



**THE LEARNING TRUST**

NURTURING • AMBITION • EXCELLENCE

# THE LEARNING TRUST

## First Aid Policy

## Allergen and Anaphylaxis Policy

## Administering Medication Policy

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# First Aid Policy, including Allergens and Anaphylaxis Policy, and Administering Medication Policy

## FIRST AID POLICY

### 1 Legislation relating to this Policy:

- [Health and Safety \(First Aid\) Regulations 1981](#)
- [Health and Safety at Work Act 1974 and associated regulations](#)
- [School Premises \(England\) Regulations 2012](#)
- [Education \(Independent School Standards\) Regulations 2014](#)

This policy has been updated to reflect the following statutory guidance:

- *'Supporting Students at School with Medical Conditions.'* (DfE 2017)
- *'Automated external defibrillators (AEDs)'* (DfE January 2025)
- *'First Aid in schools, early years and further education'* (DfE 2022)
- *'Early years foundation stage (EYFS) statutory framework'* (DfE 2024)

The Learning Trust First Aid and Administration of Medicines Policy is implemented via appropriate School procedures and in conjunction with the following Trust policies:

- TLT Health and Safety Policy;
- TLT Data Protection Policy and TLT Retention of Records Guidelines
- TLT Staff Working from Home Policy
- TLT Supporting Students with a Medical Condition Policy
- TLT Education Visits Policy
- TLT BYOD Policy

and also, with the following local school policies/procedures:

- Safeguarding and Child Protection Policy
- Behaviour Policy
- Student Wellbeing Policy
- Local Health and Safety Policy

- Local First Aid and Administration of Medicines Procedures

## 2 **ROLE AND RESPONSIBILITIES**

**The Learning Trust and its Local Governing Boards** are committed to providing emergency first aid provision in order to deal with accidents and incidents affecting staff, students and visitors across the Trust and:

- acknowledge that First Aid can save lives and prevent minor injuries becoming major ones;
- accept their responsibility
  - to provide first aid for employees and, in the light of legal responsibilities, considers the likely risks to students and visitors and makes allowances for them when training first aiders.
  - to provide adequate and appropriate appointed first aiders, equipment and facilities for providing effective first aid in school in the event of any illness, accident or injury.
  - for the health and safety of their students, employees and anyone else on the school premises. This includes:
    - Arrangements for first aid, including adequate equipment and facilities for each school site
    - Number of first aiders/emergency first aiders at work
    - Number and location of first aid containers
    - Arrangements for offsite activities and visits
    - Out of school hours arrangements, for example, lettings, Parents' Evenings
    - Ensuring that the relevant risk assessments, and assessments of the first aid needs of the school specifically, have been conducted.
  - Ensuring that insurance arrangements provide full cover for any potential claims arising from actions of staff acting within the scope of their employment.
  - Ensuring that the schools have:
    - Suitably stocked first-aid kits.
    - An appointed person to take charge of first-aid arrangements.
    - Information for all employees giving details of first-aid arrangements.
- will only administer medicines in its schools when express permission has been granted for this, ensuring that all medicines are appropriately stored;
- promotes effective infection control.

Nothing in this policy will affect the ability of any person to contact the emergency services in the event of a medical emergency. For the avoidance of doubt, staff should dial 999 in the event of a medical emergency before implementing the terms of this policy and make clear arrangements for liaison with ambulance services on the school site.

The Local Governing Body of each school within the Trust is responsible for ensuring that the school's local First Aid procedures and guidelines support the policy

## 3 **The Headteachers** of each school within the Trust are responsible for:

- ensuring that The Learning Trust's First Aid policy is put into practice, supported by local First Aid procedures and guidelines relevant to their school.

- ensuring that the relevant risk assessments have been carried out, including a first aid needs assessment to help inform the Trust policy and local procedures and guidelines
- reviewing their first aid needs after any major changes such as changes to staff or premises, to ensure that there is a sufficient number of appointed first aiders within the school and that the provision remains appropriate.
- ensuring that parents are aware of The Learning Trust's First Aid Policy, including the school's local arrangements for first aid.
- ensuring that adequate equipment and facilities are provided for the school site, and that all staff are aware of the locations of first aid equipment and how it can be accessed, particularly in the case of an emergency.
- the inclusion of first aid information during induction training to help make sure new employees are made aware of first aid arrangements.
- ensuring that all students and staff are aware of the identities of the school's first aiders and how to contact them if necessary

**4 All Staff** are expected to use their best endeavours at all times to secure the welfare of students at the school in the same way that parents might be expected to act towards their children, and are responsible for:

- familiarising themselves with this policy as part of their induction programme
- ensuring that they have sufficient awareness of this policy and procedures, including making sure that they know who to contact in the event of any illness, accident or injury.
- making students aware of the procedures to follow in the event of illness, accident or injury.
- securing the welfare of the pupils/students at school.

**5 First Aid staff** are responsible for:

- Completing and renewing training as dictated by the Local Governing Board.
- Ensuring that they are comfortable and confident in administering first aid.
- Ensuring that they are fully aware of the content of this policy and any procedures for administering first aid, including emergency procedures.
- Keeping up to date with government guidance relating to first aid in schools.

**6** Each school within the Trust must have a **Designated First Aider** or, where the school's assessment of first aid needs identifies that a designated first aider is not required, an **Appointed Person** to oversee First Aid provision.

**7** The Designated First Aider or Appointed Person is responsible for:

- Overseeing the school's first-aid arrangements.
- Taking charge when someone is injured or becomes ill.
- Looking after the first-aid equipment, e.g. restocking the first aid container.
- Ensuring that an ambulance or other professional medical help is summoned when appropriate.
- Partaking in emergency first aid training, and refresher training where appropriate, to ensure they have knowledge of:
  - What to do in an emergency.
  - Cardiopulmonary resuscitation.
  - First aid for the unconscious casualty
  - First aid for the wounded or bleeding.
  - Maintaining injury and illness records as required.

## 8 FIRST AID PROVISION

The Learning Trust's schools will routinely re-evaluate their first aid arrangements, at least **annually**, to ensure that these arrangements continue to be appropriate for hazards and risks on the school premises, the size of the school, the needs of any vulnerable individuals onsite, and the nature and distribution of students and staff throughout the school.

All of The Learning Trust's schools will have suitably stocked first aid boxes in line with the assessment of needs. Where there is no special risk identified in the assessment of needs, the schools will maintain the following minimum provision of first aid items:

- A leaflet giving general advice on first aid
- 20 individually wrapped sterile adhesive dressings, of assorted sizes
- 2 sterile eye pads
- 2 individually wrapped triangular bandages, preferably sterile
- 6 safety pins
- 6 medium-sized individually wrapped sterile unmedicated wound dressings
- 2 large-sized individually wrapped sterile unmedicated wound dressings
- 3 pairs of disposable gloves

A white cross on a green background will identify all First Aid containers.

