



Lickey End First School

Managing Medical Needs Policy

Last Updated/Reviewed:	01 April 2025
Next Review:	April 2026
Adopted by the Governing Body on:	September 2014
Signed off by: B Behan Chair of Governors	

Dependent Policies Policies and Procedures:
LEFS First Aid Policy
LEFS Health & Safety Policy
LEFS Safeguarding Policy
LEFS SEND Policy
LEFS Accessibility Plan

This policy is supplemental to the Worcestershire Council's Guidance on the administration of medication (see appendix 1) and Lickey End First School's Health and Safety Policy.

1 – Statement

The school policy is to try and accommodate requests from parents to administer long term medication or provide other health care provision, e.g. intimate care, where this is necessary for the child to continue to be educated at school.

To this end the following procedures must be followed to ensure that all concerned i.e. staff, parents, pupils and, where relevant, health professionals are aware of the pupil's condition and what steps have been agreed either to manage the condition or are in place should an emergency arise.

2 – Definitions

Short Term Medication - This is medication which is needed to allow the pupil to return to school. This could be minor pain relief (e.g. paracetamol), cough mixture or a course of antibiotics whose administration is for two weeks or less.

Long Term Medication - This is medication required to manage a long term medical need, i.e. diabetes, epilepsy etc., where the medication will be required for extended periods. This does not include asthma inhalers which are covered separately.

Healthcare needs - This includes any agreed care or provision which school staff are willing and qualified to provide e.g. intimate care or the use of equipment to allow inclusion of a child with a disability.

3 - School Procedure

3.1 Short Term Medication

If parents wish to request that school staff administer short term medication in school they must complete an online request form, stating dosage and frequency (see Appendix 3). Medication must be handed into the school office following completion of this form and not sent in with children or passed to any other staff member.

Short term medication will be given by a member of the office team, in the company of a witness.

Alternatively parents/carers may come into school to administer medication themselves. Medication will be kept in a locked drawer or a temperature monitored fridge in the school office.

3.2 Asthma and Inhalers

The school's policy for treating asthma in school has been created in line with [DfE Guidance on the use of salbutamol inhalers in schools](#).

Parents who notify school that their child suffers with asthma will be requested to complete an online form which includes key elements from the [School Asthma Card](#) published by Asthma UK (see Appendix 3) They will also be asked to provide a copy of their child's asthma plan created with medical practitioners at the time of diagnosis. Parents will be requested to provide an inhaler to be kept in school for their child by completing the appropriate section on that form. The form includes a permission box for using a school purchased inhaler in an emergency if the child's own inhaler is not available. The asthma form will be sent to parents for completion each academic year to ensure any changes to their child's medication needs are captured.

School will purchase and maintain a general inhaler, stored in the school office.

Inhalers must be handed into the school office following completion of the online form and not sent in with children or passed to any other staff member.

Teaching staff and first aiders will have access to an up to date record of all children with asthma and all inhalers currently provided and kept in school. All inhalers will be stored securely in the child's classroom with a record of their dosage instructions as provided by parents on a daily log sheet.

Children will be supervised by a staff member when self administering and an individual pupil daily log will be completed and emailed to parents at the end of the school day. A permanent copy of this log will be accessible within the comms log on Arbor. It is important to monitor that no child receives more than 10 puffs on their inhaler per day.

School staff will audit inhaler expiry dates once per term but it is the parent or carer's responsibility to ensure that any inhalers kept in school are in date.

Inhalers will be sent home via the school office at the end of each academic year.

3.3 Long Term Medication

If parents wish school to administer long term medication, or for this medication to be kept in school in case of need, they should complete the online request form (see Appendix 3)

Following a request to administer medication in the case of a long term medical condition, the Headteacher or designated person will discuss with staff the nature of the request.

The Headteacher or designated person will also identify whether staff are competent to administer the required medication.

(Staff are deemed competent to administer medication in tablet form orally or as medicine orally but must have received training in any medical techniques required, e.g. use of EPI-PEN for anaphylaxis. See competence to administer medication below.)

