

Supporting Students' Health and Medical Needs Policy

Including First Aid, Administration of Medicines, Allergy Awareness and Infection Control

FALMOUTH SCHOOL
Trescobeas Road, Falmouth, Cornwall, TR11 4LH



(Statutory)

Approved: Autumn 2026
Date of Next Review: Autumn 2027

Equality Impact Assessment - Policy Review

In reviewing this policy, we have tried to make a positive impact on equality by considering and reducing or removing inequalities and barriers which already existed. We have ensured that this policy does not impact negatively on the dimensions of equality.

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1. Statement of Intent

The Roseland Multi-Academy Trust (the Trust) wishes to ensure that students with medical conditions receive appropriate care and support at school, supported by effective arrangements for allergy management, infection prevention and control, first aid, and the administration of medicines.

We are committed to:

- a) Complete first aid needs risk assessments for every significant activity carried out.
- b) Providing adequate provision for first aid for students, staff and visitors.
- c) Ensuring that students and staff with medical needs are fully supported at the Trust, and suitable records of assistance required and provided are kept.
- d) Ensuring compliance with current legislation relating to allergy awareness and the management of allergens, to safeguard individuals at risk of allergic reactions.
- e) Promoting effective infection prevention and control measures to minimise the risk of the spread of infectious illnesses and maintain a safe and healthy environment.
- f) First-aid materials, equipment and facilities are available, according to the findings of the risk assessment.
- g) Procedures for administering medicines and providing first aid are in place and are reviewed regularly.
- h) Promoting an open culture around mental health by increasing awareness, challenging stigma, and providing mental health tools and support.

We will ensure all staff (including supply staff) are aware of this policy and that sufficient trained staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations.

We will also make sure that the Trust is appropriately insured, and that staff are aware that they are insured to support students in this way.

This policy places the health, safety and wellbeing of all students, staff and visitors at its core. It aims to ensure the safe provision of first aid, administration of medicines, effective management of allergies and allergic reactions, and robust infection prevention and control measures, while also safeguarding those responsible for delivering this support.

This policy is implemented in accordance with relevant legislation and guidance, including the Health and Safety at Work etc. Act 1974, the Equality Act 2010, the Children and Families Act 2014, the Department for Education's guidance Allergy Safety in Schools, and food allergen legislation, including Natasha's Law.

This policy applies to all relevant Trust activities and is written in compliance with all current UK health and safety legislation and has been consulted with staff and their safety representatives Jeducium Education.

The Trust will ensure, that this policy and any supporting documents are kept up-to-date. A formal review and re-adoption of this policy will be carried out by no later than 12 months from date, and reviewed annually by the Business & Finance Committee.

Name: _____

Signature: _____

(Headteacher)

Date: _____

Name: _____

Signature: _____

(CEO)

Date: _____

2. Key Roles and Responsibilities

2.1 Board of Trustees

The Board of Trustees is responsible for ensuring that:

- a) The overall implementation of the Supporting Students' Health and Medical Needs Policy and procedures of Trust.
- b) The Supporting Students' Health and Medical Needs Policy is reviewed annually and/or after any operational changes, to ensure that the arrangements remain effective.
- c) Adequate resources, systems and competent persons are in place to support the safe management of first aid, administration of medicines, allergy awareness and infection.
- d) That all students with health and medical needs are able to participate fully where possible in all aspects of school life.
- e) Reports are regularly received and reviewed on medical related incidents training compliance, and identified risk trends to inform strategic oversight.
- f) Ensuring the level of insurance in place reflects the level of risk.

2.2 CEO

The CEO is responsible for ensuring that:

- a) this Policy is implemented across all of the schools within the Trust and that operational arrangements reflect the Trust's requirements.
- b) Communication and reporting systems are in place so that medical related incidents, near misses, and emerging risks are reported to the Board of Trustees.
- c) Mechanisms are in place to monitor the effectiveness of this policy.
- d) Where services such as catering are centrally procured by the Trust, ensuring contractors and service providers comply with Trust requirements relating to allergy management, food safety and infection prevention and control.

The CEO is – **Chris Challis**

2.3 Headteacher

The headteacher is responsible for the day-to-day implementation on this Policy with in their school and to ensure that:

- a) All staff are aware of the Supporting Students' Health and Medical Needs Policy and are aware of their responsibilities.
- b) Incidents, near misses, and concerns are recorded and reported via the Trust's designated reporting systems and escalated as required to the board of trustees.
- c) A first aid needs assessment for school is completed and reviewed annually and/or after any significant changes.
- d) An appropriate number of appointed persons and/or trained first aid personnel are always present in school and that their names are prominently displayed throughout the school.
- e) First aiders have an appropriate qualification, keep training up to date and remain competent to perform their role.
- f) They undertake, or ensuring that managers undertake, risk assessments, as appropriate, and that appropriate measures are put in place.
- g) All staff undertake the necessary mandatory training for accident reporting and other training that is associated with their role.
- h) Adequate space is available for catering to the medical needs of students.
- i) Individual Healthcare Plans (IHCPs) are developed via the appropriate SENDco or other relevant staff member.

- j) Contacting the school nursing service in the case of any child who has a medical condition which requires further investigation, via the appropriate person and SENDco.
- k) Specified incidents are reported to the Health and Safety Executive (HSE), when necessary.
- l) Allergy and infection control risks are assessed and reviewed annually and following any significant incident or change in circumstances.
- m) Staff receive updates where Individual Healthcare Plans are amended or where new allergy or infection risks are identified.
- n) Good hygiene practices are promoted throughout the school and ensuring government and public health guidance is followed during periods of increased infection risk or outbreaks.
- o) Allergy-related bullying is treated seriously and managed in accordance with the school's behaviour and anti-bullying procedures.
- p) Appropriate quantities of Personal Protective Equipment (PPE) and infection control resources are available.

The Headteacher is Mrs. Joanne Guest

2.4 First Aid Lead

The First Aid Lead is responsible for ensuring that:

- a) Students with medical conditions are identified and properly supported in the school, including supporting staff on implementing a student's Healthcare Plan.
- b) They support the head teacher to determine the training needs of school staff, including administration of medicines and to review the First Aid Needs Risk Assessment.
- c) First aid and medicines are administered in line with current training and the requirements of this policy.
- d) The contents of each first aid box and any associated first aid equipment (e.g. Defibrillators and Adrenaline Auto-Injectors (AAIs)) are periodically checked and ensure these meet the minimum requirements, quantity and use by dates and arrange for replacement of any first aid supplies or equipment which has been used or are out of date.
- e) They assist with completing accident report forms and investigations.
- f) Continual cover is provided during any absence.
- g) The availability, storage and replacement of Adrenaline Auto-Injectors (AAIs) and other emergency medication is monitored.

The First Aid Lead is Mr. Alastair Mitchell

2.5 First Aider and Appointed Person(s)

2.4.1 The appointed persons are responsible for:

- a) Taking charge when someone is injured or becomes ill.
- b) Ensuring there is an adequate supply of medical materials in first aid kits, and replenishing the contents of these kits.
- c) Ensuring that an ambulance or other professional medical help is summoned, when appropriate.

