Students with Medical Conditions, Allergy and Anaphylaxis, Administration of Medication Policy

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Chair of Trustees SVMAT signature: C.L Chevassut

Stowe Valley
MULTI ACADEMY TRUST

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Introduction

This policy explains how Stowe Valley Multi Academy Trust (SV MAT or The MAT) supports pupils and students with medical needs. The aim is to make sure that all pupils are kept safe and well during the school day and can take part fully in school life. This includes pupils with medical conditions, allergies and anaphylaxis and those who need medication to be given in school.

The policy has been developed in line with Department for Education guidance on supporting pupils with medical conditions.

This policy applies to all schools within SV MAT (including Early Years settings). Schools may retain local procedures where these provide additional clarity or reflect site-specific arrangements, provided they align with this policy.

Aims

This policy aims to ensure that:

- Pupils with medical needs are properly supported so they can access the same education as other pupils, including trips events and physical education.
- Staff understand their responsibilities and know what to do.
- Medication is stored, managed and administered safely.
- Pupils at risk of allergic reactions and anaphylaxis receive an immediate and effective response.
- Emergency procedures are clear and followed by all staff.
- Accurate records are kept for medication administration training and incidents.
- All arrangements meet legal duties including the Children and Families Act 2014 which places a duty on schools to support pupils with medical conditions.

Scope

This policy applies to:

- All pupils with medical needs including those with allergies and those who require medication during the school day.
- All staff working within SV MAT schools including teachers, support staff, supply staff and volunteers.
- Any visitor or external provider who is responsible for pupils during school activities including catering teams and wraparound care providers.
- All school organised activities including lessons, mealtimes, clubs, trips, residentials and sporting activities.

The policy requires schools to work in partnership with parents and healthcare professionals so that pupils receive consistent and appropriate support. Pupils must not be denied access to activities where reasonable adjustments can make participation safe.

The Headteacher in each school has overall responsibility for making sure this policy is implemented. The Headteacher will name a senior leader who will coordinate support for pupils with medical needs and maintain oversight of Individual Healthcare Plans.

Responsibilities

The following responsibilities apply across SV MAT and cover all pupils with medical needs including allergies / anaphylaxis and those requiring medication.

Trust Board:

- Approve this policy for use across SV MAT
- Ensure oversight of medical needs arrangements across SV MAT
- Receive assurance that risks, training, and compliance are effectively managed

Local Governing Bodies:

- Ensure oversight of medical needs arrangements at their school
- Receive assurance that risks, training, and compliance are effectively managed at their school

SV MAT Central Team:

- Provide guidance and support to schools in applying this policy
- Ensure that staff are properly insured for tasks they are asked to carry out
- Monitor the effectiveness of arrangements and compliance across The MAT at a strategic level
- Ensure templates and forms are provided
- Review this policy when legislation or guidance changes or when learning from incidents requires it

Headteacher:

- Have overall responsibility for putting this policy into practice within their school
- Ensure staff are informed promptly of any updates to pupils' medical needs
- Ensure that the school has enough trained staff to meet pupils needs including in emergencies
- Make sure suitable arrangements and resources are in place to support pupils with medical needs
- Ensure that any pupil transported to hospital in an ambulance is accompanied by a member of staff or by two members of staff where transporting a pupil to hospital in their own vehicle under direction of 999 or 111 call handlers.
- Make sure staff are aware of pupils' medical needs and understand the support required
- Ensure Individual Healthcare Plans are developed reviewed and followed
- Make sure medication storage and record keeping systems are safe and effective

Designated Senior Leader for Medical Needs:

- Coordinate day to day support for pupils with medical needs
-
- Maintain an up-to-date record of pupils who have medical conditions or require medication. The method for recording and managing this information is set out in Process Diagram HS002 - Digital Management of Student Medical Information.
- Ensure that all necessary plans are in place including Individual Healthcare Plans and Allergy Action Plans where required
- Make sure relevant staff, supply staff, external providers and trip leaders have access to the information they need
- Keep oversight of training needs and make sure staff training records are up to date
- Liaise with parents and healthcare professionals when plans need to be created reviewed or updated

School Staff:

- Follow this policy and any training they have received
- Support pupils with medical needs as required including administering medication where they have been trained and have agreed to do so
- Make reasonable adjustments so pupils can take part in lessons activities and trips

- Supervise pupils who self-manage their own medication when appropriate and record accordingly
- Report any concerns changes or incidents to the Designated Senior Leader

Parents Guardians and Carers:

- Provide accurate and up to date medical information
- Supply medication that is in date correctly labelled and in original packaging where required
- Give written consent for medication to be administered in school
- Take part in developing and reviewing their child's Individual Healthcare Plan
- Ensure medication is replaced before expiry dates
- Ensure their child does not share medication with others

Pupils:

- Take part in discussions about their support where appropriate
- Manage their own medication where this has been agreed and recorded in their plan
- Ask for supervision to self-administer their own inhaler in accordance with their plan
- Tell a member of staff if they feel unwell or think they may be having a reaction
- Pupils must not share medication

School Nurses and Healthcare Professionals:

- Notify the school when a pupil is identified as having a medical condition
- Support the development and review of Individual Healthcare Plans and Allergy Action Plans
- Provide specialist advice on medical needs and training where required
- Confirm medical authorisation for emergency medication use where needed

PART ONE – PUPILS WITH MEDICAL CONDITIONS

1. Duties & Obligations

1.1. Legislation

Stowe Valley MAT is aware of its legal responsibilities to support pupils at any of its schools who have specific medical needs as disclosed by parents.

