else's, their parent/carer is informed as soon as possible, and Parkside Middle School's disciplinary procedures are followed.

8 Parkside Middle School has clear guidance on the storage of medication and equipment at school.

- This school makes sure that all staff understand what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the school and on off-site activities and is not locked away. Pupils may carry their emergency medication with them if they wish/this is appropriate.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it.
- Parkside Middle School will keep controlled drugs stored securely, but accessibly, with only named staff having access to them immediately.
- Parkside Middle School will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or pump.
- Parents/Carers are asked to collect all medications/equipment at the end of the school term, and to provide new and in-date medication at the start of each term.
- Parkside Middle School disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at school and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.
- Parkside Middle School will check medication stock each half term to ensure medications held are in date.

9 Parkside Middle School has clear guidance about record keeping.

- Parents/Carers at Parkside Middle School are asked if their child has any medical conditions on the enrolment form.
- Parkside Middle School uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, carers, school staff, specialist nurse (where appropriate) and relevant healthcare services.
- Parkside Middle School has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents, carers, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other school staff are made aware of and have access to the IHP for the pupils in their care.
- Parkside Middle School makes sure that the pupil's confidentiality is protected.
- Parkside Middle School seeks permission from parents/carers before sharing any medical information with any other party.
- Parkside Middle School meets with the pupil (where appropriate), parent, carer, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on a visit.

- Parkside Middle School keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- Parkside Middle School makes sure that all staff providing support to a pupil and other relevant teams have received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/school nurse/other suitably qualified healthcare professional will confirm their competence, and Parkside Middle School keeps an up-to-date record of all training undertaken and by whom.

10 Parkside Middle School ensures that the whole school environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- Parkside Middle School is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. Parkside Middle School is also committed to an accessible physical environment for out-of-school activities.
- Parkside Middle School makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended school activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside Parkside Middle School's Anti-Bullying Policy, to help prevent and deal with any problems. They use opportunities such as PSHE and Science lessons to raise awareness of medical conditions to help promote a positive environment.
- Parkside Middle School understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to physical activity sessions to make sure they are accessible to all pupils. This includes out-of-school clubs and team sports.
- Parkside Middle School makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- Parkside Middle School makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at school as any other child, and that appropriate adjustments and extra support are provided.
- All Parkside Middle School staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This school will not penalise pupils for their attendance if their absences relate to their medical condition.
- Parkside Middle School will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENDCo who will liaise with the pupil (where appropriate), parent/carer and the pupil's healthcare professional.
- Pupils at Parkside Middle School learn what to do in an emergency.
- Parkside Middle School makes sure that a risk assessment is carried out before any out-of-school visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

11 Parkside Middle School is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. Parkside Middle School is actively working towards reducing or eliminating these health and safety risks and has a written schedule of reducing specific triggers to support this.

- Parkside Middle School is committed to identifying and reducing triggers both at school and on out-of-school visits.
- Parkside Middle School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. The IHP details an individual pupil's trigger and details how to make sure the pupil remains safe throughout the whole school day and on out-of-school activities. Risk assessments are carried out on all out-of-school activities, taking into account the needs of pupils with medical needs.
- This school reviews all medical emergencies and incidents to see how they could have been avoided, and changes school policy according to these reviews.

Please see Appendix 5: Allergy Risk Assessment

12 Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), this school will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

- Parkside Middle School works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

13 Each member of the school and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- Parkside Middle School works in partnership with all relevant parties including the pupil (where appropriate), parent/carer, school's governing body, all school staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

14 The medical conditions policy is regularly reviewed, evaluated and updated. This policy will be reviewed every two years.

- In evaluating the policy, this school seeks feedback from key stakeholders including pupils, parents, carers, school healthcare professionals, specialist nurses and other relevant healthcare professionals, school staff, local emergency care services, governors and the school employer. The views of pupils with medical conditions are central to the evaluation process.

Date of policy: November 2023

Review date: November 2025

*The term 'parent' implies any person or body with parental responsibility such as a

Annex 1: Anaphylaxis Policy

Aims

To minimise the risk of any pupil suffering a serious allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage serious allergic reactions should they arise.