2.4.2 First aiders are trained and qualified to carry out the role and are responsible for:

- a) Acting as first responders to any incidents; they will assess the situation where there is an injured or ill person and provide immediate and appropriate treatment.
- b) Sending students home to recover, where necessary.
- c) Filling in an accident report on the same day, or as soon as is reasonably practicable, after an incident.
- d) Keeping their contact details up to date.
- e) Following infection prevention and control procedures when administering first aid, including the use of appropriate Personal Protective Equipment (PPE).

- f) Taking appropriate precautions when dealing with blood, bodily fluids or other potentially infectious materials.
- g) Ensuring first aid areas and equipment are cleaned and replenished following use.

List of First Aiders and qualifications – Appendix A

2.6 Mental Health First Aiders

The appointed persons are responsible for:

- a) Provide mental health first aid as needed, at their level of competence and training.
- b) Providing help to prevent mental health issues from becoming more serious before professional help can be accessed.
- c) Promoting the recovery of good mental health.
- d) Providing comfort to an individual with a mental health issue.
- e) Acting as an advocate for mental health in the workplace, helping reduce stigmas and enact positive change.
- f) Escalate and document any matters if required within a suitable timeframe.
- g) Ensure they maintain confidentiality, as appropriate.

The Mental Health First Aider is - Mrs. Emily Christophers

2.7 Staff Trained to Administer Medicines

Members of staff in school who have been trained to administer medicines must ensure that:

- a) Only prescribed medicines are administered and that trained members of staff are aware of the written parental permission outlining the type of medicine, dosage and the time the medicine needs to be given.
- b) Wherever possible, students administer their own medicine, under the supervision of a trained member of staff. In cases where this is not possible, a trained staff member will administer the medicine.
- c) If a child refuses to take their medication, staff will accept their decision and inform the parents accordingly.
- d) Records are kept of any medication given.

2.8 All other staff

Staff members are responsible for:

- a) Taking appropriate steps to support children with medical conditions.
- b) Ensuring they follow this policy.
- c) Ensuring they know who the first aiders in School are and contact them straight away in the event of an incident.
- d) Completing accident reports for all incidents they attend to, where a first aider is not called.
- e) Informing the Headteacher or their manager of any specific health conditions or first aid needs.
- f) Being familiar with any relevant Individual Healthcare Plans and understanding the actions required in the event of an allergic reaction, medical emergency or infectious illness.
- g) Promoting good hygiene practices and supporting infection prevention and control measures within the school.
- h) Reporting concerns relating to allergies, communicable diseases or infection risks promptly.
- i) Following any outbreak management or infection control measures implemented by the school.

2.9 Catering Contractors

The Trust's catering contractor is responsible for:

- a) Complying with the requirements of this policy and any contractual obligations relating to the management of medical needs, food allergies, allergen control, food safety and infection prevention and control.
- b) Ensuring all catering staff receive and maintain appropriate training, qualifications and competency as required by legislation, industry standards and the service contract.
- c) Maintaining accurate allergen information and making this available to the school to support students, parents/carers and staff in making informed food choices.
- d) Implementing effective arrangements to prevent allergen cross-contamination during the storage, preparation and serving of food.
- e) Maintaining appropriate food safety management systems and hygiene standards in accordance with relevant food safety legislation.
- f) Communicating promptly with the school regarding any allergy-related concerns, food safety issues, changes to ingredients, supplier substitutions or incidents that may affect student safety.
- g) Cooperating with the school in supporting students with identified dietary, allergy or medical requirements.
- h) Reporting incidents, near misses and concerns in accordance with Trust and contractual reporting arrangements.
- i) Supporting the school in responding to outbreaks of infectious illness by undertaking additional cleaning or disinfection measures where required.

2.10 Cleaning Contractors

The Trust's cleaning contractor is responsible for:

- a) Complying with the requirements of this policy and any contractual obligations relating to infection prevention and control, hygiene standards and safe cleaning practices.
- b) Ensuring all cleaning staff receive and maintain appropriate training, qualifications and competency as required by legislation, industry standards and the service contract.
- c) Maintaining agreed cleaning standards across the school and undertaking cleaning activities in accordance with the cleaning specification and risk assessments.
- d) Ensuring appropriate cleaning materials, equipment and personal protective equipment (PPE) are used and maintained.
- e) Implementing procedures for the safe cleaning and disinfection of bodily fluid spillages and potentially contaminated areas.
- f) Supporting the school in responding to outbreaks of infectious illness by undertaking additional cleaning or disinfection measures where required.
- g) Ensuring waste is managed and disposed of in accordance with relevant legislation and contractual arrangements.
- h) Reporting any health, hygiene, infection control concerns or incidents identified whilst undertaking their duties to the school representative and their employer.

2.11 Site Team

The Site Team is responsible for:

- a) Maintaining appropriate cleaning arrangements throughout the school.
- b) Ensuring cleaning materials, PPE and infection control supplies are available.
- c) Supporting the cleaning contractors to manage the safe cleaning of bodily fluid spillages.
- d) Supporting infection control measures during outbreaks or incidents.
- e) Ensuring waste is managed and disposed of appropriately.
- f) Maintaining hygiene standards within school buildings and grounds.

2.12 Contractors and visitors

Contractors and visitors are responsible for:

- a) Complying with relevant school health, safety, allergy awareness and infection control procedures.
- b) Ensuring their activities do not introduce avoidable allergy or infection risks.
- c) Maintaining appropriate standards of hygiene whilst on school premises.
- d) Reporting any contamination, spillages or health concerns to their host or the school.

2.13 Parents and Carers

Parents and carers are responsible for:

- a) Informing the school of any diagnosed allergies, food intolerances or other medical needs when their child joins the school.
- b) Notifying the school immediately of any changes to their child's medical needs, including updated clinic summaries, re-testing outcomes or new food challenges. A revised medical needs form must be completed whenever changes occur.
- c) Informing the school if an episode of anaphylaxis or significant allergic reaction occurs outside school.
- d) Providing all required medication (e.g., EpiPens, other adrenaline auto-injectors, inhalers, antihistamines) and ensure it is in date, replaced when necessary, and supplied in accordance with the student's Individual Healthcare Plan (IHCP).
- e) Completing a parental agreement for school to administer medicine form before bringing medication into school.
- f) Collecting any leftover medicine at the end of the term.
- g) Discussing medications with their child/children prior to requesting that a staff member administers the medication.
- h) Where necessary, developing an Individual Healthcare Plan (IHCP) for their child in collaboration with the relevant Headteacher, SENDco, other staff members and healthcare professionals.

2.14 Students

Students are encouraged, where appropriate and in accordance with their age, understanding and individual needs, to take an active role in managing their own health needs and medication by:

- a) Taking increasing responsibility for managing their own medical conditions and medication as appropriate, with support from parents/carers and school staff.
- b) Following agreed healthcare plans and cooperate with arrangements put in place to support their health, safety and wellbeing.
- c) Informing a member of staff if they feel unwell, experience symptoms of illness, have concerns about their medical condition, or believe they have been exposed to an allergen.
- d) Practising good hygiene and infection prevention measures, including following school expectations regarding hand hygiene, respiratory etiquette and illness reporting.
- e) Students are encouraged not to carry their own medicines with them. The only exception being asthma inhalers, epi-pens or other equipment/medication in line with their Individual Health Care Plan (IHCP). All other medicines will be stored in the medical room/secured room.
- f) Understanding that they have the right to refuse medication; however, where this occurs, staff will follow the procedures set out in this policy, inform parents/carers as appropriate, and seek medical advice where necessary to ensure the student's safety.
- g) Treating medical equipment, medicines and first aid resources responsibly and report any concerns to a member of staff.