If the medication is required for emergency treatment (e.g. EPI-PEN) this should be kept close to the child for immediate use.

A Medical Healthcare Plan will be drawn up and agreed by the parents/carers (see 3.6 below).

3.4 Adrenaline Auto-Injectors

Since 2017 schools have been allowed to purchase adrenaline auto-injector (AAI) devices without a prescription, for emergency use on children who are at risk of anaphylaxis but whose own device is not available or not working. Lickey End First School keeps an emergency AAI and follows the Department of Health [Guidance on using adrenaline auto-injectors in schools](#)

3.5 Record of Administration

In all cases where medication is administered, the dosage must be witnessed by a second staff member and the time and date recorded on an individual pupil record sheet (See Appendix 4). This is necessary for all medicines administered. A copy of the record sheet will be stored on the child's profile on Arbor.

3.5 Long Term Medication Not Taken In School

Parents are requested to inform school of any long term medications which their child may be taking outside of school hours. Medical Health Care Plans will be created for these children to ensure that school is aware of any possible side effects or associated behaviours or well-being considerations. This will also ensure that accurate information regarding a child's current medication is available should it need to be passed to Emergency Services.

3.6 Medical Health Care Plan

If a child receives long term medication, both that agreed to be given at school or medication taken at home, or has other health and/or wellbeing needs e.g. intimate care or physiotherapy, a Medical Health Care Plan for the pupil will be prepared in consultation with parents, the SENDCo, the class teacher, any appropriate teaching support staff and a school nurse if appropriate. The health plan follows a standard

format but will vary in content depending on the medical needs, e.g. a specific condition (see Appendix 5).

Parents will be advised that it is their responsibility to notify the school of any changes in medication or the child's condition/diagnosis.

3.7 Review/ Revision of Medical Health Care Plan

This can occur quite often especially in the early stages when there is a degree of experimentation required with medication to find out what is most effective. Equally, information gleaned from experience of administering medication at school can also have an effect on the plan. Generally the expectation is that it will be for parents to confirm changes in writing to the school and it will be for the school to alter the plan to reflect this information. Medical Health Care Plans will be reviewed at the end of each academic year, as part of the school transition process, to ensure a child's new class teacher is fully informed. They will be sent out at the start of each academic year to be resigned by parents to confirm arrangements in the child's new class.

3.8 Pupil Allergies

See Appendix 3 for the full Pupil Allergy Policy

4 - Staff Liability

See Appendix 1 of the Council's Statement of Policy on Administration of Medication.

5 - Safeguarding, Equality and SEND

The Governors and staff at this school recognise that pupils with special educational needs and who are disabled may be particularly vulnerable. The school's child protection procedures will be adhered to at all times, for all children, when managing children's medical needs.

The Governing Body recognises its duties and responsibilities in relation to the Equalities Act 2010 which requires that any pupil with an impairment that affects his/her ability to carry out day-to-day activities must not be discriminated against.

6 - Intimate Care Policy and Procedure

The Governing Body is committed to ensuring that all staff responsible for the intimate care of pupils will undertake their duties in a professional manner at all times. It is acknowledged that these adults are in a position of great trust.

We recognise that there is a need to treat all pupils, whatever their age, gender, disability, religion, ethnicity or sexual orientation with respect and dignity when intimate

care is given. The child's welfare is of paramount importance and his/her experience of intimate and personal care should be a positive one. It is essential that every pupil is treated as an individual and that care is given gently and sensitively: no pupil should be attended to in a way that causes distress or pain.

Staff will work in close partnership with parents/carers and other professionals to share information and provide continuity of care.

Where pupils with complex and/or long term health conditions have a health care plan in place, the plan should, where relevant, take into account the principles and best practice guidance in this intimate care policy.

Members of staff must be given the choice as to whether they are prepared to provide intimate care to pupils.

All staff undertaking intimate care must be given appropriate training.

6.1 Definition

Intimate care can be defined as any care which involves washing, touching or carrying out a procedure to intimate personal areas which most people usually carry out themselves but some pupils are unable to do because of their young age, physical difficulties or other special needs. It also includes supervision of pupils involved in intimate self-care.