The Designated First Aider or Appointed Person in each school will routinely examine the contents of first aid boxes, including any mobile first aid boxes for offsite use – these will be frequently checked and restocked as soon as possible after use. Items will be safely discarded after the expiry date has passed.

The location of First Aid Kits will be identified by each school in their local procedures and guidelines.

## 9 FIRST AIDERS and APPOINTED PERSONS

The main duties of first aiders will be to administer immediate first aid to students, staff, or visitors, and to ensure that an ambulance or other professional medical help is called when necessary.

All Trust schools will ensure that all first aiders hold a valid certificate of competence, issued by an HSE-approved organisation, and that refresher training and retesting of competence is arranged for first aiders within the school before certificates expire.

The Trust's schools will ensure that appropriate training is secured for first-aid personnel to include resuscitation procedures for both children and adults, where necessary and where possible.

First aiders will ensure that their first aid certificates are kept up-to-date.

The first aid appointed person will be responsible for maintaining supplies and for ensuring all first aid kits are properly stocked and maintained.

First aid notices will be clearly displayed throughout the schools detailing the names of first aiders for staff and student awareness.

The Trust's schools will ensure that there is always a sufficient number of first-aid personnel available on site at all times to provide adequate cover to all areas of the school.

**EYFS only:** In line with government guidance, and considering staff to child ratios, the Trust's school will ensure that there is at least one member of staff with a current and full Paediatric First Aid (PFA) certificate on the premises and available at all times when students are present and accompanying students on all outings taken.

**EYFS only:** The Trust's school will ensure that PFA certificates are renewed every three years, and that training meets the criteria set out in **Annex A** of the ['Early years foundation stage \(EYFS\) statutory framework'](#).

**EYFS only:** The Trust's school will display staff PFA certificates or a list of staff who have a current PFA certificate and make this information available to parents.

All staff members will be made aware that agreeing to become a first aider for the school is strictly on a voluntary basis and that they should never feel pressured to take on this role.

When selecting first aiders, the Trust's schools will follow the criteria laid out in government guidance, considering the individual's:

- Reliability and communication skills.
- Aptitude and ability to absorb new knowledge and learn new skills.
- Ability to cope with stressful and physically demanding emergency procedures.
- Availability to respond immediately to an emergency.

The Trust's schools will ensure that first aid training courses cover mental health in order to help them recognise the warning signs of mental ill health and to help them develop the skills required to approach and support someone, while keeping themselves safe. Students will be supported in accordance with the school's Safeguarding and Child Protection Policy.

## **10 AUTOMATED EXTERNAL DEFIBRILLATORS (AEDs)**

- The Trust ensures that AEDs are located strategically so that they can be accessed quickly in an emergency.
- The location of the AED(s) is shared with all staff.
- The Trust does not restrict the use of an AED to trained personnel or staff.
- Where the use of the AED is required, individuals will follow the step-by-step instructions displayed on the device.
- Pads, safety razors, protective gloves, pocket masks, and possibly batteries need to be replaced after every incident. Even when an incident has not taken place, batteries and pads have finite service lives, and should be replaced after the period specified by the manufacturer.
- The schools should ensure that they have a procedure in place for AEDs to be checked on a weekly basis, to ensure that there are no warning lights displayed and record that the check has taken place.
- Where a Trust school has an AED on site, a general awareness briefing session, to promote the use of AEDs, should be provided to staff on an **annual** basis, and usually during the **first term** of the academic year.

## **11 FIRST AID ACCOMMODATION**

- Wherever possible, the Trust's schools will provide a room suitable to carry out first aid, and which is reserved exclusively for the provision of first aid so that it will be available to use as and when it is

needed, and any additional medical accommodation will be available in accordance with the school's first aid needs assessment.

- Where a school within the Trust caters for students with complex needs, additional medical accommodation will be provided to cater for those needs.
- The first aid room/area will be used to enable the medical examination and treatment of students and for the short-term care of sick or injured students.
- Where the school site allows, the first aid room will:
  - Be large enough to hold an examination or medical couch.
  - Have washable surfaces and adequate heating, ventilation and lighting.
  - Be kept clean, tidy, accessible and available for use at all times when employees are at work.
  - Have a sink with hot and cold running water.
  - Be positioned as near as possible to a point of access for transport to hospital.
  - Display a notice, which details of first aiders within the school.

## 12 EMERGENCY PROCEDURES

Each school in the Trust has its own First Aid Procedures and Guidelines to support this Policy, including the process to follow in case of emergency.

If an incident, illness or injury occurs, the member of staff in charge will assess the situation and decide on the appropriate course of action, which may involve calling for an ambulance immediately or calling for a first aider.

If called, a first aider will assess the situation and take charge of first aid administration. If the first aider does not consider that they can adequately deal with the presenting condition by the administration of first aid, then they will arrange for the injured person to access appropriate medical treatment without delay.

Where an initial assessment by the first aider indicates a moderate to serious injury has been sustained, or the individual has become seriously unwell, a responding staff member will call 999 immediately.

Where necessary, a trained staff member will administer emergency help and first aid to all injured persons. The purpose of this is to keep the victim alive and, if possible, comfortable, before professional medical help arrives. In some situations, immediate action can prevent the accident from becoming increasingly serious, or from involving more victims. Where the seriously injured or unwell individual is a pupil, the following process will be followed:

- A responding staff member calls 999 immediately and follows the instructions of the operator – this may include the administering of emergency first aid.
- Where an ambulance is required, a staff member accompanies the pupil in the ambulance and calls the pupil's parent as soon as possible to inform them of the course of action taken. The staff member remains with the pupil at the hospital until a parent arrives.
- Where an ambulance is not required, but medical attention is needed, the pupil is taken to a hospital or doctor in a staff car, accompanied by at least **two** staff members – one to drive the car, and one who is a first aider, to sit with the pupil in the back seat and attend to their medical needs. The pupil's parent is called as soon as possible to inform them that this course of action has been taken, and at least one of the staff members remains with the pupil at the hospital or doctor's office until a parent arrives.

- The school will ensure that no further injury can result from any incidents that occur, either by making the scene of the incident safe, or, if they are fit to be moved, by removing injured persons from the scene.
- Responding staff members will see to any pupils who may have witnessed the incident or its aftermath and who may be worried or traumatised, despite not being directly involved. These pupils will be escorted from the scene of the incident and comforted. Younger or more vulnerable pupils may need parental support to be called immediately.