3. First Aid Arrangements

3.1 First Aid Room

The school's designated first aid facility is the Medical Room, which provides a central location for the assessment and treatment of students requiring first aid or medical support. This is located adjacent to the main office. First Aid can be alerted through extension number **600**.

3.2 First Aid Boxes

First aid equipment is available at the following locations throughout Falmouth School:

- Medical Room
- Main Office
- Science main preparation room (N22)
- Science preparation room (P5)
- Design and Technology room
- Sports Hall
- Sports Hub

The First Aid Lead is responsible for ensuring that equipment is maintained, checked regularly and replenished as required.

3.3 Medications

Students' medication is stored in the secure cupboard in the first aid medical room.
Prescribed Adrenaline Auto-Injectors (AAI's) are located in the first aid medical room.
Spare AAI's are located in the first aid medical room.

3.4 Defibrillators

The Trusts Defibrillators are connected to The Circuit, the national defibrillators network, each school has an appointed guardian who manages the defibrillators.

Falmouth School has 5 defibrillators, these are located:

- The PE Office
- Reception
- First Aid Room
- Main Office
- Sports Hub

3.5 First Aid Needs Assessment

Falmouth School will ensure:

- a) There is a first aid needs risk assessment is completed to establish if there is adequate and appropriate first aid provisions in place.
- b) This assessment is reviewed when significant changes occur.
- c) A sufficient number of staff will be trained in First Aid at Work, Emergency First Aid at Work and Paediatric First Aid as per the outcome of the first aid risk assessment. Refresher training will be provided as required.
- d) A sufficient number of staff will receive specialist training as identified with the first aid needs risk assessment or as required within students' individual health care plans.

3.6 Early Years Requirements (N/A for Secondary schools)

Falmouth School will:

- a) Ensure the first aid requirements set out in the [Statutory Framework for Early Years Foundation](#) Stage are in place.

- b) Ensure at least one person with a current paediatric first aid (PFA) certificate is on the premises and available at all times when children are present, and accompanies children on outings. Additional paediatric first aiders will be determined by the schools first aid needs risk assessment and the Statutory Framework's requirements.
- c) Ensure all staff who obtained a level 2 or level 3 qualification after 30 June 2016 have either a full PFA or an emergency PFA certificate within 3 months of starting work. This certificate must be renewed every 3 years to be included in the required staff: child ratios at level 2 or level 3.
- d) Ensure paediatric first aid training is renewed every 3 years.
- e) Aim to achieve the Millie's Mark Award (<https://www.milliesmark.com/>). The aim of Millie's Mark is to keep children safe and minimise risk and accidents by raising standards in paediatric first aid
 - Increasing number of paediatric first aid trained staff
 - Increasing confidence and competencies in applying paediatric first aid
 - Enabling trained staff to respond quickly in emergencies
 - Raising the quality and skills of the early years' workforce and helping them with day-to-day first aid issues, such as allergies
 - Providing reassurance to parents
- f) Ensure that the guidance on [Safer Sleep](#) is followed as advised the Department of Education in collaboration with The Lullaby Trust.

3.7 First Aid Provision

In the case of an incident, the procedure is as follows:

- a) A member of staff will call for a first aider, if the injured person can walk, they will be taken to a first aid post and a first aider called.
- b) The first aider administers first aid and records details - see 3.10 Accidents Recording and Reporting.

3.8 Educational Visits

- a) In the case of a **residential visit** the residential first aider will administer First Aid. Reports will be completed in accordance with procedures at the Residential Centre.
- b) In the case of **day visits** a trained First Aider will carry a travel first aid kit in case of need.
- c) Where identified within an educational visits first aid needs assessment, the Lead First Aider will arrange for additional equipment such as Adrenaline Auto-Injector (AAI), inhalers as relevant to health care plans.
- d) No child with a prescribed AAI will be able to go on a school trip without two of their own devices

3.9 Emergencies

Medical emergencies will be dealt with under each school's emergency procedures. Where an Individual Healthcare Plan (IHCP) is in place, it should detail:

- What constitutes an emergency.
- What to do in an emergency.
- Students will be informed in general terms of what to do in an emergency such as telling a member of staff.

If a student needs to be taken to hospital, a member of staff will remain with the child until their parents arrive.

3.10 Accidents Recording and Reporting

- a) All accidents, injuries, incidents and Near Misses will be reported using the Trust's incident reporting system, Every. Guidance on the reporting process is provided to staff and can be found in Appendix B.
- b) At the Trust's primary schools, minor injuries and accidents may be recorded in the school's accident report book in accordance with local arrangements. Guidance on recording minor incidents can be found in Appendix C.
- c) Notifications of all incidents recorded as Major Incidents, Near Misses or RIDDOR-reportable events will be automatically escalated through Every to the Headteacher, Health and Safety Lead and other relevant persons. Summary reports will be presented regularly to the Board of Trustees to support monitoring and oversight.
- d) Where required, incidents will be reported to the Health and Safety Executive (HSE) in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Guidance on RIDDOR reporting responsibilities and procedures is provided in Appendix B & C.
- e) Parents/carers will be informed of accidents, injuries, illnesses or medical treatment administered to their child in accordance with the severity of the incident and the school's reporting procedures:
 - a) All accidents, injuries, incidents and near misses must be recorded using the Trust's Every incident reporting system, in accordance with the Trust's Accident and Incident Reporting Guidance.
 - b) First aid treatment must be provided by an appropriately trained first aider, who is responsible for ensuring that the incident and treatment provided are recorded accurately.
 - c) In the event of a suspected head, neck or spinal injury, parents/carers will be contacted and informed of the injury. The attending first aider will determine the appropriate course of action, seeking advice from NHS 111 or the emergency services where necessary. Treatment must not be delayed if parents/carers cannot be contacted.
 - d) Any other significant injury will be communicated to parents/carers as quickly as possible, normally by telephone. Records of parental contact will be maintained by the school's Administration Team.
 - e) Where an incident requires emergency medical attention, a first aider will call, or instruct another member of staff to call, 999.
 - f) Major incidents, near misses and potentially RIDDOR-reportable incidents will be escalated through Every to the Headteacher and Health and Safety Lead, in accordance with Trust procedures.
- f) Registered Early Years settings will notify Ofsted of any serious accident, illness, injury or death involving a student whilst in their care as soon as reasonably practicable and no later than 14 days after the incident.
- g) The Headteacher will notify the relevant Local Authority, safeguarding partners and any other appropriate agencies of any serious accident, injury or death involving a student where required by statutory guidance or safeguarding procedures.
- h) All accident, incident and medication records will be stored securely and retained in accordance with legal, insurance and data protection requirements.
 - Accident records relating to employees will be retained for a minimum of three years, in line with Regulation 25 of the Social Security (Claims and Payments) Regulations 1979.
 - Accident records relating to students will be retained until the student reaches the age of 25 years, to allow for the potential of personal injury claims.