The most relevant legislative duty is Section 100 of the ***Children and Families Act 2014***, which makes clear the responsibility of the academies' governing body to support pupils with medical needs at their constituent schools.

Depending on the medical condition in question, there may be an additional legal incentive and other specific duties to fulfil under the ***Equality Act 2010***. This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

As the MAT also has a significant number and variety of Special Educational Needs (SEN) within the pupil population, there is an inherent requirement to incorporate these needs into a broader provision of care. Further information is available in the government's ***Special Educational Needs Code of Practice***, which should be used to supplement the understanding of the ***Children and Families Act 2014 (Part 3)*** when a healthcare plan is required for a SEN pupil.

The obligations outlined above will be incorporated into The MAT's other legal requirements, particularly the ***Management of Health and Safety at Work Regulations 1999***, which ensures that any potential for injury or illness are identified and measures put in place to mitigate the risk. These steps will be recorded as a risk assessment, detailing the arrangements made for pupils with medical conditions and the process of consultation between all responsible parties involved.

It is also based on the Department for Education (DfE)'s statutory guidance on supporting pupils with medical conditions at school.

2. Individual Healthcare Plans (IHCPs)

2.1. Individual Healthcare Plans (IHCPs)

For support of pupils with medical conditions to be truly effective, it is essential that all the information relevant to their condition and associated treatment is recorded in an IHCP. This will ensure that pupils can continue their education to the fullest extent, with the assurance that their condition is known to individuals best placed to provide support and help manage their condition.

The development of an IHCP should include participation and input from all persons expected to have a responsibility in its execution and be drawn up with the pupil in mind. In most cases this group will be formed by parents, teachers and relevant healthcare professionals. In some cases, it may also be necessary to include support staff and the pupil themselves. The input of each must be duly respected, particularly so in the case of pupils and parents.

Any actions outlined within the IHCP must be adhered to by all parties and implemented as read. Any named persons in the IHCP, must either have relevant training to provide support for pupils with medical

conditions or have training arranged for them at the first opportunity.

Advice may be sought by a healthcare professional as and when it may be needed to ensure that provisions are suitable and sufficient for each pupil's needs and must be followed wherever possible. Should any changes in pupils be identified by any persons involved in the IHCP before the planned date of review, this must be communicated to other relevant persons as soon as possible, where updates can be made if needed.

Relevant staff must have access to IHCPs for pupils in their care in line with SV MAT arrangements for managing student medical information. The digital systems used to store, access and review IHCPs are set out in Process Diagram HS002 - Digital Management of Student Medical Information.

The school will ensure that supply staff, cover teachers or third-party staff working with directly with children with an IHCP have read and understood the plan.

Where a pupil has an Education, Health and Care Plan (EHCP), any health-related needs should also be reflected within an Individual Healthcare Plan (IHCP) to support safe day-to-day management.

2.2. Pupils Managing their Own Needs

Pupils who are competent will be encouraged to take responsibility for managing their own medicines and procedures. This will be discussed with parents/guardians/carers, and it will be reflected in their IHCPs.

Pupils will be allowed to carry their own medicines and relevant devices wherever possible. Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse but will follow the procedure agreed in the IHCP and inform parents/guardians/carers so that an alternative option can be considered, if necessary.

Where pupils self-manage, this must be risk assessed and recorded in the IHCP, and any additional requirements in Part Two or Part Three must be followed.

2.3. Being Notified that a Child has a Medical Condition

When the school is notified that a pupil has a medical condition, the process outlined in Part Three, Section 3.2.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

3. Medication

3.1. Managing Medications

Prescription and non-prescription medicines will only be administered at school:

- When it would be detrimental to the pupil's health or school attendance not to do so and
- Where we have parents/carers' written consent, (the recording and storage of consent for medication is managed in line with Process Diagram HS002 - Digital Management of Student Medical Information).

The only exception to this is where the medicine has been prescribed to the pupil without the knowledge of the parents/guardians/carers.

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Schools will not administer non-prescription medication, such as paracetamol or ibuprofen, unless parental consent is in place and this aligns with the school's agreed medication procedures.

Schools will clearly define who is authorised to administer medication, how it is stored, and how administration is recorded.

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

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and include instructions for administration, dosage and storage

The school will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.
All medicines will be stored safely. Where medication is to be kept cold, schools must specify which medical fridge is used in their site-specific First Aid or Medical Needs procedures. Pupils will be informed about where their medicines are at all times and be able to access them immediately.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline auto-injectors (AAIs) will always be readily available to pupils and not locked away. See Part Two of this document for additional access requirements for AAIs.