Once the above action has been taken, details of the incident will be reported promptly to:

- The headteacher.
- The parents of the victim(s).

The school is aware that responding to an incident can be stressful for the first aider, and that following an incident, the first aider may require support. This may take the form of a debrief from any ambulance crew on scene, an appointment with their GP, or mental health support from external helplines and websites located at the bottom of the government page '[Promoting and supporting mental health and wellbeing in schools and colleges](#)'.

## 13 REPORTING ACCIDENTS AND RECORD KEEPING

The Trust requires all schools to keep a record of all First aid incidents, accidents, and illnesses. These records are kept for a minimum of three years.

- Each of The Learning Trust's schools keeps their own records of all first aid accidents, incidents, and illnesses via an online First Aid logging system or in a first aid record book.
- These records are kept in accordance with the Data Protection Policy. The following information is recorded:
  - The date, time and place of incident
  - The name of the injured or ill person
  - Details of the injuries or illness and the first aid given
  - What happened to the person immediately
  - Name and signature of the first aider who dealt with the incident
- In case of serious or significant incidents, parents will be contacted by telephone.
- The Headteacher and the Health and Safety Governor will be notified about serious/high level incidents.
- Where applicable the number of incidents for high risk departments, for example DT; PE; Art; Science, will be reported on a termly basis to help identify trends in accidents and areas for improvement.

**RIDDOR** puts duties on employers, the self-employed and those in control of work premises to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences. [RIDDOR - types of reportable incidents](#)

Most accidents/incidents in school or on school trips do not need to be reported to the Health and Safety Executive (HSE).

However, there are certain types of accidents that need reporting to the HSE via a PRIME referral. PRIME referrals inform the Cheshire West and Chester Council's (CWAC) Health and Safety Team, who report the accident/incident on to the HSE on the school's behalf.

## **14 OFFSITE VISITS AND EVENTS**

The Trust requires that, before undertaking any offsite visits or events, the teacher organising the trip or event assesses the level of first aid provision required by undertaking a suitable and sufficient risk assessment of the visit or event and the persons involved.

- All residential trips will be accompanied by a member of staff who is first aid trained.
- For all other trips, the first aid arrangements will be assessed according to the nature of the visit on an individual basis.
- The Early Years Foundation Stage (EYFS) requires that at least one person who has a current paediatric first aid (PFA) certificate should be on the premises and available at all times when children are present and should accompany children on outings.
- Major out of school events and hours will be covered by a member of staff who is first aid trained.

The Trust's school (trip leader) will take a first aid kit on all offsite visits, which contains at a minimum:

- A leaflet giving general advice on first aid.
- Six individually wrapped sterile adhesive dressings.
- One large sterile unmedicated dressing.
- Two triangular bandages individually wrapped and preferably sterile.
- Two safety pins.
- Individually wrapped moist cleansing wipes.
- Two pairs of disposable gloves.

Additionally, the Trust's school will ensure that all large vehicles and minibuses have a first aid box readily available and in good condition which contains:

- Ten antiseptic wipes, foil packed.
- One conforming disposable bandage that is not less than 7.5cm wide.
- Two triangular bandages.
- One packet of 24 assorted adhesive dressings.
- Three large sterile unmedicated ambulance dressings that are not less than 15x20cm.
- Two sterile eye pads, with attachments.
- Twelve assorted safety pins.
- 1 pair of non-rusted blunt-ended scissors.

For more information about the school's educational visit requirements, please see the Educational Visits Policy and any local Educational Visits procedures and guidelines.

## **15 STORAGE OF MEDICATION**

- Medicines will be stored securely and appropriately in accordance with individual product instructions, save where individual students have been given responsibility for keeping such equipment with them.
- Medicines will be stored in the original container in which they were dispensed, together with the prescriber's instructions for administration, and properly labelled, showing the name of the patient, the date of prescription, and the date of expiry of the medicine.

- Medicine brought in by students will be returned to their parents for safe disposal when they are no longer required or have expired.
- An emergency supply of medication will be available for students with medical conditions that require regular medication or potentially lifesaving equipment, e.g. an EpiPen.
- Parents will advise the school when a child has a chronic medical condition or severe allergy so that an Individual Health Care Plan can be implemented and staff can be trained to deal with any emergency in an appropriate way. Examples of this include epilepsy, diabetes, and anaphylaxis. The parents will sign a disclaimer in this regard.
- Students will have any medication stored and, where appropriate administered, in accordance with their Education Health Care plans and the Trust's Administration of Medicines Policy contained within this document.

## 16 **ILLNESSES AND ALLERGIES**

Where a pupil becomes ill during the school day, and the First Aider considers that the child is too poorly to stay in school, their parent will be contacted and asked to pick their child up as soon as possible.

A quiet area will be set aside for withdrawal and for pupils to rest while they wait for their parent to pick them up. Pupils will be monitored during this time.

Where a pupil has an allergy, this will be addressed via the school's **Allergen and Anaphylaxis Policy**.

The school will manage any emergencies relating to illnesses and allergies in accordance with the [Emergency procedures](#) (section 12) of this policy.

## **ALLERGEN AND ANAPHYLAXIS POLICY**

The Learning Trust aims to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and pupils, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

### **1 Legal framework**

This policy has due regard to relevant legislation and guidance including, but not limited to, the following:

- [DfE Allergy Guidance for Schools - 13 February 2025](#)
- Schools have a duty to support pupils with medical conditions, including allergies under [Section 100 of the Children and Families Act 2014](#).
- Statutory guidance explains our responsibilities: [Supporting Pupils at School with Medical Conditions](#)
- All food businesses, including school caterers, are required to show allergen ingredients information for the food they serve. This makes it easier for schools to identify the food that pupils with allergies can and cannot eat: [Food Information Regulations 2014](#)
- The Food Information Regulations include requirements for the labelling of allergens on PPDS foods. These are foods that are packaged on the premises before the consumer orders them: [Foods Standards Agency advice for schools, colleges, and nurseries](#)
- Supporting people with serious allergies: [Anaphylaxis UK](#)

This policy will be implemented in conjunction with the following policies and documents:

- TLT Health and Safety Policy; and the school's local Health and Safety Policy
- TLT First Aid Policy including Administration of Medicines Policy;
- TLT Supporting Pupils with Medical Conditions Policy;
- TLT Educational Visits Policy

## 2 Definitions

For the purpose of this policy:

**Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.

**Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.

**Allergic reaction** – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:

- Hives
- Generalised flushing of the skin
- Itching and tingling of the skin
- Tingling in and around the mouth
- Burning sensation in the mouth
- Swelling of the throat, mouth or face
- Feeling wheezy
- Abdominal pain
- Rising anxiety
- Nausea and vomiting
- Alterations in heart rate
- Feeling of weakness

**Anaphylaxis** – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Persistent cough
- Throat tightness
- Change in voice, e.g. hoarse or croaky sounds
- Wheeze (whistling noise due to a narrowed airway)
- Difficulty swallowing/speaking
- Swollen tongue
- Difficult or noisy breathing
- Chest tightness
- Feeling dizzy or faint
- Suddenly becoming sleepy, unconscious or collapsing
- **EYFS and primary schools:** For infants and younger pupils, becoming pale or floppy

## 3 Roles and Responsibilities

The Trustees and governing board are responsible for:

- Ensuring that policies, plans, and procedures are in place to support pupils with allergies and those who are at risk of anaphylaxis and that these arrangements are sufficient to meet statutory responsibilities and minimise risks.
- Ensuring that the Trusts' schools' approach to allergies and anaphylaxis focusses on, and accounts for, the needs of each individual pupil.
- Ensuring that staff are properly trained to provide the support that pupils need, and that they receive allergy and anaphylaxis training at least annually.
- Ensuring that children with allergies are included in all school activities.
- Monitoring the effectiveness of this policy and reviewing it on an [annual](#) basis, and after any incident where a pupil experiences an allergic reaction.

The Headteacher is responsible for:

- The implementation of this policy and related policies.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all relevant risk assessments have been carried out and controls to mitigate risks are implemented.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding allergic reactions and anaphylaxis, including the necessary precautions and how to respond.
- Ensuring regular communication with catering staff about the specific needs of children with allergies in the school
- Ensuring that catering staff act in accordance with the school's policies regarding food and hygiene, including this policy.
- Ensuring that staff leading school trips carry all relevant emergency supplies; trip leaders need to check that all pupils with medical conditions, including allergies, carry (or have access to) their medication.

The Principal First Aid or Appointed Person is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each pupil via a medical form sent to parents on an annual basis, including information regarding any allergies.
- Contacting parents for required medical documentation regarding a pupil's allergy.
- Ensuring that medications kept in school are appropriately stored and easily accessible in a secure location (but not locked away).
- Ensuring that spare AAIs purchased are relevant to the age of pupils at risk of anaphylaxis and correct dosage requirements are adhered to and storing them as part of an emergency anaphylaxis kit.

All staff members are responsible for:

- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing pupils' individual healthcare plans (IHPs) as appropriate.

- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Monitoring all food supplied to pupils by both the school and parents.
- Ensuring that pupils do not share food and drink in order to prevent accidental contact with an allergen.

The external Catering Managers are responsible for the implementation of this policy (see below) and any related policies produced by their employers.

- Monitoring the food allergen log and allergen tracking information for completeness.
- Reporting any non-conforming food labelling to the supplier, where necessary.
- Ensuring the practices of kitchen staff comply with food allergen labelling laws and that training is regularly reviewed and updated.
- Recording incidents of non-conformity, either in allergen labelling, use of ingredients or safe staff practice, in an allergen incident log.
- Acting on entries to the allergen incident log and ensuring the risks of recurrence are minimised.

The contracted Kitchen staff are responsible for:

- Ensuring they are fully aware of the rules surrounding allergens, the processes for food preparation in line with this policy, and the processes for identifying pupils with specific dietary requirements.
- Ensuring they are fully aware of whether each item of food served contains any of the main 14 allergens, as is a legal obligation, and making sure this information is readily available for those who may need it.
- Ensuring that the required food labelling is complete, correct, clearly legible, and is either printed on the food packaging or attached via a secure label.
- Reporting to the kitchen manager if food labelling fails to comply with the law.

All parents are responsible for:

- Notifying the school of their child's allergens, the nature of the allergic reaction, what medication to administer, specified control measures and what can be done to prevent the occurrence of an allergic reaction.
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Raising any concerns, they may have about the management of their child's allergies with the classroom teacher.

All pupils are responsible for:

- Ensuring that they do not exchange food with other pupils.
- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown, or have come into contact with an allergen.

## 4 Food Allergies

- Information is sought regarding medical conditions including allergies when applications to join the school are made. Parents will provide their child's school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- Information regarding all pupils' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the Trust's catering services.
- Learning activities, which involve the use of food, such as food technology lessons, will be planned in accordance with pupils' IHPs, taking into account any known allergies of the pupils involved.
- Our external caterers provide their kitchen staff with a full list of allergens; kitchen staff will avoid using them within the menu where possible.
- The Trust's caterers will ensure that there are always dairy- and gluten-free options available for pupils with allergies and intolerances.
- The external catering service at each school will ensure that the Trust's policies, and their own company policies, (for example, those in relation to the preparation of food, allergens process, Natasha's Law – October 2021 for prepacked for direct sale (PPDS) food labelling, health and safety etc.) are adhered to at all times to ensure compliance with legislation and guidance.
- The catering staffs' training journey is designed to ensure that every team member, regardless of their experience and role, is trained in all company policies and procedures, compliance and legislation, company standards and expectations.

### Declared allergens

The following allergens will be declared and listed on all pre-packaged for direct sale (PPDS) foods in a clearly legible format:

- Cereals containing gluten and wheat, e.g. spelt, rye and barley
- Crustaceans, e.g. crabs, prawns, lobsters
- Nuts, including almonds, hazelnuts, walnuts, cashews, pecan nuts, brazil nuts and pistachio nuts
- Celery
- Eggs
- Fish
- Peanuts
- Soybeans
- Milk
- Mustard
- Sesame seeds
- Sulphur dioxide and sulphites at concentrations of more than 10mg/kg or 10mg/L in terms of total sulphur dioxide
- Lupin
- Molluscs, e.g. mussels, oysters, squid, snails

The above list will apply to foods prepared on site, e.g. sandwiches, salad pots and cakes, that have been pre-packed prior to them being offered for consumption.

#### **Changes to ingredients and food packaging**

The Trust will Ensure that catering staff keep in contact with food suppliers as ingredients may change. When changes are made to menus or substituting food products, communication with suppliers will be robust and any changes to ingredients and/or food packaging clearly communicated to kitchen staff and other relevant members of staff.

## **5 Animal allergies**

Pupils with known allergies to specific animals will have restricted access to those that may trigger a response.

In the event of an animal being present on the school site, staff members will be made aware of any pupils to whom this may pose a risk and will be responsible for ensuring that the pupil does not come into contact with the specified allergen.