4. Training and Competency

- a) All staff will receive training on this Policy as part of their induction programme.
- b) Staff will receive regular refresher training and ongoing professional development relevant to their role. This will include mandatory annual Allergy Awareness training and any other training identified through risk assessment, changes in legislation, or operational requirements.
- c) Training records will be maintained on the Trust's training matrix within Every HR and monitored by the Central Services Team. Schools are responsible for notifying the Central Services Team of any additional training requirements beyond the mandatory training programme.
- d) The Central Services Team will support schools in ensuring that appropriate First Aid qualifications are maintained and renewed as required.
- e) No member of staff will administer prescription medication or undertake healthcare procedures unless they have received appropriate training and have been assessed as competent to carry out those duties safely.
- f) Where a student has a specific medical condition, allergy or healthcare need, relevant staff will receive additional training and information, as necessary, to enable them to support the student safely and effectively.

5. Supporting Students with Medical Conditions

5.1 Individual Healthcare Plans (IHCPs)

Some students have medical conditions that, if not properly managed, could limit their access to education. Falmouth School will:

- a) Where necessary, develop an Individual Healthcare Plan (IHCP) in collaboration with the student, parents/carers, Headteacher or delegated to the appropriate person or SENDco, and medical professionals.
- b) Ensure IHCPs will be easily accessible whilst preserving confidentiality this is done via our MIS – Bromcom.
- c) Review IHCPs at least annually or when a child's medical circumstances change, whichever is sooner.
- d) Ensure where a student has an Education, Health and Care plan or special needs statement, the IHCP will be linked to it or become part of it.
- e) Ensure where a child is returning from a period of hospital education or alternative provision or home tuition, we will work with the LA and education provider to ensure that the IHCP identifies the support the child needs to reintegrate.
- f) Consider what reasonable adjustments they might make to enable students with medical needs to participate fully and safely on school visits. A risk assessment will be used to take account of any steps needed to ensure that students with medical needs are included.

See Appendix D for IHP Implementation Procedure , template and template letters

6. Medicines

Where possible, it is preferable for medicines to be prescribed in frequencies that allow the students to take them outside of school hours. If this is not possible, prior to staff members administering any medication, the parents/carers of the child must complete and sign a parental agreement for a school to administer medicine form. See Appendix F

6.1 Administration of Medicines

The school will:

- a) Ensure no prescription or non-prescription medicine will be administered without written parental consent, except in exceptional circumstances where emergency treatment is required.

- b) Where a student has been prescribed medication without their parents' or carers' knowledge, the school will encourage the student to involve their parents/carers while respecting their right to confidentiality and seeking appropriate professional advice where necessary.
- c) Ensure that no student under the age of 16 will be given medication containing aspirin unless prescribed by a doctor.
- d) Ensure medication, including pain relief medication, will never be administered without first checking the prescribed dosage, administration instructions, and when any previous dose was given.
- e) Ensure written records will be maintained for all medication administered. See Appendix E

The Trust cannot accept responsibility for any adverse effects or side effects arising from medication that has been prescribed and administered correctly in accordance with the manufacturer's instructions and/or healthcare professional's directions.

6.2 Storage and Disposal of Medicines

- a) Students will never be prevented from accessing medication required for the management of their medical condition.
- b) Wherever appropriate, students will be permitted to carry and administer their own medication or medical devices where this has been agreed by the school, parents/carers and relevant healthcare professionals and documented within their Individual Healthcare Plan (IHCP).
- c) Medication that is not authorised for self-carry will be stored securely in the school's designated medical room, medical cabinet or other approved secure location, whilst remaining readily accessible in an emergency.
- d) The school will maintain emergency asthma inhalers and Adrenaline Auto-Injectors (AAIs), where appropriate, in accordance with current Department for Education and Department of Health guidance.
- e) Controlled drugs will be stored and administered in accordance with legal requirements and Trust procedures.
- f) Controlled medication may only be used by the individual for whom it has been prescribed. The misuse or transfer of controlled medication to another person is an offence and will be managed in accordance with the school's Behaviour Policy.
- g) Parents/carers are responsible for ensuring that medication supplied to the school:
 - Remains in date.
 - Is correctly labelled.
 - Is replaced when necessary.

Medication supplied to the school must be in date, clearly labelled and provided in its original container, with appropriate dosage and administration instructions. Exceptions may apply to medication supplied through approved medical devices, such as insulin pens or pumps. Medication that does not meet these requirements will not be administered until appropriate arrangements have been confirmed.

- h) Parents/carers are responsible for collecting any medication that is no longer required or has reached the end of the treatment period.
- i) Where medication is not collected, the school will arrange for its safe disposal in accordance with applicable legislation and local procedures, including the use of licensed waste disposal contractors where required.

7. Allergy Awareness and Management

The Trust is committed to ensuring the safety, wellbeing and full inclusion of students, staff and visitors with allergies. We recognise that allergies can pose significant health risks, including anaphylaxis, and we will

implement robust arrangements to minimise risk, promote awareness and ensure an effective emergency response.

Falmouth School will appoint a Designated Allergy Lead responsible for coordinating allergy management, maintaining the allergy register, overseeing training, ensuring emergency preparedness, and reviewing incidents and near misses.

The Designated Allergy Lead is - Robin Penrose

7.1 Culture and Awareness Training

All staff will receive mandatory annual Anaphylaxis & Allergy training.

This includes:

- Understanding allergies and common allergens
- Recognising allergic reactions and anaphylaxis
- Prevention and risk management
- Emergency treatment and response
- Reporting incidents and near misses
- Practical training in the use of all adrenaline auto-injector (AAI) types used within the school
- Supervising a pupil for a minimum of 60 minutes following an allergic reaction, in line with clinical guidance
- Awareness of AAI locations and emergency procedures

Temporary, agency, lunchtime supervisors, contractors and transport staff will also receive appropriate allergy information and emergency instructions as part of their induction. Training records will be monitored by the Designated Allergy Lead and reported to the Trust.

Appendix H - Allergen Reference Guide - This guide provides a rapid overview of the 14 legally-regulated allergens under UK food law (Natasha's Law).

7.2 Identification and Allergy Register

The school will:

- a) maintain an Allergy Register identifying all individuals with known allergies, their allergens, symptoms and prescribed medication and keep it regularly updated.
- b) Ensure that the Allergy Register is accessible to relevant staff including catering teams, trip leaders, supply staff and club supervisors
- c) Implement appropriate pupil identification systems to support safe practice.

Falmouth School records students' medical conditions, allergies and associated healthcare arrangements within its Management Information System (Bromcom) and on the Staff Essential Shared Drive.

Relevant medical information and Individual Healthcare Plans (IHCPs) are made available to staff via the Staff Essential Drive who require this information to support students safely.

Staff are responsible for reviewing relevant medical information and healthcare plans, including the arrangements for recognising and responding to allergic reactions.

Information regarding students with significant allergies is shared with relevant staff, including catering personnel, staff supervising educational visits and extracurricular activities, and other adults responsible for their care, in accordance with data protection requirements.

Where a student has an identified risk of anaphylaxis, their Individual Healthcare Plan will identify known allergens, prescribed emergency medication, the location of that medication and the procedures to follow in an emergency.

d) develop Individual Healthcare Plans (IHCPs) with information gathered from parents, previous settings and healthcare professionals for students whose allergies:

- Impact school life,
- Pose a risk of harm, or
- Require additional arrangements.

Allergy Action Plans or Asthma Action Plans will be attached where applicable.