Contents

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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 serious reaction called anaphylaxis.

Anaphylaxis is a serious, life-threatening allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be ours 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 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.

This policy sets out how Parkside Middle School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Roles and responsibilities

Parent/Carer Responsibilities

- On entry to the school, it is the parent's/carers' responsibility to inform reception staff or first aiders of any allergies. This information should include all previous serious allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents/carers are to supply a copy of their child's Allergy Action Plan 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/carers are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents/carers 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 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 must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at anytime and not just at mealtimes. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The lead first aider will ensure that the up-to-date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's/carers' responsibility to ensure all medication is in date however the lead first aider will check medication kept at school on a termly basis and send a reminder to parents/carers if medication is approaching expiry.
- The lead first aider keeps 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.

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

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.

Parkside Middle School recommends using the British Society of Allergy and Clinical Immunology (BSACI) Allergy Action Plans to ensure continuity. This is a national plan that has been agreed by the BSACI, Anaphylaxis UK and Allergy UK.

It is the parents/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

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 red raised rash (known as hives or urticaria) anywhere on the body.
- A tingling or itchy feeling in the mouth.
- Swelling of the 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 serious 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 is it more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. Adrenaline is a 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 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 reoccur 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 and to carry their own two AAls on them at all times (in a suitable bag/container).

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

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

- Two AAls 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).

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

Parents/carers can subscribe to expiry alerts for the relevant AAls 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/carers. 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

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. Sharps bins to be obtained from and disposed of by a clinical waste contractor. The sharps bin is kept in the First Aid Room.

6. 'Spare' adrenaline auto-injectors in school

Parkside Middle School has purchased spare AAls for emergency use for 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 the yellow emergency grab bag located in the school office and are clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and accessible and known to all staff.

The lead 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 AAls is included in the pupil's allergy action plan.

7. Staff training

The named staff members (at least 2) responsible for co-ordinating staff anaphylaxis training and the upkeep of the school's anaphylaxis policy are; Rebecca Jenkin and Su Fletcher.

All staff will complete online AllergyWise anaphylaxis training biannually unless required in the meantime. Training is also available on an ad-hoc basis for any new members of staff.

Training includes:

- Knowing the common allergens and triggers of allergy.
- 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.

Cont'd ...

- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device.
- Ensuring emergency treatment is in date.
- Measures to reduce the risk of a child having an allergic reaction e.g., allergen avoidance, knowing who is responsible for what.
- Managing allergy action plans and ensuring these are up to date.
- A practical session using trainer devices (these can be obtained from the manufacturers' websites: www.epipen.co.uk and www.jext.co.uk and www.emerade-bausch.co.uk)

8. Inclusion and safeguarding

Parkside Middle 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 academic potential.

9. Catering

All food businesses (including food 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 menu is available for parents/carers to view in termly advance with all ingredients listed and allergens highlighted on the school website at www.parkside.worcs.sch.uk

The lead first aider will inform the Catering Manager of pupils with food allergies.

BAM FM, and therefore the school, adhere to the following Department for Health guidance recommendations:

- Bottles, other drinks and lunch boxes provided by the parents/carers for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents/carers should check the appropriateness of foods by speaking directly to the lead first aider who will liaise with 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; 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 agreement 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 age.

10. School Trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

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/carers 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

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the PE 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. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternatives/their own food.

Most parents/carers 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.

11. Allergy awareness and nut bans

Parkside Middle 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 a 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 pupil's allergens, the signs, and symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

12. Risk Assessment

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

See Appendix 5: Allergy Risk Assessment

13. Useful Links

Anaphylaxis UK - [Anaphylaxis UK Homepage](#) | [Anaphylaxis UK](#)

- Safer Schools Programme - [Allergy information for schools](#) | [Anaphylaxis UK](#)
- AllergyWise for Schools online training - [Allergy Training for Schools](#) | [Anaphylaxis UK](#)

Allergy UK - [Allergy UK](#) | [National Charity](#)

- Whole school allergy and awareness management - | [Allergy UK](#) | [National Charity](#)

BSACI Allergy Action Plans - [Paediatric Allergy Action Plans](#) - BSACI

Spare pens in schools - [Spare Pens in Schools](#) | [Homepage](#)