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

When a medicine is administered to a pupil by a staff member it must be recorded in line with SV MAT medication recording arrangements. These can be found in Process Diagram HS002 - Digital Management of Student Medical Information.

3.2. Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

See Part Three of this document for detailed controlled drug arrangements.

4. Training

Staff who support pupils with medical conditions will be made aware of relevant health information and their role. This may be achieved through briefings, written information, or targeted training and does not require attendance at all meetings.

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

Schools should ensure that first aid and medical support responsibilities are formally recognised within staff roles where required, rather than relying solely on voluntary arrangements.

Additional training requirements that apply to allergies, anaphylaxis or medication administration are set out in Part Two and Part Three of this policy.

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

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher / senior leader responsible for students with medical conditions. Training will be kept up to date and kept in the school's staff training log.

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHCPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will be made aware of this policy annually and will be reminded to understand their role in implementing it, where relevant, for example, with preventative and emergency measures so they can recognise and act quickly when required. This will be provided for new staff during their induction.

All staff training will be logged electronically and overseen by the senior leader responsible for students with medical conditions. The training log will be regularly reviewed.

5. Emergency Procedures

Each student's IHCP must be written with a consideration of wider emergency procedures. If the IHCP and any consultation between interested parties determine that student-specific measures need to be taken (in addition to those followed by the school at large) these will be included and fully understood by all individuals with a designated responsibility.

In the event of an emergency where a student must be taken to hospital, an appropriate member of staff (first aider, form tutor etc) will stay with them until a parent or guardian is able to collect them from the school. Where a pupil is taken to hospital by ambulance, a member of staff will accompany them where permitted by the ambulance staff and remain until a parent or carer arrives. Where a pupil is transported to hospital by school staff, under the direction of a 999 or 111 call handler, two members of staff will accompany them until a parent or carer arrives.

6. Equal Opportunities

SV MAT is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The schools will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

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

Schools should also consider the impact that medical conditions may have on a pupil's emotional wellbeing and confidence, and provide support where appropriate.

PART TWO – ALLERGY AND ANAPHYLAXIS

1. Duties & Obligations

1.1. Legislation

Department for Education Statutory Guidance:
Schools must have arrangements in place to support pupils with medical conditions, including clear procedures for medicines, Individual Healthcare Plans, training, trips, and emergency response. This part of the policy fulfils those duties in relation to allergies and anaphylaxis.

Human Medicines (Amendment) Regulations 2017:
Since 1 October 2017, schools have been permitted to purchase spare (AAIs) without a prescription for emergency use, where a pupil's own device is unavailable or not working.

Department for Health and Social Care (DHSC) Guidance on the Use of AAIs in Schools:
National guidance sets expectations for:

- Storage and accessibility of AAIs
- Requirement for consent and medical authorisation
- Staff Training
- The need for rapid administration of adrenaline
- Monthly device checks and correct disposal
- Maintaining an allergy register and appropriate recording

Children's Wellbeing and Schools Act 2026 ("Benedict's Law"):
This includes requirements for all schools to maintain and review formal allergy safety arrangements, supported through this Allergy and Anaphylaxis section of the policy, maintain IHCPs and Anaphylaxis Action Plans, purchase and store spare AAIs, provide staff training and formally record allergic reactions. These measures were included in Amendments made by the House of Lords in February 2026.

The Government has also committed to publishing mandatory statutory guidance on allergy safety, known as Benedict's Law, which will require robust allergy policies, trained staff, individual plans, and access to emergency AAIs in every school.

For the purposes of this policy, allergies include food allergens, insect sting allergies, medication allergies, contact allergens, airborne allergens and any other clinically recognised allergy or trigger identified through a pupil's Individual Healthcare Plan (IHCP) or Allergy Action Plan. Control measures will be proportionate to the nature of the allergy and the risks presented within the school environment.

2. Individual Healthcare Plans (IHCPs) and Allergy Action Plans

2.1. Individual Healthcare Plans

IHCPs must be in place for pupils with allergies that require active management in school, or where there is a risk of anaphylaxis. This requirement applies to pupils with allergies or anaphylaxis, other pupils may require an IHCP as outlined in Part One.

The IHCP sets out the pupil's medical needs, allergens, typical symptoms, triggers, prescribed medications, emergency actions, storage arrangements for medication and the roles of staff. This requirement reflects statutory DfE expectations that schools must develop IHCPs for pupils with medical conditions, including clear information on triggers, symptoms, medication, and emergency procedures.

Where relevant, the IHCP should also record any impact that the allergy may have on attendance, participation, educational progress or wellbeing and any arrangements required to support the pupil.

The IHCP must be supported by a clinician-signed Allergy Action Plan (e.g. BSACI plan – shown in Appendix 3) which acts as the medically validated emergency guide. The DHSC AAI guidance states that schools should use written Allergy Action Plans confirming medical authorisation to administer AAIs and outlining the correct emergency response.