The school will ensure that any pupil or staff member who comes into contact with the animal washes their hands thoroughly to minimise the risk of the allergen spreading.

A supply of antihistamine tablets will be kept in First Aid in case of an allergic reaction.

## **6 Seasonal allergies**

The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.

Precautions regarding the prevention of seasonal allergies might include, for example:

- ensuring that grass within the Trust's premises is not mown whilst pupils are outside;
- provision of an indoor supervised space at lunch and break times for those with severe seasonal allergies;
- pollen count checks;
- encouragement of hand washing after playing outside;
- pupils encouraged to bring an additional set of clothing to school to change into after playing outside

Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the school's nearby proximity, reporting any concerns to the Site Manager.

The Site Manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.

Where a pupil with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

## 7 Adrenalin auto-injectors (AAIs)

Pupils who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.

Under 'The Human Medicines (Amendment) Regulations 2017', the Trust is able to purchase AAI devices without a prescription, for emergency use on pupils who are at risk of anaphylaxis, but whose device is not available or is not working.

The Trust will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy for each school.

The Trust will submit a request, authorised by the CFO of the Trust, to the pharmaceutical supplier when purchasing AAIs, which outlines:

- The name of the school(s).
- The purposes for which the product is required.
- The total quantity required.

The school will purchase AAIs in accordance with age-based criteria, relevant to the age of pupils at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:

- For pupils under age 6: 0.15 milligrams of adrenaline
- For pupils aged 6-12: 0.3 milligrams of adrenaline
- For pupil aged 12+: 0.3 or 0.5 milligrams of adrenaline

Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:

- One or more AAIs
- Instructions on how to use the device(s)
- Instructions on the storage of the device(s)
- Manufacturer's information
- A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
- A note of the arrangements for replacing the injectors
- A list of pupils to whom the AAI can be administered
- A record of administration.

**Secondary schools only:** Pupils who have prescribed AAI devices are able to keep their device in their possession.

**Primary schools only:** Pupils who have prescribed AAI devices, and are over the age of seven, are able to keep their device in their possession. For pupils under the age of seven who have prescribed AAI devices, these are stored in a suitably safe and easily accessible location.

Details of where spare AAIs are located will be included in the local First Aid Procedures and Guidance document at each school. All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named pupil.

All staff have access to AAI devices, but these are out of reach and inaccessible to pupils – AAI devices are not locked away where access is restricted.

In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.

The Principal First Aider or Appointed Person will oversee the protocol for the use of spare AAIs, its monitoring and implementation, maintain the Register of AAIs and the emergency anaphylaxis kit(s) and will carry out a **monthly** check of the emergency anaphylaxis kit(s) to ensure that:

- Spare AAI devices are present and have not expired.
- Replacement AAIs are obtained when expiry dates are approaching.

Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.

Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with this policy.

A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.

Where any AAIs are used, the following information will be recorded on the AAI Record:

- Where and when the reaction took place
- How much medication was given and by whom

## **8 Access to spare AAIs**

A spare AAI can be administered as a substitute for a pupil's own prescribed AAI, if this cannot be administered correctly, without delay.

Spare AAIs are only accessible to pupils for whom medical authorisation and written parental consent has been provided – this includes pupils at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.

Consent will be obtained as part of the introduction or development of a pupil's IHP.

If consent has been given to administer a spare AAI to a pupil, this will be recorded in their IHP.

The Trust's schools will keep a register of pupils (Register of AAIs) to whom spare AAIs can be administered – this includes the following:

- Name of pupil
- Class
- Known allergens
- Risk factors for anaphylaxis
- Whether medical authorisation has been received
- Whether written parental consent has been received
- Dosage requirements

Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.

Parents can withdraw their consent at any time. To do so, they must **write to their school's Headteacher**.

**The Principal First Aider or Appointed Person** will check the register is up-to-date on an **annual** basis, and will also update the register relevant to any changes in consent or a pupil's requirements.

Copies of the register are held with the spare AAI emergency kits, which are accessible to all staff members.

## 9 School trips

The Headteacher or the Trip Leader will ensure a risk assessment is conducted for each school trip to address pupils with known allergies attending. All activities on the school trip will be risk assessed to see if they pose a threat to any pupils with allergies and alternative activities will be planned where necessary to ensure the pupils are included.

The Trust's school will speak to the parents of pupils with allergies where appropriate to ensure their co-operation with any special arrangements required for the trip.

A designated adult will be available to support the pupil at all times during a school trip.

If the pupil has been prescribed an AAI, at least one adult trained in administering the device will attend the trip. The pupil's medication will be taken on the trip and stored securely – if the pupil does not bring their medication, they will not be allowed to attend the trip.

A member of staff will be assigned responsibility for ensuring that the pupil's medication is carried at all times throughout the trip.

Two AAIs will be taken on the trip and will be easily accessible at all times.

Where the venue or site being visited cannot assure appropriate food can be provided to cater for pupils' allergies, the pupil will take their own food or the school will provide a suitable packed lunch.

## 10 Medical attention and required support

Once a pupil's allergies have been identified, the parents will be contacted and a plan of appropriate action/support will be developed.

All medical attention, including that in relation to administering medication, will be conducted in accordance with the Administering Medication Policy and the Supporting Pupils with Medical Conditions Policy.

Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the pupil's name, class, expiration date and instructions for administering it.

Pupils will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAIs.

All members of staff involved with a pupil with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.

Any specified support which the pupil may require will be outlined in their IHP.

All staff members providing support to a pupil with a known medical condition, including those in relation to allergies, will be familiar with the pupil's IHP.

Local procedures at each of the Trust's schools for ensuring that IHPs are implemented, monitored and communicated to the relevant members of the school community **will be detailed in the**

**school's First Aid Procedures and Guidance.** This will also detail the staff members responsible for working alongside relevant staff members and parents in order to develop IHPs for pupils with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.

## 11 Staff training

Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.

In accordance with the Supporting Pupils with Medical Conditions Policy, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist pupils with managing their allergies.

The school will arrange specialist training on a **termly** basis where a pupil in the school has been diagnosed as being at risk of anaphylaxis.

The relevant staff, e.g. kitchen staff, will be trained on how to identify and monitor the correct food labelling and how to manage the removal and disposal of PPDS foods that do not meet the requirements set out in Natasha's Law.

The relevant members of staff will be trained on how to consistently and accurately trace allergen-containing food routes through the school, from supplier delivery to consumption.

Designated staff members will be taught to:

- Recognise the range of signs and symptoms of severe allergic reactions.
- Respond appropriately to a request for help from another member of staff.
- Recognise when emergency action is necessary.
- Administer AAIs according to the manufacturer's instructions.
- Make appropriate records of allergic reactions.