7.3 Minimising Risk of Allergen Exposure

The school will:

- a) Provide accurate allergen information for food.
- b) Manage risks from food brought in by others.
- c) Regular allergy briefings for relevant staff.
- d) Implement controls in classrooms, clubs and non-kitchen areas, including cleaning surfaces before and after eating, prohibiting food sharing, and managing ventilation for pupils with airborne allergies.
- e) Ensure Dining hall arrangements will include allergen-aware seating, clear communication of allergen risks, and supervision by trained staff.
- f) Consider allergen risks in curriculum activities.
- g) Conduct allergen-specific risk assessments for trips.
- h) Ensure where allergen-free meals cannot be safely provided, this will be communicated promptly to parents/carers and alternative arrangements agreed.

Catering teams will maintain allergen matrices and prevent cross-contamination.

7.4 Prescribed Adrenaline Auto-Injectors (AAIs)

The school will ensure:

- a) Pupils prescribed with adrenaline pens will have easy access to two, in-date pens at all times.
- b) Prescribed Adrenaline Auto-Injectors (AAI's) are located in the Medical Room behind the Main Office.
- c) Termly checks and spot checks will be made to check adrenaline pens are where they should be and in date will be completed and recorded by the Designated Allergy Lead.
- d) AAIs accompany students during breaks, clubs, PE, trips, after-school activities and transport arrangements.
- e) Records are kept of prescribed AAIs.
- f) Emergency AAIs are accessible within five minutes of an incident.
- g) Used or out of date pens will be disposed of as sharps.

7.5 Spare Adrenaline Devices

- a) The school has **two** Spare AAIs which are located in the Medical Room behind the Main Office.

The school will ensure that spare AAI's:

- a) Are stored in pairs and clearly labelled.
- b) Are accessible within five minutes.
- c) Are signed in and out.
- d) Termly checks and spot checks will be made to check adrenaline pens are where they should be and in date will be completed and recorded by the Designated Allergy Lead.

- e) Will be replaced when used or expired. If used the Designated Allergy Lead will be informed and a replacement ordered without delay.
- f) Are disposed of as sharps if used or out of date.

7.6 Emergency Response

All staff will be trained in recognising and responding to anaphylaxis and using auto-injectors relevant to the medical needs of students. Staff will:

- a) Be trained to Respond to Anaphylaxis Emergency – see Appendix G
- b) Call emergency services for suspected anaphylaxis.
- c) Inform parents promptly.
- d) Follow the pupil's Allergy Action Plan and ensure continuous supervision for at least 60 minutes after a reaction.
- e) Record AAI administration.

7.7 Reporting Incidents and Near Misses

All allergic reactions and near misses will be reported through the Trust's incident reporting system and reviewed to improve practice. In addition:

- Incident trends will be analysed termly and reported to the Trust.
- RIDDOR reporting requirements will be followed where applicable.
- Early Years settings will notify Ofsted of any serious incident within statutory timeframes.
- Learning-lessons reviews will be completed after serious incidents.

7.8 Educational Visits

The school will ensure that:

- a) During residential visits, the residential first aider administers First Aid and completes reports in accordance with the Residential Centre's procedures.
- b) During day visits, a trained First Aider carries a travel first aid kit, including a spare auto-injector appropriate to the pupil's needs.
- c) All staff attending the educational visit are aware of pupils with allergies and familiar with their Individual Healthcare Plan and Allergy Action Plan.
- d) Any pupil with a prescribed auto-injector carries their device on all educational visits and keeps it accessible throughout the visit.
- e) Where packed lunches are provided for day visits, the catering team supplies food that reflects pupils' known allergies and checks allergen information prior to distribution.
- f) Where food is provided by a third-party caterer, they receive details of all pupils' known allergies and confirm allergen-safe provision before food is served.
- g) Where visits involve cooking, food preparation, animal contact, environmental allergens or food provided by third parties, allergy risks are considered during planning, appropriate control measures are implemented, and reasonable adjustments are made to ensure safe participation.
- h) Educational visit risk assessments consider exposure to food, contact and airborne allergens, including animal contact, environmental allergens and pollen, and identify appropriate control measures to ensure safe inclusion.

7.9 Information Sharing (GDPR)

Allergy information will be shared sensitively and appropriately in line with UK GDPR. Information will be shared with catering teams, supply staff, trip leaders, club supervisors and relevant contractors where necessary to ensure safety.

7.10 Further Guidance

Further guidance can be obtained from the organisations listed below or Judicium Education.

- Department for Education [Supporting pupils with medical conditions: links to other useful resources](#)
- Department for Education [Allergy safety in Schools](#)
- [Children's Wellbeing and Schools Act 2026](#)
- Department of Health [Guidance on the use of Auto Injectors in Schools](#)
- Spare Pens in Schools - adrenaline auto-injectors (AAIs). <http://www.sparepensinschools.uk>

Resources for Specific Conditions

- Allergy UK
 - <https://www.allergyuk.org/>
 - <https://www.allergyuk.org/living-with-an-allergy/at-School/>
- The Anaphylaxis Campaign www.anaphylaxis.org.uk
- Asthma UK (formerly the National Asthma Campaign) www.asthma.org.uk
- National Eczema Society www.eczema.org
- Psoriasis Association www.psoriasis-association.org.uk/
- Benedict Blythe Foundation <https://benedictblythe.com/benedicts-law/>

Resources for Food Allergies

- Further Guidance can be obtained from The Food Standards Agency <https://www.food.gov.uk/business-guidance/allergen-guidance-for-food-businesses>
- The Food Standards Agency has also published guidance about the new requirements for PPDS food.
 - <https://www.food.gov.uk/business-guidance/introduction-to-allergen-labelling-changes-ppds>
 - <https://www.food.gov.uk/business-guidance/prepacked-for-direct-sale-ppds-allergen-labelling-changes-for-Schools-colleges-and-nurseries>
 - <https://www.allergyuk.org/resources/peanut-allergy-factsheet/>

8. Infection Prevention and Control

The Trust is committed to maintaining a safe, hygienic and healthy environment for students, staff, visitors and contractors by reducing the spread of infection within the school by ensuring prompt identification, reporting, and management of infectious illnesses.

8.1 Risk Assessment & Vulnerable Groups

The school will:

- a) Create and maintain risk assessments for infectious disease hazards, including vulnerable pupils, pregnant staff, and immunosuppressed individuals should be in place.
- b) Create and maintain Individual care plans for vulnerable pupils should outline precautions.
- c) Ensure new and expectant mothers should have specific risk assessments considering infection exposure.
- d) Review and update risk assessments regularly or when new risks are identified.

8.2 Hygiene Measures

Standard Infection Control Precautions are the basic infection prevention and control measures necessary to reduce the risk of transmission of infectious agents from both recognised and unrecognised sources of infection.

The school will promote the following measures:

- a) Hand Hygiene - Wash hands regularly with soap and water, especially after using the toilet, before eating, after play, and after contact with body fluids. Use alcohol-based hand sanitizer if soap and water are not available.
- b) Respiratory Hygiene - Cover mouth/nose when sneezing/coughing, use tissues, dispose of in bins, or sneeze into elbow.