The IHCP and Allergy Action Plan together must:

- Identify the allergens and severity of the allergy.
- Set out typical symptoms of both mild reactions *and* anaphylaxis.
- Confirm when to use the pupil's own AAI and when the spare AAI can be used (requires medical authorisation and parental consent).
- Describe the exact steps to follow in an emergency, including calling 999 and positioning the pupil.
- Record where AAIs are stored and how they are accessed.
- Identify staff trained to support the pupil.
- State arrangements for trips, mealtimes, practical subjects, and clubs.
- Confirm who must be notified after an incident and how records will be completed.

The Designated SLT Lead is responsible for ensuring IHCPs are completed, reviewed at least annually, and updated promptly after changes in need or any incident.

Copies of the IHCPs and Allergy Action Plans must be accessible to relevant staff, trip leaders, and the catering team, in line with the need to reduce allergen exposure and ensure prompt access to AAIs where needed.

2.2. Pupils Managing Their Own Needs

Where it is safe and appropriate, pupils may carry and manage their own prescribed AAI devices. The decision must be based on clinical advice, consent from the pupil's parents/guardians and the pupil's level of understanding, as recommended in the national guidance.

Where pupils are not yet competent, or where self-carry is not deemed appropriate, their AAIs must be stored in school in clearly labelled, unlocked locations that staff can reach and return to the pupil within five minutes as set out in the DHSC AAI guidance. This applies only to AAIs, for other medication types, see Part Three of this Policy.

The IHCP must specify:

- Whether the pupil carries their own AAIs.
- Supervision requirements (if applicable).
- Expectations for self-management.
- How staff will support the pupil if they experience symptoms.
- How staff will support the pupil if they are unable to administer their own medication in the event of anaphylaxis.

Note - Pupils who self-carry must still have access to trained staff who can administer adrenaline immediately if they are unable to do so, which aligns with DfE requirements for appropriate emergency support.

2.3. Being Notified that a Child has a Medical Condition

When the school is notified that a pupil has a diagnosed allergy or suspected risk of anaphylaxis, the following steps must be taken:

- Immediate communication with parent(s)/guardian(s) to gather medical documents and any existing Allergy Action Plan. Where an IHCP already exists, it must be updated appropriately.
- A meeting with parent(s)/guardian(s) and, where appropriate, a healthcare professional to create or update the IHCP.
- Confirm consent and medical authorisation for the use of spare AAIs, where appropriate, as required in the DHSC AAI guidance.
- Schools must ensure that relevant medical information is accurately recorded within their management system (e.g. BromCom) and information is accessible to all staff / caterers / external providers who need it.
- Put arrangements in place quickly, normally within two weeks or by the start of term for new pupils. This reflects the DfE expectation for timely provision.
- Ensure that staff are aware and provide interim risk-based measures until training or full planning is completed.

When a pupil transfers into, between, or out of SV MAT schools, reasonable steps will be taken to ensure that relevant allergy information, IHCP and Allergy Action Plans are shared appropriately to support safe transition arrangements.

Where concerns arise regarding the provision of medical information, availability of medication, repeated failure to provide prescribed medication, or any other circumstance that may place a pupil at risk of harm, consideration will be given to whether safeguarding procedures should be initiated and followed.

Note - If the school received mid-term notification of a newly diagnosed allergy, interim measures must be implemented immediately to safeguard the pupil whilst the IHCP is completed.

2.4. Sharing Plans with Staff, Catering Teams and External Providers

The school must ensure that all staff and any external providers responsible for pupils understand the allergy needs of the pupils in their care and follow the procedures set out in this part of the policy. This includes contracted catering teams, breakfast and after school club providers, supply staff and any adults supervising pupils during school activities.

Current Parliamentary discussions relating to the Children's Wellbeing and Schools Act 2026 emphasises that external catering providers must follow the same allergy procedures as school staff and must work in line with the school's Allergy and Anaphylaxis Policy. This will be reviewed in due course by SV MAT Central Team.

As an interim measure, the Designated SLT Lead must ensure that:

- Relevant information from a pupil's IHCP and Allergy Action Plan is shared with catering teams, wraparound care providers and any organisation preparing or serving food to pupils (including on trips and residential visits).
- Providers understand allergen management expectations and how to avoid cross-contamination in line with national guidance on reducing exposure risks in school settings.
- Catering providers must comply with applicable food safety and allergen information legislation. SV MAT expects allergen information relating to food provided on site to be readily available and displayed to pupils at the point of selection, wherever reasonably practicable (e.g. Secondary and Sixth Form settings), so that pupils with allergies can make informed choices independently and experience the same food service arrangements as their peers.
- Plans are accessible to staff supervising pupils in practical subjects or during activities where food may be used.
- Arrangements are in place so that supply staff or volunteers can easily access necessary information.
- External staff are instructed to seek help immediately from trained school staff if a pupil shows signs of an allergic reaction.

2.5. Updating Plans After an Incident or Near Miss

Any allergic reaction, whether mild or severe, must be recorded and reviewed. Where an AAI is administered, DHSC guidance requires:

- A full record of the event.
- What caused the allergic reaction or anaphylaxis.
- The AAI dose given and time.
- The staff involved.
- Confirmation of immediate parental notification and time / method of communication.