Department for Education Supporting pupils at school with medical conditions – [Supporting pupils at school with medical conditions \(publishing.service.gov.uk\)](#)

Department of Health guidance on the use of adrenaline auto-injectors in schools – [Guidance on the use of adrenaline auto-injectors in schools \(publishing.service.gov.uk\)](#)

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) [Overview](#) | [Food allergy](#) | [Quality standards](#) | [NICE](#)

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020) [Overview](#) | [Anaphylaxis: assessment and referral after emergency treatment](#) | [Guidance](#) | [NICE](#)

Appendix 1: Individual Healthcare Plan



Individual Healthcare Plan

PHOTO

Name of school

Parkside Middle School

Child's name

Class

Date of Birth

Child's Address

Medical Diagnosis/Condition

Date

1st Contact Information

Name

Relationship to child

Phone - Work/Home/Mobile

2nd Contact Information

Name

Relationship to child

Phone - Work/Home/Mobile

Clinic/Hospital Contact

Name/Phone

G.P.

Name/Phone

Who is responsible for providing support in school.

Rebecca Jenkin – Senior Deputy Headteacher, Behaviour, Inclusion & Welfare
Qualified First Aiders

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

Name of medication	Type of medication	Dosage	Storage
Side effects:			

Daily care requirements

--

Food/other materials known to cause severe allergic reactions.

--

Food/snacks to be provided daily by parents

Mid-morning snack

Packed lunch

Other

Food to be provided by school.

Mid-morning snack

School meal

Other

Arrangements in school to prevent eating unapproved items.

Food Activities in school form
Information updated on SIMS
Kitchen/Caterers database updated
Advice on sharing food with other pupils

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

--

Arrangements for school visits/trips etc.

First Aider(s) present on all school visits/trips.
Medication carried in First Aid bag.
Access to emergency service via mobile phone.

Other information

--

Describe what constitutes an emergency, and the action to take if this occurs

--

Who is responsible in an emergency (*state if different for off-site activities*)

Rebecca Jenkin – Senior Deputy Headteacher, Behaviour, Inclusion & Welfare
Qualified First Aiders

Plan developed with

Parent:	
Healthcare Professional:	
School:	

Staff training needed/undertaken.

Training records kept in school.

Emergency Action Plan

First Aid Trained Staff

1. Summon assistance from trained staff (if not already present)
2. Assess condition and give appropriate medication, according to:
 - Agreed procedures for medication depending on severity of reaction.
 - Precautions to be observed in use of medication
3. Contact parents
4. Accompany pupil to hospital unless parents have already arrived, or ambulance crew specifically refuse staff accompaniment.
5. Do not wait for parents if they have not arrived.

Emergency Services

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

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

1. Your telephone number – 01527 873660
2. Your name
3. Your location as follows - Parkside Middle School
4. State what the postcode is – B61 0AH
5. Provide the exact location of the patient within the school setting
6. Provide the name of the child and a brief description of their symptoms
7. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. Put a completed copy of this form by the phone
9. Inform emergency services of medication given (Type and dose)

Agreement to Individual Healthcare Plan

Worcestershire County Council will indemnify the staff named above (at Section III c), having been trained by a qualified medical practitioner, or paramedic, or a trained nurse working at the direction of a doctor, against any claims of negligence arising from the administration of any or all of the medications named above (at Section III a), including claims arising from inadvertent incorrect procedure.

This Individual Healthcare Plan has been drawn up for

_____ (Name of pupil)

by _____ (Name of parent/carer)

at _____ (Name of school)

Parent/carers signature: _____

Headteacher's signature: _____

Date: _____

Review date: _____

Appendix 2: Letter to parents regarding individual healthcare plan development

Dear Parents/Carers,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. A copy of the school's policy for supporting pupils at school with medical conditions is available to view on our school website www.parkside.worcs.sch.uk.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

Thank you for keeping us updated on your child's condition. Please can we ask you to complete the attached Individual Healthcare Plan and return it, together with any relevant supporting information.

Please do not hesitate to contact us should you have any questions.