- c) PPE – Use Gloves and aprons when dealing with blood or body fluids, Masks or eye protection if there is a risk of splashing. All PPE should be disposed of safely and hands washed afterwards.
- d) Cleaning and Environmental Hygiene - Routine cleaning of classrooms, toilets, and touchpoints; enhanced cleaning during outbreaks.
- e) Spillages: Wear PPE, isolate area, use spill kits or detergent/disinfectant, dispose of waste appropriately, ventilate area.
- f) Sharps Disposal - Use designated sharps boxes; do not overfill; ensure boxes are secured and disposed of via approved clinical waste service.
- g) Safe Practices for First Aid - Treat all blood and body fluids as potentially infectious, cover cuts on hands and wear appropriate PPE and follow protocols for accidental exposure (e.g., needlestick injuries).
- h) Immunisation and Vaccination - encourage staff to keep up-to-date with vaccinations that reduce workplace infection risk (e.g., Tetanus, Hepatitis B, MMR). Promote immunisation and vaccines to students and staff.
- i) Hygiene in Kitchens and Dining Areas – Ensure food preparation and serving areas are cleaned before and after use; staff follow strict hand hygiene; separate cleaning equipment is used for food areas; food is stored safely; spillages are cleaned immediately; and pupils wash hands before and after eating.
- j) Contact with Animals (Including School Farm Settings) – Ensure pupils and staff wash hands after touching animals or equipment; animal areas are kept clean; food is not consumed in animal areas; PPE is used when cleaning enclosures; cuts are covered before visits; and any bites, scratches or exposure incidents are cleaned, reported and managed promptly.

8.3 Identifying Infection

Staff should be alert to signs of infection including fever, vomiting/diarrhoea, rashes, persistent cough, red/irritated eyes, and unusual tiredness or behaviour.

8.4 Public Health Management of Infectious Diseases

The government has provided specific guidance for public health exclusions to indicate the time an individual should not attend a setting to reduce the risk of transmission during the infectious stage. The school will follow the guidelines set in this table: <https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities/children-and-young-people-settings-tools-and-resources#exclusion-table>

8.5 Outbreak & Incident Management

If an outbreak or incident is suspected, the school will review and reinforce the baseline infection prevention and control measures already have in place. This will include:

- a) Encouraging unwell staff/pupils to stay home.
- b) Supporting immunisation programmes.
- c) Ensuring all occupied areas have good ventilation.
- d) Reinforcing good hygiene practices such as frequent cleaning.
- e) Communicate with parents/carers.
- f) Liaise with Local Health Protection Team (HPT) and follow their guidance.
<https://www.gov.uk/health-protection-team>

8.6 Further Guidance

- UKSHA - Health protection in education and childcare settings.
<https://www.gov.uk/government/publications/health-protection-in-schools-and-other-childcare-facilities>

- UKSHA - COVID-19: personal protective equipment use for non-aerosol generating procedures <https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures>
- Notifiable diseases and how to report them - [Notifiable diseases and how to report them - GOV.UK](#)

8.7 Useful Resources

[Farm visits](#)

[The Meningitis Research Foundation](#)

[The Meningitis Trust](#)

[National immunisation schedule](#)

[Waste disposal](#)

[Management of blood and bodily fluids spills](#)

9. Avoiding Unacceptable Practice

The Trust understands that the following behaviour is unacceptable:

- Assuming that students with the same condition require the same treatment.
- Ignoring the views of the student and/or their parents.
- Ignoring medical evidence or opinion.
- Sending students home frequently or preventing them from taking part in activities at school.
- Penalising students with medical conditions for their attendance record where the absences relate to their condition.
- Making parents feel obliged or forcing parents to attend school to administer medication or provide medical support, including toilet issues.
- Refusing to allow students to eat, drink or use the toilet when they need to in order to manage their condition.

10. Insurance

Staff who undertake responsibilities within this policy are covered by the Trust's insurance. Full written insurance policy documents are available to be viewed by members of staff who are providing support to students with medical conditions. Those who wish to see the documents should contact the Chief Financial Officer.

11. Complaints

The details of how to make a complaint can be found in the Complaints Policy.

Appendix A - List of First Aiders and Qualifications

Emergency First Aid at Work

Kate Abbott
Alex Blackwell
Hollie Clark
Emily Christophers
James Fallow
Emma Fox
Sarah Gould
Lucy Halloran
Amanda Hartley
Liberty Hartley
Lauren Miller
Sarah Peacock
Robin Penrose
Holly Auldis
Matthew Sampson
Andy Sheer
Rebecca Swan
Lauren Vincent
Jess Warden
James Worthington

First Aid at Work

Erica Green
Jessica Langham
Jeffery Mays
Tara Nathanson
Lucy Thirlby
Sherridan Wilkinson

First Aid Lead: Mr Alastair Mitchell, Assistant Headteacher

Appendix B - Every Accident & Incident Reporting Guidance - Jan 2026

Across The Roseland Multi Academy Trust, we use the Every Incident-reporting module at each school for reporting **injuries & accidents**. Please note this does not include illness.

All injuries must only be dealt with by a first aider, who is then responsible for logging the incident.

When you log in to Every you will see a menu on the left hand side with an **Incidents** option.

Click on Incidents, a page will appear starting with the following fields:

Type*:	<input type="text" value="Please select..."/>	Severity* :	<input type="text" value="Please select..."/>
Location*:	<input type="text" value="Select Location..."/>	Date/Time*:	<input type="text" value="11 Sep 2023 10:06"/>
Description*:	<input type="text"/>		
Was the affected party involved in this incident injured or ill?	☐		
Overall Status*:	<input type="text" value="Open"/>	Outcome:	<input type="text"/>
Action*:	<input type="text" value="Please select..."/>		
Upload File(s):	<input type="button" value="Choose File"/>		

Work through the full page and enter information in all the fields including the affected party, witness details and incident reporter details sections if appropriate. Include as much information as you are able to do so the details of the Incident are clear to anyone who may review it.

Incident Types

- Accident
- Behaviour
- General First Aid
- Illness/Medical Issue – only to be used for incidents caused by a known medical issue
- Near Miss - A Near Miss should selected in both the Type and Severity fields
- Wellbeing

Severity Classification

All incidents must be assigned the correct severity rating for reporting purposes. Only the following severity categories are to be used: **Major**, **Minor**, or **Near Miss**.

If you suspect that the incident maybe RIDDOR reportable please see guidance below.

Major incidents

The following must always be recorded as **Major**:

- Any incident requiring hospital treatment
- Any behaviour-related incident
- Any fractures or breaks
- Any burns that result in blistering
- Any safeguarding-related incident (e.g. self-harm, overdose). *Ensure the incident type is recorded as Wellbeing*
- Any injury involving a bump to the head

Minor incidents

All other injuries must be recorded as **Minor**.

Near Miss

An unplanned incident occurred that had the potential to cause injury or harm but did not result in any injury or damage. A Near Miss should be selected in both the Type and Severity fields

RIDDOR

A work-related incident resulting in a reportable injury or dangerous occurrence, requiring notification to the relevant enforcing authority under RIDDOR. Any concerns that an incident may be RIDDOR-reportable must be raised with the Health and Safety Lead, who can provide support and guidance. [HSE guidance](#)

Description

The description field must fully describe the scenario of the incident. The box size can be increased by dragging the bottom-right corner with your mouse.