This information must always inform updates to the pupil's IHCP and, where applicable, the Allergy Action Plan in consultation with a clinician, as well as wider operational practice.
Following any reaction or near miss:

- The incident must be recorded
  - Time
  - Location
  - Symptoms
  - Medication Used
  - Persons present to assist
- Parent(s)/Guardian(s) must be informed as soon as possible.
- The pupil must be taken to hospital after any use of adrenaline.
  - In accordance with SV MAT requirements, where a pupil is taken to hospital by ambulance, a member of staff will accompany them where permitted by the ambulance staff and remain until a parent or carer arrives. Where a pupil is transported to hospital by school staff, under the direction of a 999 or 111 call handler, two members of staff will accompany them until a parent or carer arrives.
- The Designated SLT Lead must conduct an incident review within three school days. The review will consider.
  - Whether the IHCP or Allergy Action Plan requires amendment(s).
  - Whether additional staff training is required.

  - Whether storage or access arrangements require improvement.
  - Any environmental or procedural factors contributing to the incident.
- Updated plans must be shared without delay to relevant staff and external providers.
- If the incident indicates a systemic risk (e.g. food handling, breaktime routines, Ed Visits procedures etc), SV MAT Central Team must work with the school to address it.
- The SV MAT Central Team may request details to support trust-wide oversight, trend identification, and continuous improvement in line with its safeguarding responsibilities.

Recording and reviewing incidents is required under the DHSC AAI guidance and DfE medical conditions duties, both of which state that accurate records and reviews are essential to maintaining safe arrangements.

Where an allergen related incident involves food supplied by the school or its catering provider, The MAT will consider whether further reporting or consultation with the catering provider, local authority environmental health service or other competent authority is required.

2.6. Risk Assessment Requirements

Risk Assessments must be completed for all pupils with diagnosed allergies to ensure that risks are identified, controlled, and reviewed regularly. These Risk Assessments must reflect the pupil's IHCP and Allergy Action Plan and must be proportionate to the potential severity of the allergy, the environment and the activities involved. For general inclusion and trip-planning expectations, see Part One.

Risk assessments are required as national guidance recognises that allergen exposure often happens during daily activities, food preparation, curriculum subjects, and transitions and that schools must have arrangements in place to prevent exposure and to respond quickly when symptoms occur.

SV MAT schools operate an allergy aware approach. Whilst individual controls may be introduced following assessment of specific risks, schools should not be regarded as allergen free or nut free environments. No environment can be guaranteed free from allergens and therefore robust prevention, awareness, training and emergency response arrangements remain essential.

The DfE also requires that schools consider pupils with medical conditions in planning all trips, visits, sporting activities, residential trips, and curriculum participation.

A risk assessment may be required for:

- Catering arrangements including:
  - School lunches
  - Breakfast clubs
  - After-school clubs
  - External catering providers and any food served on site.
  - *Catering providers will be asked to comply with the SV MAT allergy and anaphylaxis policy, consistent with the expectations noted in parliamentary debate on the Children's Wellbeing and Schools Act 2026.*
- Classroom activities that involve food, materials containing allergens (e.g. flour, egg boxes, latex), practical subjects, science, art, and technology.
- Whole-school events such as summer fetes, celebrations, charity days, food-based activities, and refreshments.

- Trips and residential visits with catering arrangements, emergency access to AAIs and trained staff availability throughout the visit, reflecting the national guidance expectation for safe off-site provision.
- Unstructured times (e.g. break time, dining hall movement, clubs, and transitions where accidental exposure may be likely).
- Environmental risks, including shared surfaces, classroom food handling, pupil allergen interactions, cleaning routines, airborne allergens, contact allergens, insects, animals and other allergy related hazards identified through the pupil's IHCP or Allergy Action Plan.

Risk assessments must:

- Identify individual risks based on allergens, severity, and environmental factors.
- Set out actions to reduce exposure, including food handling instructions, seating plans, supervision requirements, and cleaning procedures.
- Clarify responsibilities, including catering teams, activity leaders, and external providers.
- Ensure emergency procedures are clear, including location of AAIs, staff roles, and communication routes.
- Be reviewed regularly, and immediately after any incident, change in medical need or change in routine or environment.
- Be shared with all relevant staff and external providers before the activity begins.

Schools must not prevent pupils from taking part in school trips, clubs, or curriculum where reasonable adjustments can allow them to participate safely. This reflects duties to ensure inclusion and equal access.

3. Medication

3.1. Managing Medication

The MAT must ensure that all medicines, including AAIs, in schools are managed safely and in line with national guidance. Schools are required to have clear procedures for managing medicines on site, including storage, access, consent, and record keeping, as set out in DfE guidance and the SV MAT policies.

The following requirements apply:

Prescribed Medication:

- Medicines will only be administered at school when it would be detrimental to the pupil's health or school attendance not to do so, and when written consent from parent or guardian has been obtained in advance.
- All medication must be provided in its original packaging, labelled with the pupil's details and the prescriber's instructions.
- All medication must be in date. Where medication is due to expire, parents must provide replacements before the expiry date.
- The school will keep a record of every administration of medication, including the date, time, dose, and the name of the member of staff who administered it, as required by national guidance.