All staff members will:

- Be trained to recognise the range of signs and symptoms of an allergic reaction.
- Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild to moderate symptoms.
- Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
- Understand how to check if a pupil is on the Register of AAIs.
- Understand how to access AAIs.
- Understand who the designated members of staff are, and how to access their help.
- Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
- Be aware of how to administer an AAI should it be necessary.
- Be aware of the provisions of this policy.

## **12 Mild to moderate allergic reaction**

Mild to moderate symptoms of an allergic reaction include the following:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

If any of the above symptoms occur in a pupil, the nearest adult will stay with the pupil and refer to their IHP to determine appropriate next steps.

The pupil's parents will be contacted immediately if a pupil suffers a mild to moderate allergic reaction, and if any medication has been administered.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

For mild to moderate allergy symptoms, the pupil's IHP will be followed and the pupil will be monitored closely to ensure the reaction does not progress into anaphylaxis.

Should the reaction progress into anaphylaxis, the school will act in accordance with this policy. Where the pupil is required to go to the hospital, an ambulance will be called.

## **13 Managing anaphylaxes**

In the event of anaphylaxis, the nearest adult will lay the pupil flat on the floor and try to ensure the pupil suffering an allergic reaction remains as still as possible; if the pupil is feeling weak, dizzy, appears pale and is sweating their legs will be raised. A designated staff member will be called for help and the emergency services contacted immediately. The designated staff member will administer an AAI to the pupil. Spare AAIs will only be administered if appropriate consent has been received.

Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.

If necessary, other staff members may assist the designated staff members with administering AAIs.

A member of staff will stay with the pupil until the emergency services arrive – the pupil will remain lying flat and still. If the pupil's condition deteriorates after initially contacting the emergency services, a second call will be made to ensure an ambulance has been dispatched.

The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.

If the pupil stops breathing, a suitably trained member of staff will administer CPR.

If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.

In the event that a pupil without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.

A designated staff member will contact the pupil's parents as soon as is possible.

Upon arrival of the emergency services, the following information will be provided:

- Any known allergens the pupil has
- The possible causes of the reaction, e.g. certain food
- The time the AAI was administered – including the time of the second dose, if this was administered

Any used AAIs will be given to paramedics.

Staff members will ensure that the pupil is given plenty of space, moving other pupils to a different room where necessary.

Staff members will remain calm, ensuring that the pupil feels comfortable and is appropriately supported.

A member of staff will accompany the pupil to hospital in the absence of their parents.

If a pupil is taken to hospital by ambulance, **two** members of staff will accompany them.

A copy of the Register of AAIs will be held in **each classroom** for easy access in the event of an allergic reaction.

Following the occurrence of an allergic reaction, the SLT, in conjunction with the school nurse, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.

## **14 Monitoring and review**

This policy will be reviewed by Trustees on an annual basis, and its effectiveness will be monitored and evaluated following each occurrence of an allergic reaction

## APPENDIX 1



### Pupil allergy declaration form

<b>Name of pupil</b>			
<b>Date of birth</b>		<b>Year group</b>	
<b>Name of GP</b>			
<b>Address of GP</b>			
<b>Nature of allergy</b>			
<b>Severity of allergy</b>			
<b>Symptoms of an adverse reaction</b>			
<b>Details of required medical attention</b>			
<b>Instructions for administering medication</b>			
<b>Control measures to avoid an adverse reaction</b>			

### Spare AAI's

I understand that the school may purchase spare AAI's to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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<b>Name of parent</b>	
<b>Relationship to child</b>	
<b>Contact details of parent</b>	
<b>Parental signature</b>	



Administering Medication Policy  
Author: SW  
NEW: June 2022  
Review - Period 1 Year  
Reviewed and updated by SW November 2023  
Reviewed by SW November 2024  
Reviewed and updated SW 21 October 2025  
Approved by the Trustee Board on 04 December 2025

## ADMINISTERING MEDICATION POLICY

The Learning Trust will ensure that students with medical conditions receive appropriate care and support at the Trust's schools, in order for them to have full access to education and remain healthy. This includes safe storage and administration of students' medication.

- The Learning Trust is committed to ensuring that parents feel confident that we will provide effective support for their child's medical condition. The Trustees and Local Governing Boards recognise that students may at some time need to take medication at school. While parents retain responsibility for their child's medication, the Trust and its schools have a duty of care to the students while at school, and the Trustees and Local Governing Boards wish to do all that is reasonably practical to safeguard and promote children's welfare, and offer them appropriate care and support.
- For the purposes of this policy, "**medication**" is defined as any prescribed or over the counter medicine, including devices such as asthma inhalers and adrenaline auto-injectors (AAIs). "**Prescription medication**" is defined as any drug or device prescribed by a doctor. "**Controlled drug**" is defined as a drug around which there are strict legal controls due to the risk of dependence or addiction, e.g. morphine.

### 1 Legal Framework

This policy has due regard to all relevant legislation and statutory guidance including, but not limited to, the following:

- Equality Act 2010
- Children and Families Act 2014
- 'Supporting students at school with medical conditions' DfE (2015)
- 'Using emergency adrenaline auto-injectors in schools' DfE (2017)

This policy operates in conjunction with the following The Learning Trust policies:

- TLT Supporting Students with Medical Conditions Policy
- TLT Retention of Records Guidelines

- TLT Complaints Procedures Policy
- TLT First Aid Policy and TLT Allergens and Anaphylaxis Policy

## **2 ROLES AND RESPONSIBILITIES**

### **2.1 The Trustees** are responsible for:

- The implementation of this policy and procedures across the Trust and its schools.

### **2.2 The Headteachers** are responsible for:

- the day-to-day implementation and management of this policy and relevant procedures;
- ensuring that members of staff who administer medication to students, or help students self-administer, are suitably trained, and have access to information needed;
- ensuring that all necessary risk assessments are carried out regarding the administration of medication, including for school trips and external activities.

### **2.3 All staff** are responsible for:

- Adhering to this policy and supporting students to do so.
- Carrying out their duties that arise from this policy fairly and consistently.

### **2.4 Parents** are responsible for:

- Keeping the school informed about any changes to their child's health.
- Completing an [Administering Medication Parental Consent Form](#) prior to them or their child bringing any medication into school.
- Discussing medication with their child prior to requesting that a staff member administer the medication.
- It is both staff members' and students' responsibility to understand what action to take during a medical emergency, such as raising the alarm with First Aider and other members of staff. This may include staff administering medication to the student involved.