6.2 Child focused principles of best practice in intimate care

The following are the fundamental principles upon which the Policy and Guidelines are based:

- Every child has the right to be safe.
- Every child has the right to personal privacy.
- Every child has the right to be valued as an individual.
- Every child has the right to be treated with dignity and respect.
- Every child has the right to be involved and consulted in their own intimate care to the best of their abilities.
- Every child has the right to express their views on their own intimate care and to have such views taken into account.
- Every child has the right to have levels of intimate care that are as consistent as possible.

6.3 School Responsibilities

Parents/carers will be made aware of this policy in the School Prospectus and during Induction arrangements. Parents/carers will be asked to sign a permission slip consenting to their child receiving intimate care if the need arises.

Where anticipated in advance, intimate care arrangements are agreed between the school and parents, and, if appropriate, by the child. Consent forms will be signed by the parent and stored in the child's file.

All new staff will be made fully aware of the Intimate Care Policy and of individual plans for pupils they are supporting.

6.4 Parent's Responsibilities

Every effort should be made to encourage independence before a child starts school. Parents have a responsibility to advise the school of any known intimate care needs relating to their child so that appropriate care plans can be agreed between the school, the parents/carers, health professionals and, if appropriate, the child.

6.5 Guidelines for Good Practice

Involve the child in the intimate care.

All pupils will be supported to achieve the highest level of autonomy that is possible given their age and abilities. Staff will encourage each individual pupil to do as much for his/herself as possible. The expectation is that staff will work in a 'limited touch' culture and that when physical contact is made with pupils this will be in response to the child's needs at the time, will be of limited duration and will be appropriate given their age, stage of development and background. Try to encourage a child's independence as far as possible. This may mean, for example, giving the child responsibility for washing themselves.

Treat every child with dignity and respect.

Every child's right to privacy and modesty will be respected. Careful consideration will be given to each pupil's situation to determine who and how many carers might need to be present when s/he needs help with intimate care. Wherever possible, the pupil's wishes and feelings should be sought and taken into account. Ensure privacy appropriate to the child's age and situation, for example, by closing doors when assisting with toileting or changing wet or soiled clothing. It is not always practical for two members of staff to assist and this may also reduce privacy for the child. It is advisable to ensure another member of staff is made aware of the task being undertaken and is in the vicinity if possible. An individual member of staff should inform another appropriate adult when they are going alone to assist a pupil with intimate care. The religious views, beliefs and cultural values of children and their families should be taken into account, particularly as they might affect certain practices or determine the

gender of the carer. Children could be asked what they normally do at home to clarify any uncertainties.

6.6 Health and Safety

Health & Safety guidelines should be adhered to regarding waste products. If necessary, advice should be taken regarding disposal of large amounts of waste products or any quantity of products that come under the heading of clinical waste.

Staff should be fully aware of best practice regarding infection control, including the requirement to wear disposable gloves and aprons where appropriate.

6.7 Communicating with pupils and parents

There must be careful communication with each pupil who needs help with intimate care in line with their preferred means of communication (verbal, symbolic, etc) to discuss their needs and preferences. Where the pupil is of an appropriate age and level of understanding permission should be sought before starting an intimate procedure.

Staff who provide intimate care should speak to the pupil personally by name, explain what they are doing and communicate with all children in a way that reflects their ages.

Parents/carers will be informed the same day if their child has needed help with meeting intimate care needs (eg has had an 'accident' and wet or soiled him/herself). It is recommended practice that information on intimate care should be treated as confidential and communicated in person by telephone or by email.

6.8 Record Keeping

Accurate records will be kept when a child requires assistance with intimate care; these can be brief but must include full date, times and any comments such as changes in the child's behaviour. It must be recorded who was present in every case. These records are created on a form for each child per incident and are stored electronically on the child's profile on Arbor. The records are emailed to parents as part of informing them of the incident.

6.9 Out of school trips, clubs etc.

The same procedures for intimate care should be followed where practicable. Staff will ensure the appropriate resources are available when children are involved in out of school activities.