Management of Adrenaline Auto Injectors (AAIs):

The management of AAIs must follow the requirements in DHSC guidance, which states that adrenaline should be administered immediately at the first signs of anaphylaxis and that delays are associated with potentially fatal outcomes.

The following arrangements apply:

- Pupils' prescribed AAIs must return home with the pupil at the end of each school day.
    - Schools must not retain prescribed AAIs overnight unless this is specifically written into the pupil's Individual Healthcare Plan and agreed with parents/guardians/carers and a healthcare professional.
- Pupil's own AAIs must be kept accessible at all times and must not be locked away, in accordance with DHSC guidance on rapid access.
- Prescribed AAIs must only be used for the pupil to whom they have been prescribed.
    - Schools will seek medical authorisation and written parental consent for the use of spare AAIs wherever reasonably practicable. However, in a life-threatening emergency, **any** member of staff may take reasonable action to preserve life, including the administration of a spare AAI, in accordance with national guidance (Department for Education Allergy Safety in Schools July 2026).
- Spare AAIs may be used only when a pupil's own device is not available or not working, and only where medical authorisation and written parental consent is in place.
- AAIs must be stored centrally in clearly designated, unlocked locations that staff can access within five minutes in line with national requirements for emergency availability.
- Monthly checks must confirm that all AAIs (pupil-owned and spare) are present, in date and in good working order. Checks must be recorded and devices replaced before expiry.
- All AAIs must be stored at room temperature and protected from sunlight or temperature extremes, as set out in national guidance.
- Employers must ensure that staff who administer AAIs are appropriately covered by the school's insurance, in line with national expectations.

Use of Antihistamines:

- Antihistamines may be provided in the pupil's IHCP for mild reactions, as advised by a clinician.
- Antihistamines must not be used in place of adrenaline in cases of suspected anaphylaxis. Adrenaline must always be given first for severe symptoms, in line with DHSC guidance.

Recording and Communication:

- After any medication is administered, parents or guardians must be informed as soon as possible.
- Records must be used to update IHCPs and ongoing risk assessments, in line with DfE duties to maintain accurate medical records.

Disposal:

- Used AAIs must be handed to paramedics or disposed of in a sharps bin in accordance with the DHSC guidance on disposal.

3.2. Controlled Drugs

Some pupils may be prescribed additional controlled drugs as part of their medical treatment. Where this applies, the school must manage these medicines safely and in line with national requirements and Part Three of this document. The DfE medical conditions guidance states that schools must have clear arrangements for managing medicines, including controlled drugs, with safe storage and accurate record keeping at all times.

The following arrangement must be followed:

- A pupil may carry their own controlled drug only where a healthcare professional has confirmed it is appropriate and this is agreed with parents and written clearly into the pupil's Individual Healthcare Plan.
- Any controlled drugs that are not carried by the pupil must be stored securely in a locked, non-portable container. Only authorised staff may have access to this storage.
- A written record must be kept of all controlled drugs held on site and of any doses administered. This includes the amount received, the amount remaining and the name of the staff member who administered the dose.
- Controlled drugs must be easily accessible in an emergency and must never be stored in a way that prevents timely administration where it is clinically required.
- When controlled drugs are no longer required, they must be returned to the parent or guardian to arrange safe disposal through their pharmacy.

Documentation

The required documents and templates must be used to ensure safe medication management and compliance with this policy.
The required documents, Digital storage, linking and audit of these documents is managed in line with Process Diagram HS002 - Digital Management of Student Medical Information.

These documents ensure consistent recording of consent, device information, expiry dates, and safety checks across The MAT.

4. Training

SV MAT must ensure that all staff receive appropriate training so they can recognise allergic reactions, respond quickly to anaphylaxis, and follow this Allergy and Anaphylaxis Policy correctly.

The DfE requires schools to have arrangements in place to ensure that staff are suitably trained and competent to support pupils with medical conditions. DHSC guidance also emphasises that anaphylaxis is time-critical and that delays in administering adrenaline have been associated with fatal outcomes. All staff must therefore understand the importance of acting immediately.

The following training requirements apply across all SV MAT schools.

4.1. All Staff Awareness Training

All staff within The MAT must receive allergy awareness training that includes:

- Recognising the signs and symptoms of mild, moderate, and severe allergic reactions and anaphylaxis.
- Understanding that anaphylaxis may occur without early mild symptoms, as per the national guidance.
- Knowing how to summon emergency help immediately.
- Knowing the location of prescribed and spare AAIs and how to access them within five minutes.
- Understand their role in reducing exposure to allergens during lessons, mealtimes, clubs, and trips.

Training must be refreshed annually and included in induction for all new staff.

4.2. Practical AAI Administration Training

Schools must ensure that a sufficient number of staff are trained to administer AAIs confidently and correctly.

Practical training must include:

- How to recognise anaphylaxis.
- Correct use of any AAI device held on site (e.g. EpiPen, Jext etc.)
- Correct positioning of the pupil during anaphylaxis.
- Administration of a second dose after five to ten minutes if symptoms persist.
- Calling 999 and communicating effectively with the emergency services.
- Procedures for recording the incident and notifying parents.