## **3 TRAINING STAFF**

- The Headteachers will ensure that a sufficient number of staff are suitably trained in administering medication.
- Where it is a necessary or vital component of their job role, staff will undertake training on administering medication in line with this policy as part of their new starter induction.
- Training will also cover the appropriate procedures and courses of action with regard to the following exceptional situations:
  - The timing of the medication's administration is crucial to the health of the child
  - Some technical or medical knowledge is required to administer the medication
  - Intimate contact with the student is necessary
- Staff members will be made aware that if they administer medication to a student, they take on a legal responsibility to do so correctly; therefore, staff will be encouraged not to administer medication in the above situations if they do not feel comfortable and confident in doing so, even if they have received training.

### **3.1 Training for administering Anaphylaxis and adrenaline auto-injectors (AAIs)**

The schools will arrange specialist training for staff on a **termly** basis where a student in the school has been diagnosed as being at risk of anaphylaxis.

All staff members will be made aware of:

- How to recognise the signs and symptoms of severe allergic reactions and anaphylaxis.
- Where to find AAI in the case of an emergency.
- The dosage correlates with the age of the student.
- How to respond appropriately to a request for help from another member of staff.
- How to recognise when emergency action is necessary.
- If applicable, who the designated staff members for administering AAIs are.
- How to administer an AAI safely and effectively in the event that there is a delay in response from the designated staff members.
- How to make appropriate records of allergic reactions.

There will be a sufficient number of staff who are trained in and consent to administering AAIs on site at all times.

## **4 RECEIVING, STORING AND DISPOSING OF MEDICATION**

### **4.1 Receiving prescribed medication from parents**

- The parents of students who need medication administered, (including insulin) at one of the Trust's schools will be sent an Administering Medication Parental Consent Form to complete and sign; the signed consent form will be returned to the school and appropriately filed electronically before staff can administer medication to students under the age of 16.
- In addition, a signed copy of the parental consent form will be kept with the student's medication, and no medication will be administered if this consent form is not present.
- Consent obtained from parents will be renewed **annually**.
- The Trust's schools will only store and administer prescribed medication. The school will store a reasonable quantity of medication, e.g. **a maximum of four weeks' supply at any one time**.
- Aspirin will not be administered to a child under 16 unless the school has evidence that it has been prescribed by a doctor. However, aspirin can be used as first aid to a casualty with a suspected heart attack for those over 16.
- Parents will be advised to keep medication provided to the school in the original packaging, complete with instructions, as far as possible, particularly for liquid medications where transfer from the original bottle would result in the loss of some of the medication on the inside of the bottle. This does not apply to insulin, which can be stored in an insulin pen.

### **4.2 Storing students' medication**

- The Trust's schools will ensure that all medications are kept appropriately, according to the product instructions, and are securely stored.
- Medication that may be required in emergency circumstances, e.g. asthma inhalers and AAIs, will be stored in a way that allows it to be readily accessible to students who may need it and can self-administer, and staff members who will need to administer them in emergencies.
- All other medication will be stored in a place inaccessible to students, e.g. a locked cupboard or locked medicine cabinet, or if required in the fridge in the office. It cannot be kept in a first aid container.

- Children should know where their medicines are at all times and be able to access them immediately. The exact location will be detailed in each school's local procedures and guidelines document.
- Medication stored in the Trust's schools will be:
  - Kept in the original container alongside the instructions for use.
  - Clearly labelled with:
    - the student's name;
    - the name of the medication;
    - the correct dosage;
    - the frequency of administration;
    - any likely side effects;
    - the expiry date.
- Stored alongside the accompanying Administering Medication Parental Consent Form; a record book is kept with them, documenting any doses used and the amount of controlled drug held
- Medication that does not meet the above criteria will not be administered.
- A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence.
- School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.
- A record of all drugs administered to children is kept, stating what, how and how much was given, when and by whom and a note made of any side effects experienced. This record will be kept in accordance with the Data Protection Policy and the Records Retention Policy.
- The expiry date of all medicines, including inhalers and adrenalin auto injectors will be checked every half term.
- Auto injectors will also be checked to ensure the content is clear.

### 4.3 Controlled Drugs (Controlled by the Misuse of Drugs Act)

These drugs, which include **Ritalin**, are governed by the Misuse of Drugs Act and are kept in a locked cupboard which conforms to the legislation. It is kept locked at all times except when being accessed for storage or administration of medicine.

A register of controlled drugs is kept which records:

- medication provided
- medication administered, when and how
- the name of the person for whom they were supplied
- the name and quantity of the drug/medication supplied
- the amount of the drug administered each time and the amount left each time
- the type of medication administered i.e., tablet/liquid, and expiry date
- two signatures for each dose of medicine given
- two signatures for each time the medications are counted and checked. The second signature is a witness
- DfE guidance 'Supporting Pupils in Schools with Medical Conditions', does not refer to requiring a double signature, however, due diligence and best practice for controlled drugs it to adopt a double signature. Staff can clearly see this has been done, it has been witnessed and the record counts down how many of the controlled drugs the school is holding. Records can be electronic or a paper version depending on what the Trust's schools are using
- any side effects of the medication to be administered at school should be noted in school.

#### 4.4 Disposing of students' medication

- The Trust's schools will not store surplus or out-of-date medication.
- When no longer required, medicines will be returned to the parent to arrange safe disposal. Where medication and/or its containers need to be returned to the students' doctor or pharmacist, parents will be asked to collect these for this purpose
- Needles and other sharps will be disposed of safely and securely, e.g. using a sharps disposal box.

### 5 ADMINISTERING MEDICATION

- First aid at work does not include giving tablets or medicines. The only exception is when aspirin is used as first aid to a casualty with a suspected heart attack for those over 16.
- Medication will only be administered at the Trust's schools if it would be detrimental to the student not to do so. Only suitably qualified members of staff will administer controlled drugs. Staff will check the expiry date and maximum dosage of the medication being administered to the student each time it is administered, as well as when the previous dose was taken.
- Medication will be administered in a private, comfortable environment and, as far as possible, in the same room, as the medication is stored.
- The room will be equipped with the following provisions:
  - Arrangements for increased privacy where intimate contact is necessary
  - Facilities to enable staff members to wash their hands before and after administering medication, and to clean any equipment before and after use if necessary
  - Available PPE for use where necessary
- Before administering medication, the responsible member of staff should check:
  - The student's identity.
  - That the school possesses written consent from a parent.
  - That the medication name, dosage and instructions for use match the details on the consent form.
  - That the name on the medication label is the name of the student being given the medication.
  - That the medication to be given is within its expiry date.
  - That the student has not already been given the medication within the accepted frequency of dosage.
- Prescribed medicines will only be accepted if they are in-date, labelled, provided in the original container as dispensed by a pharmacist, and include instructions for administration, dosage, and storage. The exception to this is insulin, which still must be in date, but can be used inside an insulin pump or pen, rather than the original container.
- If there are any concerns surrounding giving medication to a student, the medication will not be administered and the school will consult with the student's parent or a healthcare professional, documenting any action taken.
- If a student cannot receive medication in the method supplied, e.g. a capsule cannot be swallowed, written instructions on how to administer the medication must be provided by the student's parent, following advice from a healthcare professional.
- Where appropriate, students will be encouraged to self-administer under the supervision of a staff member, if parental consent for this has been obtained. If a student refuses to take their medication, staff will not force them to do so, but will follow the procedure agreed upon in their Individual Healthcare Plans, and parents will be informed so that alternative options can be considered.
- The Trust's schools will not be held responsible for any side effects that occur when medication is taken correctly.