6.10 Safe Working Practice

Whilst safer working practice is important, such as in relation to staff caring for a pupil of the same gender, every pupil should have a choice regarding the member of staff. There might also be occasions when the member of staff has good reason not to work alone with a pupil. It is important that the process is transparent so that all issues stated

above can be respected; this can best be achieved through a meeting with all parties, as described above, to agree what actions will be taken, where and by whom.

Adults who assist pupils with intimate care should be employees of the school, not students or volunteers, and therefore have the usual range of safer recruitment checks, including enhanced DBS checks.

All staff should be aware of the school's confidentiality policy. Sensitive information will be shared only with those who need to know.

No member of staff will carry a mobile phone, camera or similar device whilst providing intimate care.

6.11 Children with Care Plans

In addition to the above guidance pupils who require regular assistance with intimate care will have written Individual Education Plans (IEP), or medical health care plans agreed by staff, parents/carers and any other professionals actively involved, such as school nurses or physiotherapists. Ideally the plan should be agreed at a meeting at which all key staff and the pupil should also be present wherever possible/appropriate. Any historical concerns (such as past abuse) should be taken into account. The plan should be reviewed as necessary, but at least annually, and at any time of change of circumstances, e.g. for residential trips or staff changes (where the staff member concerned is providing intimate care). They should also take into account procedures for educational visits/day trips. Where relevant, it is good practice to agree with the pupil and parents/carers appropriate terminology for private parts of the body and functions and this should be noted in the plan.

6.12 Medical Procedures

Children with specific medical needs may require assistance involving intimate care. These will only be carried out after a care plan has been agreed with parents/carers. Staff who administer First Aid will be trained in accordance with LA guidance. If an intimate examination of a child is required in an emergency aid situation it is advisable to have another adult present, with due regard to the child's privacy and dignity.

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags. These procedures will be discussed with parents/carers, documented in the health care plan or IEP and will only be carried out by staff who have been trained to do so. It is particularly important that these staff should follow appropriate infection control guidelines and ensure that any medical items are disposed of correctly.

6.13 Physiotherapy

Pupils who require physiotherapy whilst at school should have this carried out by a trained physiotherapist. If it is agreed in the IEP or care plan that a member of the school staff should undertake part of the physiotherapy regime (such as assisting children with exercises), then the required technique must be demonstrated by the physiotherapist personally, written guidance given and updated regularly. The physiotherapist should observe the member of staff applying the technique.

Under no circumstances should school staff devise and carry out their own exercises or physiotherapy programmes.

Any concerns about the regime or any failure in equipment should be reported to the physiotherapist.

6.14 Child Protection

The Governors and staff at this school recognise that pupils with special needs and who are disabled are particularly vulnerable to all types of abuse.

The school's child protection procedures will be adhered to.

From a child protection perspective it is acknowledged that intimate care involves risks for children and adults as it may involve staff touching private parts of a pupil's body. In this school best practice will be promoted and all adults (including those who are involved in intimate care and others in the vicinity) will be encouraged to be vigilant at all times, to seek advice where relevant and take account of safer working practice.

Where appropriate, pupils will be taught personal safety skills carefully matched to their level of development and understanding.

6.15 Reporting Concerns

If a member of staff has any concerns about physical changes in a pupil's presentation, e.g. unexplained marks, bruises, etc s/he will immediately report concerns to the Designated Safeguarding Lead (DSL) or Headteacher. A clear written record of the concern will be completed on Safeguard My School and a referral made to Children's Services Social Care if appropriate, in accordance with the school's child protection procedures. Parents/carers will be asked for their consent or informed that a referral is necessary prior to it being made but this should only be done where such discussion and agreement-seeking will not place the child at increased risk of suffering significant harm.

If a pupil becomes unusually distressed or very unhappy about being cared for by a particular member of staff, this should be reported to the class teacher or Headteacher. The matter will be investigated at an appropriate level (usually the Headteacher) and

outcomes recorded. Parents/carers will be contacted as soon as possible in order to reach a resolution. Staffing schedules will be altered until the issue/s is/are resolved so that the child's needs remain paramount. Further advice will be taken from outside agencies if necessary.