Training is to be delivered by appropriate healthcare professionals or suitably approved trainers and refreshed as required – no longer than two-yearly.

4.3. Training Linked to Individual Healthcare Plans

Where a pupil has an IHCP and Allergy Action Plan, staff working directly with that pupil must receive training that is specific to the pupil's allergy, medication, triggers, and emergency actions. This reflects national requirements for training to be tailored to individual needs.

Training should take place before the pupil starts attending where possible, or as soon as reasonably practicable after the pupil's start date.

4.4. Training for External Providers

Any external provider that supports pupils during school activities must receive the information they need to understand and follow this policy. This includes catering teams, breakfast and after-school club providers, wraparound care staff, and trip supervisors.

External providers must know how to seek immediate help from trained school staff if a pupil shows symptoms of an allergic reaction or anaphylaxis.

Parliamentary discussions relating to the Children's Wellbeing and Schools Act 2026 highlight the need for external catering providers to follow the same allergy procedures as school staff.

4.5. Training Records

Each school must maintain an up-to-date central record of all staff who have received:

- Staff Awareness Training
- Practical AAI Administration Training
- Pupil-specific training linked to IHCPs.

Training records must be monitored by the Designated SLT Lead and reviewed regularly by the Head Teacher. SV MAT Central Team may review these records as part of trust-wide oversight and Quality Assurance.

4.6. Allergy Safety Drills

Schools should periodically test their allergy emergency response arrangements through training exercises, scenario discussions, tabletop exercises or practical drills where appropriate.

Simulated anaphylaxis scenarios may be used to assess how effectively staff recognise symptoms, access medication, summon assistance and follow emergency procedures. Outcomes from these exercises should be recorded and considered alongside incident and near miss reviews to support continuous improvement.

Where pupils are involved in any exercise, this must be carefully planned, age appropriate, and undertaken with consideration of their wellbeing and individual circumstances.

5. Emergency Procedures

Every minute counts when responding to anaphylaxis. National guidance is clear that anaphylaxis is a life-threatening emergency that requires the immediate use of adrenaline, and that delays in treatment have been associated with fatal outcomes. All staff must therefore act quickly and confidently if a pupil shows signs of a severe allergic reaction.

The following procedures apply across all SV MAT schools and must be followed without hesitation.

5.1. Recognising an Allergic Reaction

Staff must be familiar with the recognised symptoms of allergic reactions as set out in the pupil's Allergy Action Plan and national guidance.
Mild to moderate symptoms may include:

- Swollen lips, face, or eyes
- Itchy or tingling mouth
- Mild throat tightness
- Hives (blotchy, red, itchy skin) or itchy skin rash
- Abdominal pain
- Nausea or vomiting
- Sudden change in behaviour

Symptoms of Anaphylaxis may include:

- AIRWAY -
    - Persistent cough
    - Hoarse voice
    - Difficulty swallowing
    - Swollen tongue
- BREATHING -
    - Difficult or noisy breathing
    - Wheeze or persistent cough
- CONSCIOUSNESS -
    - Persistent dizziness
    - Pale or floppy
    - Suddenly drowsy or sleepy
    - Collapse or loss of consciousness

National guidance notes that anaphylaxis may occur without any mild symptoms first and staff must act on severe symptoms immediately.

5.2. Immediate Actions in Suspected Anaphylaxis

If any severe symptoms of anaphylaxis are present:

- Administer adrenaline immediately
  - Use the pupil's own prescribed AAI without delay.
  - If the pupil's AAI is unavailable, broken, out of date or has misfired, use the school's spare AAI in accordance with the pupil's IHCP and Allergy Action Plan.
    - In a life-threatening emergency, staff should not delay treatment and may take reasonable action to preserve life, in accordance with national guidance (Department for Education: Allergy Safety in Schools (July 2026)).
- Call 999 and state clearly "ANAPHYLAXIS" (pronounced anna – fill – axis)
  - Provide the information requested by the emergency call handler calmly and clearly.
  - Send a member of staff outside to meet the ambulance.
  - DHSC guidance requires 999 to be called every time an AAI is administered.
- Position the pupil correctly
  - Keep the pupil laying flat with legs raised.
  - If breathing is difficult, allow them to sit but do not stand them up as this can trigger a cardiac arrest.
- Administer a second dose if required
  - If symptoms do not improve 5 minutes after first AAI is administered, give a second AAI if available.
  - Inform 999 call handler that a second AAI has been given.
    - If the call has ended, make a second call to 999 to confirm that an ambulance is on the way and inform them that a second AAI has been given.
- Stay with the pupil
  - Monitor the pupil's breathing and level of consciousness.
  - Begin CPR if there are no signs of life.
- Inform parents or guardians
  - Contact parents or guardians as soon as it is safe to do so.
  - *DHSC guidance requires prompt parental notification after any AAI administration.*

5.3. After an Incident

Following any use of an AAI or suspected anaphylactic reaction:

- The pupil must be taken to hospital immediately for medical assessment and monitoring. This is mandatory. In line with SV MAT policy, where a pupil is taken to hospital by ambulance, a member of staff will accompany them where permitted by the ambulance staff and remain until a parent or carer arrives. Where a pupil is transported to hospital by school staff, under the direction of a 999 or 111 call handler, two members of staff will accompany them until a parent or carer arrives.
- A full written record of the incident must be completed, including:
  - Date, time and location.
  - Symptoms observed.
  - Medication used, dose, time administered and who by.
  - Staff involved.