- Written records, or records via appropriate software, will be kept of all medication administered to students, including the date and time that medication was administered and the name of the staff member responsible.
- Records will be stored in accordance with the Data Protection Policy and Retention of Records Guidelines

## **6 MEDICAL DEVICES**

### **6.1 Asthma inhalers**

- The Trust's schools will allow students who are capable of carrying their own inhalers to do so, provided that parental consent for this has been obtained.
- The schools will ensure that spare inhalers for students are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

### **6.2 AAI's**

- The Trust's schools will allow students who are capable of carrying their own AAI's to do so, if parental consent for this has been obtained.
- The schools will ensure that spare AAI's for students are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.
- The Trust's schools will detail where spare AAI's are located in their local procedures and guidelines and ensure that risk assessments regarding the use and storage of AAI's on the premises are conducted and up-to-date, providing a stock of AAI's, that are replenished when used, within locations where there is a greater risk of anaphylaxis occurring, e.g. the dining hall.
- Medical authorisation and parental consent will be obtained from all students believed to be at risk of anaphylaxis for the use of spare AAI's in emergencies.
- The spare AAI's will not be used on students who are not at risk of anaphylaxis or where there is no parental consent.
- Where consent and authorisation has been obtained, this will be recorded in the student's Individual Healthcare Plan.

## **7 INDIVIDUAL HEALTHCARE PLANS (IHP)**

- For students with chronic or long-term conditions and disabilities, an IHP will be developed in liaison with the student, their parent, the Headteacher, the SENDCo and any relevant medical professionals. When deciding what information should be recorded on an IHP, the following will be considered:
  - The medical condition and its triggers, signs, symptoms and treatments The student's resulting needs, such as medication, including the correct dosage and possible side effects, medical equipment, and dietary requirements
  - The specific support needed for the student's educational, social and emotional needs
  - The level of support needed and whether the student will be able to take responsibility for their own health needs
  - Any reasonable adaptations agreed to Trust/local policy for specific pupils where there are exceptional circumstances. (Each case will be assessed on its own merits. For example, in some circumstances, supporting a pupil with their medical condition can involve the use of a mobile phone during the school day).

- The type of provision and training that is required, including whether staff can be expected to fulfil the support necessary as part of their role
  - Which staff members need to be aware of the student's condition
  - Arrangements for receiving parental consent to administer medication
  - Separate arrangements which may be required for out-of-school trips and external activities
  - Which staff member can fulfil the role of being a designated, entrusted individual to whom confidentiality issues are raised
  - What to do in an emergency, including whom to contact and contingency arrangements
  - What is defined as an emergency, including the signs and symptoms that staff members should look out for
- The Trust's Local Governing Boards will ensure that IHPs are reviewed at least **annually**.
  - A designated staff member will routinely monitor IHPs throughout the year.

## **8 EDUCATIONAL TRIPS AND VISITS**

- In the event of an educational trip/visit, which involves leaving the school premises, medication and medical devices will continue to be readily available to staff and students. This may include students carrying their medication themselves, where possible and appropriate, e.g. for asthma inhalers.
- If the medication is of a type that should not be carried by students, e.g. capsules, or if students are very young or have complex needs that mean they cannot self-administer, the medication will be carried by a designated staff member for the duration of the trip or activity.
- There will be at least one staff member who is trained to administer medication on every out-of-school trip or visit which students with medical conditions will attend.
- Staff members will ensure that they are aware of any students who will need medication administered during the trip or visit, and will ensure that they know the correct procedure, e.g. timing and dosage, for administering their medication.
- If the out-of-school trip or visit will be over an extended period of time, e.g. an overnight stay, a record will be kept of the frequency at which students need to take their medication, and any other information that may be relevant. A designated trained staff member who is present on the trip and can manage the administration of medication will keep this record.
- All staff members, volunteers and other adults present on out-of-school trips and visits will be made aware of the actions to take in a medical emergency related to the specific medical needs and conditions of the student, e.g. what to do if an epileptic student has a seizure.

## **9 MEDICAL EMERGENCIES**

- Medical emergencies will be handled in line with The Learning Trust's First Aid Policy and the schools' local procedures and guidelines.
- For all emergency medication stored by the schools, the schools will ensure the medication is readily accessible to staff and the student who require it, and is not locked away.
- For all emergency medication kept in the possession of a student, e.g. AAls, the schools will ensure that students are told to keep the appropriate instructions with the medication at all times. A spare copy of these instructions will be kept in the Designated First Aider or Appointed Person's office.

## **10 MONITORING AND REVIEW**

- As with the First Aid Policy, and the Allergen and Anaphylaxis Policy, Trustees will review this policy annually.
- Records of medication administered on the school premises, or on school trips and visits, will be monitored, and the information recorded will be used to improve school procedures.

- Staff members trained in administering medication will routinely recommend any improvements to the procedure. The schools will also seek advice from any relevant healthcare professionals as deemed necessary.
- Any changes made to this policy will be communicated to the relevant stakeholders, including students whose medication is stored at school and their parents.

## Administering Medication Parental Consent Form

Name of school will not give your child medication unless you complete and sign this form.

Name of student			
Date of birth			
Form group			
Medical condition or illness			
Name and/or type of medication (as described on the container)			
Date dispensed			
Expiry date			
Dosage and method of administration			
Timing			
Special precautions/other instructions			
Any side effects we need to know of?			
Self-administration	Yes	No	Other information:
Agreed review date			
Review to be initiated by			
Procedure to take in an emergency			
Additional details			

**NB Medicines must be in the original container as dispensed by the pharmacy.** The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to Name of School staff administering medicine in accordance with the Trust's Policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency or if the medicine is to be stopped.

Signature of Parent.....

Print Parent's Name.....

Date.....