Yours sincerely,

Mrs R Jenkin
Senior Deputy Headteacher

Appendix 3: Medication Consent

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

Date for review to be initiated by

Name of child

Date of birth

Class

Medical condition or illness

Medicine

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

Expiry date

Dosage and method

Timing

Storage/Special precautions/Other instructions

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

Self-administration – Yes/No

Procedures to take in an emergency

Doctors Surgery & Telephone

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

Name

Daytime telephone no.

Relationship to child

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 staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

This task is being undertaken voluntarily and in spirit of general care and concern. We will make every effort to oversee self-administration by your child or deliver the prescribed medicine personally.

The member of staff responsible can make no absolute guarantees, and may decline to accept responsibility once they have read these instructions. If they do so you will be informed immediately.

Parent/Carer Signature(s) _____ Date _____

Staff Signature _____ Date _____

Appendix 4: Record of medicine administered to an individual child (Information held on Medical Tracker Database)

Name of school	
Name of child	
Date medicine provided by parent	
Class	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

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 5: Allergy Risk Assessment



Parkside Middle School Anaphylaxis Risk Assessment

Pupil's Name and Class:	Date of Birth:
Name and role of other professionals involved in this Risk Assessment (i.e. Specialist Nurse, School Nurse, Doctor):	
Date of Assessment:	Reassessment due (this would usually be annually, unless there is an incident, at which point the risk assessment should be reviewed):
<p>I give permission for this to be shared with anyone who needs this information to keep the pupil safe:</p> <p>Signatures:</p> <p>Headteacher: Mrs Mancini Date</p> <p>Parents/Carers Date</p> <p>Pupil Date</p>	
What is this child/young person allergic to?	
Allergen exposure risks to be considered Ingestion <input type="checkbox"/> Direct contact <input type="checkbox"/> Indirect contact <input type="checkbox"/>	

Does this child already have an Allergy Action Plan or an Individual Healthcare Plan? YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the child prescribed adrenaline auto-injectors (AAIs)? YES <input type="checkbox"/> NO <input type="checkbox"/>
Summary of current medical evidence seen as part of the risk assessment (copies attached)
Key Questions - Please consider the activities below and insert any considerations that need to be put in place to enable the child to take part.
Activities
Crayons/painting:
Creative activities: i.e. craft paste/glue, pasta
Science type activity: i.e. bird feeders, planting seeds, food
Musical instrument sharing (cross contamination issue):
Cooking (food prep area and ingredients):
Meal time: kitchen prepared food, BAM FM (is allergy information available): Allergy information is given to the BAM FM kitchen. packed lunches:
Snacks (is allergy information available):
Drinks:
Celebrations: e.g. Birthday, Easter:
Hand washing (secondary school how accessible is this for the child): Hand washing facilities are available in some classrooms/ toilet facilities.
Indoor play/PE (AAIs to be with the child): AAIs are kept in our First Aid Room (unlocked)
Outdoor play/PE (AAIs to be with the child): AAIs are kept in our First Aid Room (unlocked)
School field (AAIs to be with the child): AAIs are kept in our First Aid Room (unlocked)
Forest school (AAIs to be with the child): AAIs are kept in our First Aid Room (unlocked)
Offsite trips (are staff who accompany trip trained to use AAI?): Staff receive annual training, and a First Aider is always present on trips.

Allergy Management
Does the child know when they are having an allergic reaction?
What signs are there that the child is having an allergic reaction?
What action needs to be taken if the child has an allergic reaction?
If the medication is stored in one secure place are there any occasions when this will not be within 5 minutes reach if required? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If Yes state when and how this can be adjusted:
If the child is trained and confident can the medication be carried by them throughout the day? Yes <input type="checkbox"/> No <input type="checkbox"/> If No state reason:
To be discussed with parent / carer
Does the child have two of their own prescribed AAls?
How many staff need to be trained to meet this child's need? 10 members of staff are first aid trained and additional staff also receive training.
Are there backup spare AAls available and where are they located? Yes, Emergency Bag in School Office
<p style="text-align: center;">Outcome of Risk Assessment</p> <p>New Allergy Action Plan/Individual Healthcare Plan required? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Existing Allergy Action Plan/Individual Healthcare Plan to be updated? YES <input type="checkbox"/> NO <input type="checkbox"/></p>