Outcome

The outcome box must detail the actions taken to resolve the incident. Any follow-up calls over subsequent days should also be recorded here, including who is responsible for making the calls and a summary of the outcomes once completed. The box size can be increased by dragging the bottom-right corner with your mouse. Relevant files can also be uploaded.

Overall Status

The incident can be closed once the school has followed through all steps necessary and made follow up contact if required. It should be possible to close most minor Incidents once the student has left medical. All Incidents should be closed at the earliest opportunity.

Action

Chose the appropriate action from the fields available.

- First Aid
- Referred to GP
- Sent Home
- Hospital
- Raised with relevant school staff (Near Miss/Riddor only)
- No further action required

It is of upmost importance that every incident is logged, however minor.

Notifications of all recorded incidents classified as **Major**, **Near Miss** and **RIDDOR** are sent from Every to the Head Teacher and the Health & Safety Lead.

*For support please get in touch with the operations team 01872 530675 ext 532
operations@theroselandmat.co.uk.*

Appendix C - Accident & Incident Reporting Guidance for Primary Schools - Mar 2026

Across The Roseland Multi Academy Trust, we use the Every Incident-reporting module at each school for reporting the majority of injuries & accidents. At our primary schools for minor injuries and accidents these are reported using a physical Accident Report book.

All injuries must only be dealt with by a first aider, who is then responsible for logging the incident.

To report a minor incident:

- Fill in the accident report slip with key details
- Detach the top copy to inform the child's parent or carer
- The bottom copy remains in the book for school records
- Minor injuries are any injury not covered by the other categories below
- If the minor injury is caused by an H & S issue at the school it must be reported on to the Every system too – e.g., grazed knee due to tripping over a loose carpet, also report this as an issue so the site team can address the issue.
- Any reoccurring incidents/accidents should be monitored too and reported if necessary too

To report a major, near miss or RIDDOR reportable accident or incident follow the guidance below:

When you log in to Every you will see a menu on the left hand side with an **Incidents** option. Click on Incidents, a page will appear starting with the following fields:

Type*:	<input type="text" value="Please select..."/>	Severity* :	<input type="text" value="Please select..."/>
Location*:	<input type="text" value="Select Location..."/>	Date/Time*:	<input type="text" value="11 Sep 2023 10:06"/>
Description*:	<input type="text"/>		
Was the affected party involved in this incident injured or ill?	☐		
Overall Status*:	<input type="text" value="Open"/>	Outcome:	<input type="text"/>
Action*:	<input type="text" value="Please select..."/>		
Upload File(s):	<input type="button" value="Choose File"/>		

Work through the full page and enter information in all the fields including the affected party, witness details and incident reporter details sections if appropriate. Include as much information as you are able to do so the details of the Incident are clear to anyone who may review it.

Incident Types

- Accident
- Behaviour
- General First Aid
- Illness/Medical Issue – only to be used for incidents caused by a known medical issue
- Near Miss - A Near Miss should selected in both the Type and Severity fields
- Wellbeing

Severity Classification

All incidents must be assigned the correct severity rating for reporting purposes. Only the following severity categories are to be used: **Major**, **Minor**, or **Near Miss**.

If you suspect that the incident maybe RIDDOR reportable please see guidance below.

Major incidents

The following must always be recorded as **Major**:

- Any incident requiring hospital treatment
- Any behaviour-related incident
- Any fractures or breaks
- Any burns that result in blistering
- Any safeguarding-related incident (e.g. self-harm, overdose). *Ensure the incident type is recorded as Wellbeing*
- Any injury involving a bump to the head

Minor incidents

All other injuries must be recorded as **Minor**.

Near Miss

An unplanned incident occurred that had the potential to cause injury or harm but did not result in any injury or damage. A Near Miss should be selected in both the Type and Severity fields

RIDDOR

A work-related incident resulting in a reportable injury or dangerous occurrence, requiring notification to the relevant enforcing authority under RIDDOR. Any concerns that an incident may be RIDDOR-reportable must be raised with the Health and Safety Lead, who can provide support and guidance. [HSE guidance](#)

Description

The description field must fully describe the scenario of the incident. The box size can be increased by dragging the bottom-right corner with your mouse.

Outcome

The outcome box must detail the actions taken to resolve the incident. Any follow-up calls over subsequent days should also be recorded here, including who is responsible for making the calls and a summary of the outcomes once completed. The box size can be increased by dragging the bottom-right corner with your mouse. Relevant files can also be uploaded.

Overall Status

The incident can be closed once the school has followed through all steps necessary and made follow up contact if required. It should be possible to close most minor Incidents once the student has left medical. All Incidents should be closed at the earliest opportunity.

Action

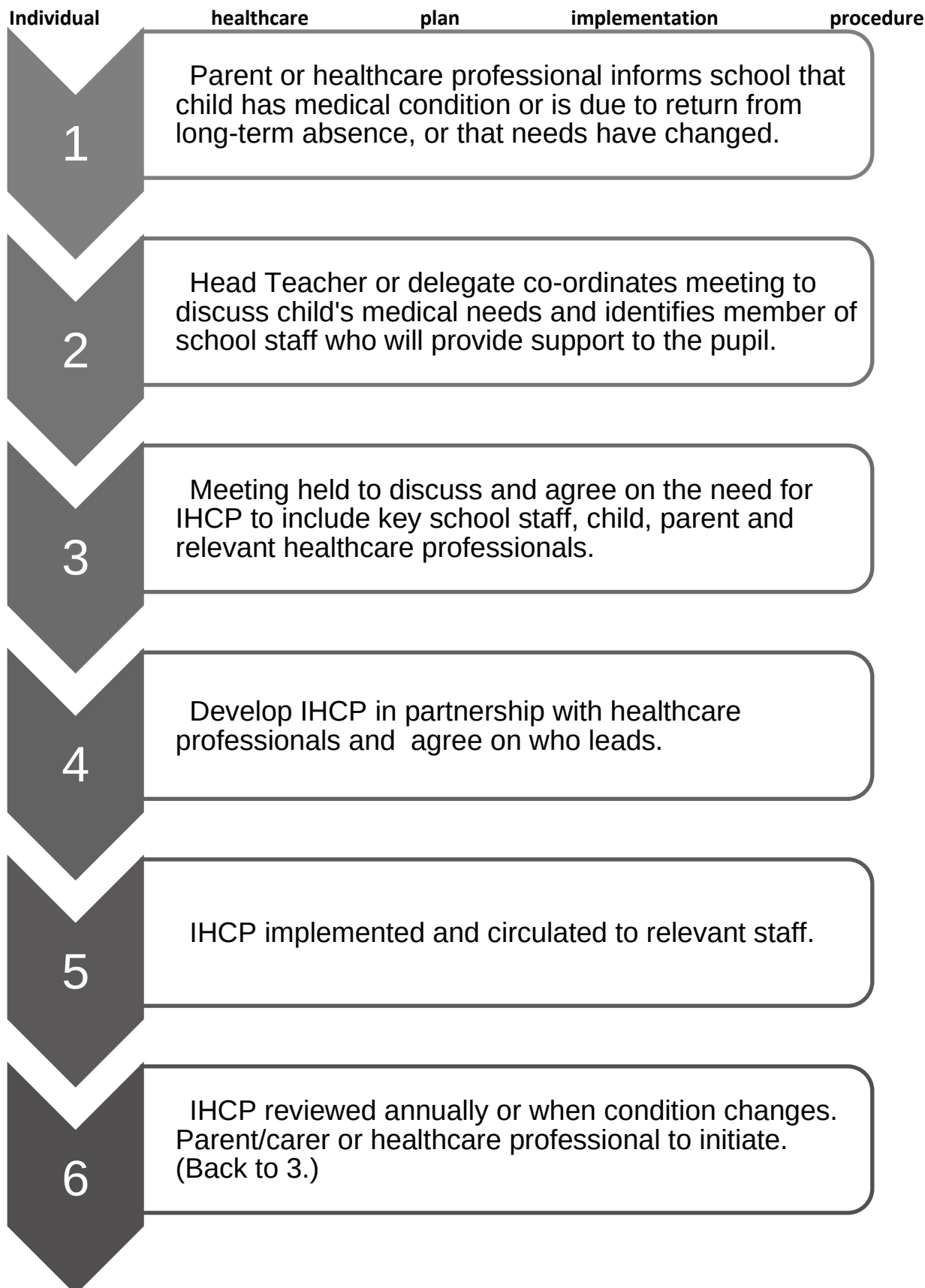
Chose the appropriate action from the fields available.