If a pupil, or any other person, makes an allegation against an adult working at the school this should be reported to the Headteacher (or to the Chair of Governors if the concern is about the Headteacher) who will consult the Local Authority Designated Officer in accordance with the school's policy: Dealing with Allegations of Abuse against Members of Staff and Volunteers. It should not be discussed with any other members of staff or the member of staff the allegation relates to.

Similarly, any adult who has concerns about the conduct of a colleague at the school or about any improper practice will report this to the Headteacher or to the Chair of Governors, in accordance with the child protection procedures and 'whistle-blowing' policy.

Medication In School Procedures Checklist

Short Term Medication
<ul style="list-style-type: none"> • Parents/carers must complete an online request form, which is available from the school office. • The office will share the current request form responses spreadsheet with all teaching and teaching assistant staff and then add the medication time as an intervention on Arbor to ensure the teacher has a reminder. • All medication must arrive in school via the office. Please do not accept any medication from parents offered on the playground or arriving in book bags • Office staff will log all medication received in the appropriate column on the medication requests spreadsheet
Long Term Medication
<ul style="list-style-type: none"> • If a parent wishes long term medication to be administered in school the same request form must be completed which is available from the school office • The request will then be considered and if necessary a Medical Health Care Plan will be created
Inhalers
<ul style="list-style-type: none"> • When parents inform school that their child suffers from asthma the office will send them an online form • Parents will be requested to provide a personalised inhaler to be kept in school for their child, and hand in the inhaler via the school office. Please do not accept any inhalers from parents offered on the playground or arriving in book bags • The school will purchase and maintain an emergency inhaler to be stored in the school office. The online form includes parental permission for this to be used in an emergency, if the child's own inhaler is not available, and this permission will be recorded on Arbor • Inhalers will be stored securely in the child's classroom • Teachers and first aiders will have constant access to the record of inhalers stored in school • School staff will audit inhaler dates once per term but it is the parent/carer's responsibility to ensure inhalers in school are in date. • All inhalers will be sent home via the school office at the end of each academic year • Office staff will send out the online asthma medication request form at the start of each academic year to all families where asthma has been recorded as a medical condition on Arbor

Giving Medication
<ul style="list-style-type: none">• Medication will be administered by a staff member with a witness.• The administrator is to complete an individual medication administered form. This will cover the full period for which medication is to be administered.• At the end of the medication period the form will be scanned and uploaded to the child's profile on Arbor by adding a Medical Event.
Medication Kept In School
<ul style="list-style-type: none">• All medication received onto the premises must be logged by office staff on receipt on the medication request spreadsheet• All medication which requires refrigeration to be kept in the office fridge. Please don't keep any in staff room or classroom fridges

Recommended Procedure for changing/cleaning children

Where

- Disabled toilet in Community Room
- Early Years block toilets (blinds can be drawn if appropriate)

Procedure

- Promote and encourage independence
- Support independence
- Adult to change child if necessary
- Parents to be contacted for support if necessary

Equipment to use

- Plastic aprons
- Gloves
- Non- allergenic wet wipes
- Nappy sacks for soiled wipes
- Nappy sacks for soiled underwear/clothes

Record of incident to be stored and copy emailed home

Each class has a First Aid Folder which includes intimate care record forms. A separate form must be completed for each incident and passed to the office to be emailed to the family. Where a child is receiving daily intimate care/nappy changing a weekly log will be kept. A permanent record of the logs will be accessible within the comms log on the Arbor MIS system.

Pupil Allergy Policy

1. Aims

This policy aims to:

- Set out our school's approach to allergy management, including reducing the risk of exposure and the procedures in place in case of allergic reaction
- Make clear how our school supports pupils with allergies to ensure their wellbeing and inclusion
- Promote and maintain allergy awareness among the school community

2. Legislation and guidance

This policy is based on the Department for Education's guidance on [allergies in schools](#) and [supporting pupils with medical conditions at school](#), the Department of Health and Social Care's guidance on [using emergency adrenaline auto-injectors in schools](#), and the following legislation:

[The Food Information Regulations 2014](#)

[The Food Information \(Amendment\) \(England\) Regulations 2019](#)

3. Roles and responsibilities

We take a whole-school approach to allergy awareness.