- First Aid
- Referred to GP
- Sent Home
- Hospital
- Raised with relevant school staff (Near Miss/Riddor only)
- No further action required

It is of upmost importance that every incident is logged, however minor.

Notifications of all recorded incidents classified as **Major**, **Near Miss** and **RIDDOR** are sent from Every to the Head Teacher and the Health & Safety Lead.

Appendix D – IHP Implementation Procedure, template letters & IHP Template



Appendix D (continued): Model letter inviting parents to contribute to individual healthcare plan development.

Dear

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. In order to help us understand your child's medical needs and how we can support your child we would like to arrange a meeting with you. This meeting will help us to develop an individual healthcare plan for your child.

Individual healthcare plans, set out what support each student needs and how this will be provided. Individual healthcare plans are developed in partnership with the school, parents/carers, students, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. The requirement for individual healthcare plan is set out in the school's policy for supporting students at school with medical conditions, a copy of which, is available upon request.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

Someone will be in touch to arrange the meeting. I hope that we can find a time that is convenient for you. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, or do not wish to, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting.

Yours

Appendix D (continued): Individual healthcare plan template

The Roseland Multi-Academy Trust Individual Health Care Plan	
Child's name	
Child's school	
Tutor group	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	
Family Contact Information	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
Clinic/Hospital Contact	
Name	
Phone no.	
G.P.	
Name	
Phone no.	
Who is primarily responsible for providing support in school	

Describe the medical condition and how it affects your child. Does your child suffer from any symptoms and if so how can we identify them? Do things change with time? Is there anything that can trigger or make this worse or anything that can relieve or improve this?

Is it likely that other pupils or staff may pose any health risks to your child or could your child's medical condition pose any health risks to others ?

Does your child need or use any specific equipment or devices at school? Are there any reasonable environmental adaptations that may be required?

Does your child require any medications, if so: Name of medication, dose required, method of administration, when to be taken, administered by/self-administered with/without supervision. Are there any special storage requirements for this medication (need to be refrigerated etc.)? side effects, contra-indications. Are there any contra-indications, interactions or side effects that we need to be aware of?

Daily care requirements

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

Are there any school activities that your child cannot participate in due to their medical condition/needs? Arrangements for school visits/trips etc.

Other information

Is it reasonably foreseeable that your child could have a medical emergency at school or whilst under our care? Is there any way that we anticipate or predict this? How can we recognise when an emergency is developing or when it occurs? Describe the potential nature of an emergency, and the action is needed if this occurs.

In the case of an emergency, who is primarily responsible (*state if different for off-site activities*)
Is there a clear plan to deal with an emergency and can this risk be safely mitigated/ managed?

--

Plan developed with

--

Staff training needed/undertaken – who, what, when

--

Form copied to

--

Appendix E - Record of prescribed medication administered to a student

Name of school/setting	
Name of child	
Group/class/form	
Name and strength of medicine	
Any specific risk or precautions needed	
How does this medication need to be stored (room temp, refrigerated etc.)	
Route of Administration,	
Is this medication to be administered by school, self-administered under supervision or self-administered unsupervised by staff members.	
Dose and frequency of medicine	
Expiry date	
Date medicine provided by parent	
Quantity received	
Quantity returned	

Staff signature

Signature of parent

Appendix E (continued): Record of medicine administered to an individual child

Date			
Has the name on the medication been checked?			
Has the expiry date been checked?			
Has the prescribed dose been checked?			
Staff / Self supervised			
Time Given			
Dose Given			
Name of member of staff			
Staff Initials			

Appendix F - Parental consent to administer Paracetamol

Parents/Carers to complete if they wish designated staff to administer Paracetamol.

The school will not administer medication unless you complete and sign this form. The administering of medication or Paracetamol by staff is with the agreement of the Headteacher.

Details of Student:

Name of Student

Date of Birth

Year Group

Medication and Directions:

Name of Medication: **PARACETAMOL** (tablets or liquid)

Amount of Medication to be taken:

We have a supply of Paracetamol (tablets/liquid) in our Medical Room

I give consent to the designated staff to administer Paracetamol to the student named above in accordance with the school policy. I understand that this is a service undertaken by designated staff with my permission.

Parent/Carers Signature Print Name

Date:

Please note: If your child requires any other medication to be administered in school, this needs to be handed into Reception in the original packaging detailing instructions regarding dosage. You will need to complete a separate form (available from Reception) giving consent for staff to administer the medication from the Medical Room. All medication is kept locked in the medical cabinet.

FIRST AID FOR ANAPHYLAXIS



Recognise the Signs of Anaphylaxis...

A Airways

- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B Breathing

- Difficult or noisy breathing
- Wheeze or persistent cough

C Circulation

- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

An allergic reaction can escalate to anaphylaxis which is potentially life-threatening. Always consider anaphylaxis in a food-allergic person even if there are no signs of a rash, hives or swelling.

ANAPHYLAXIS: ACTIONS TO TAKE

If any one or more of the above ABC symptoms are present, take these steps.

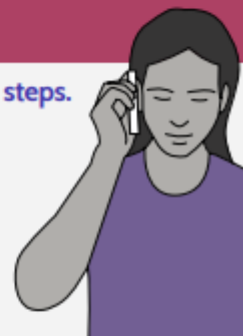
1. Administer an Adrenaline Auto Injector (AAI) without delay

Inject the AAI into the top of the outer thigh. If you're in doubt that it is anaphylaxis but one or more ABC symptoms are present, give the AAI, it will not harm them.



2. Dial 999 and say anaphylaxis ('ana-fill-axis')

Stay with the person until the ambulance arrives. **DO NOT** let them stand up and walk around.



3. The person should lie down immediately

If the person is not already lying down, they should do so, with legs raised if possible. If breathing is difficult, allow them to sit. If they have vomited or feel sick, gently turn them on their side.



4. Inject a second AAI into the outer thigh if there are no signs of improvement after 5 minutes

If there is no sign of life, start CPR immediately until help arrives.

Please learn these steps. This is life-saving information.
You never know when you will need to act in an anaphylaxis emergency.



Top 14 Allergens