3.1 Allergy lead

Allergy leadership responsibility is shared by the Senior Leadership Team (SLT).

They're responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils (although SLT has ultimate responsibility, the information collection itself is delegated to the school administrative staff) Ensuring:
 - All allergy information is up to date and readily available to relevant members of staff

- All pupils with allergies have an allergy action plan completed by a medical professional
- All staff receive an appropriate level of allergy training
- All staff are aware of the school's policy and procedures regarding allergies
- Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

3.2 Teaching and support staff

All teaching and support staff are responsible for:

- Promoting and maintaining allergy awareness among pupils
- Maintaining awareness of our allergy policy and procedures
- Being able to recognise the signs of severe allergic reactions and anaphylaxis
- Attending appropriate allergy training as required
- Being aware of specific pupils with allergies in their care
- Carefully considering the use of food or other potential allergens in lesson and activity planning
- Ensuring the wellbeing and inclusion of pupils with allergies

3.3 Designated members of staff

In addition to the responsibilities of teaching and support staff, 'designated members of staff' will also be responsible for helping to administer AAIs. These are members of staff who have volunteered and been trained to help pupils with AAIs in an emergency. The designated members of staff are listed on the school [First Aiders and Wellbeing Support Staff List](#)

3.4 Parents

Parents are responsible for:

- Being aware of our school's allergy policy
- Providing the school with up-to-date details of their child's medical needs, dietary requirements, and any history of allergies, reactions and anaphylaxis
- If required, providing their child with 2 in-date adrenaline auto-injectors and any other medication, including inhalers, antihistamine etc., and making sure these are replaced in a timely manner
- Carefully considering the food they provide to their children as packed lunches and snacks, and trying to limit the number of allergens included
- Following the school's guidance on food brought in to be shared

- Updating the school on any changes to their child's condition

3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose (designated members of staff are still expected to help administer the AAI if the pupil is not able to do so)

3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers
- Older pupils might also be expected to support their peers and staff in the case of an emergency.

4. Assessing risk

The school will conduct a risk assessment for any pupil at risk of anaphylaxis taking part in:

- Lessons such as food technology or cooking
- Science experiments involving foods
- Crafts using food packaging
- Access to the school dog
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking
- A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

5. Managing risk

5.1 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed

- Pupils have their own named water bottles, brought in from home

5.2 Catering

The school is committed to providing safe food options to meet the dietary needs of pupils with allergies.

- Catering staff receive appropriate training and are able to identify pupils with allergies
- School menus are available for parents to view with ingredients clearly labelled
- Where changes are made to school menus, we will make sure these continue to meet any special dietary needs of pupils
- Food allergen information relating to the 'top 14' allergens is displayed on the packaging of all food products, allowing pupils and staff to make safer choices. Allergen information labelling will follow all [legal requirements](#) that apply to naming the food and listing ingredients, as outlined by the Food Standards Agency (FSA)
- External catering staff follow hygiene and allergy procedures when preparing food to avoid cross-contamination

5.3 Food restrictions

We acknowledge that it is impractical to enforce an allergen-free school, however, we would like to encourage pupils and staff to avoid certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

- Packaged nuts
- Cereal, granola or chocolate bars containing nuts
- Peanut butter or chocolate spreads containing nuts
- Peanut-based sauces, such as satay
- Sesame seeds and foods containing sesame seeds

If a pupil brings these foods into school, they may be asked to eat them away from others to minimise the risk, or the food may be confiscated.

5.4 Insect bites/stings

When outdoors:

- Shoes should always be worn for general play
- Food and drink should be covered

5.5 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact with animals. Appropriate risk-assessments completed prior to trips or visits where animals may be involved.

5.6 Support for mental health

Pupils with allergies can experience bullying and may also suffer from anxiety and depression relating to their allergy.

Pupils with allergies will have additional support through:

- Pastoral care
- Regular check-ins with their class teacher

5.7 Events and school trips

- For events, including ones that take place outside of the school, and school trips, no pupils with allergies will be excluded from taking part
- The school will plan accordingly for all events and school trips and arrange for the staff members involved to be aware of pupils' allergies and to have received adequate training
- Appropriate measures will be taken in line with the schools AAI protocols for off-site events and school trips (see section 7.5)

6. Procedures for handling an allergic reaction

6.1 Register of pupils with AAI

The school maintains a register of pupils who have been prescribed AAI or where a doctor has provided a written plan recommending AAI to be used in the event of anaphylaxis. The register includes:

- Known allergens and risk factors for anaphylaxis
- Whether a pupil has been prescribed AAI(s) (and if so, what type and dose)
- Where a pupil has been prescribed an AAI, whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil

- A photograph of each pupil to allow a visual check to be made (if parental consent is given)

This information is all held within the Arbor MIS system and can be reported on and checked quickly by any member of staff as part of initiating an emergency response.

Where appropriate, and with the agreement of parents, allowing all pupils to keep their AAls with them will reduce delays and allows for confirmation of consent without the need to check the register.

6.2 Allergic reaction procedures

As part of the whole-school awareness approach to allergies, all staff are trained in the school's allergic reaction procedure, and to recognise the signs of anaphylaxis and respond appropriately.

Designated members of staff are trained in the administration of AAls – see section 7

If a pupil has an allergic reaction, the staff member will initiate the school's emergency response plan, following the pupil's allergy action plan

If an AAI needs to be administered, a designated member of staff member will use the pupil's own AAI, or if it is not available, a school one. It will only be administered by a designated member of staff trained in this procedure

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures as set out in the Managing Medical Needs Policy.

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.

If the allergic reaction is mild (e.g. skin rash, itching or sneezing), the pupil will be monitored and the parents informed.

7. Adrenaline auto-injectors (AAIs)

Lickey End First School follows the Department of Health and Social Care's Guidance on using [emergency adrenaline auto-injectors in schools](#).

7.1 Purchasing of spare AAls

The allergy lead is responsible for buying AAls and ensuring they are stored according to the guidance.

AAI's will be sourced from approved education suppliers e.g. Click Pharmacy. One, 0.15mg Junior Epi Pen will be purchased.

7.2 Storage (of both spare and prescribed AAls)

The allergy lead will make sure all AAls are:

- Stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature
- Kept in a safe and suitably central location to which all staff have access at all times, but is out of the reach and sight of children
- **Not** locked away, but accessible and available for use at all times
- **Not** located more than 5 minutes away from where they may be needed

Spare AAls will be kept separate from any pupil's own prescribed AAI, and clearly labelled to avoid confusion.

7.3 Maintenance (of spare AAls)

Office admin staff are responsible for checking monthly that:

- The AAls are present and in date
- Replacement AAls are obtained when the expiry date is near

7.4 Disposal

AAls can only be used once. Once a AAI has been used, it will be disposed of in line with the manufacturer's instructions.

7.5 Use of AAls off school premises

- Pupils at risk of anaphylaxis who are able to administer their own AAls should carry their own AAI with them on school trips and off-site events
- A member of staff trained to administer AAls in an emergency should be present on school trips and off-site events
- Risk Assessments will be completed for any offsite events or trips where pupils at risk of anaphylaxis are planned to attend. This RA will be used to confirm if a 'school-spare' AAI is required and if so, the arrangements for the storage and use of AAI - ensuring adequate cover remains in school.

8. Training

The school is committed to training all staff in allergy response. This includes:

- How to reduce and prevent the risk of allergic reactions
- How to spot the signs of allergic reactions (including anaphylaxis)
- Where AAls are kept on the school site, and how to access them
- The importance of acting quickly in the case of anaphylaxis
- The wellbeing and inclusion implications of allergies

Training will be carried out annually by the allergy lead or via an online course from National College.