    - Time and method of parent notification.
- The used AAI must be handed to paramedics or disposed of safely in a sharps bin.
- The Designated SLT Lead must review the incident within three school days to determine whether:
    - The IHCP or Allergy Action Plan requires amendment.
    - Additional training required.
    - Improvements to storage, access or risk management are required.
- SV MAT Central Team may request incident details for trust-wide safeguarding oversight and trend monitoring.

The Children's Wellbeing and Schools Act 2026 confirms that allergic reactions must be formally recorded in the pupil's IHCP and Allergy Action Plan once the legislation is enacted.

Schools must use the following mandatory documents after any allergic reaction or use of an AAI:

- AAI Administration Record / Incident Log
- Post-Incident Review Form
- Allergy Incident Near-Miss Form

All allergic reactions, AAI administrations and near misses must also be logged in line with Process Diagram HS002 - Digital Management of Student Medical Information. as part of SV MAT's incident reporting process. This ensures trust-wide oversight, safeguarding analysis, and continuous improvement.

5.4. Staff Roles During an Emergency

All staff must know how to:

- Recognise symptoms of an allergic reaction.
- Summon help and call 999.
- Locate the pupil's own AAIs.
- Access the school's spare AAIs.
- Direct trained staff to the pupil immediately.
- Support in moving other pupils and students away from the area and keeping the environment calm.

Designated trained staff in each school are responsible for administering the AAI, however, any staff member may be instructed to assist.

Note – DHSC guidance states that AAIs can be administered by non-healthcare professionals and that staff should act without delay.

5.5. Emergency Procedures Off-Site

The same emergency procedures apply during:

- Trips and Educational Visits.
- Residentials.
- Sporting Activities, Events and Fixtures.
- Any other off-site event.
- Travel to and from any of the above.

Trip leaders / staff must ensure:

- The pupil's allergy and anaphylaxis needs are fully included in the trip or visit risk assessment.
- Prescribed AAIs travel with the pupil.
- A spare AAI is taken if the pupil has parental and medical authorisation for its use.
- The IHCP and Allergy Action Plan are accessible.
- At least one AAI trained member of staff is present.
- Emergency services can be contacted quickly.

These expectations reflect DfE requirements for safe off-site provision for pupils with medical conditions.

5.6. Wellbeing

SV MAT recognises that pupils with allergies may experience anxiety, reduced confidence, social isolation or concerns about accidental allergen exposure and the possibility of a serious allergic reaction.

Schools will promote pupil wellbeing by:

- Providing reassurance regarding the arrangements in place to manage allergies safely
- Involving pupils, where appropriate, in discussions regarding supporting their needs
- Ensuring that pupils are not unnecessarily excluded from activities, events or experiences because of their allergy
- Working closely with parents, carers and healthcare professionals to support pupils with allergy related concerns
- Considering the emotional impact of allergic reactions, anaphylaxis incidents or near misses on pupils and their families
- Ensuring that appropriate support is available following any significant incident where the wellbeing of a pupil may be affected.

5.7. Bullying

Bullying, teasing, intimidation, exclusion, deliberate allergen exposure, threats involving allergens or any behaviour that undermines the safety, dignity or wellbeing of a pupil with allergies will be treated seriously by SV MAT schools.

Allergy related bullying may present both a safeguarding risk and a health and safety risk.

Any concerns relating to allergy related bullying will be managed in accordance with the Behaviour Policy, Anti Bullying procedures and Safeguarding arrangements. Appropriate action will be taken by the school to protect affected pupils and prevent recurrence.

6. Equal Opportunities

SV MAT is committed to ensuring that all pupils with allergies or a risk of anaphylaxis have full, fair, and safe access to all aspects of school life. Pupils must not be excluded from lessons, activities, clubs, or educational visits where reasonable adjustments can enable them to take part safely. This reflects the DfE requirement for schools to support pupils with medical conditions so they can access the same education and opportunities as their peers, including trips and sporting activities.

Schools must take proportionate steps to reduce the risk of allergen exposure so that pupils and students with allergies can participate safely in:

- Classroom learning.
- Curriculum subjects involving food or practical materials.
- School meals and dining hall routines.
- Breakfast clubs, after school clubs and wraparound care.
- School events, celebrations, and enrichment activities.
- Sports, outdoor learning, and physical education.
- Trips, educational visits and residentials.

National DHSC guidance notes that accidental allergen exposure can occur daily during school routines, food handling, and practical subjects and therefore schools must put appropriate measures in place to reduce these risks.

Trip leaders must ensure that each pupil's allergy needs are included in the visit or activity Risk Assessment so that they can take part safely. Adjustments may include safe seating arrangements, allergen-aware catering, enhanced supervision and ensuring trained staff are present at all times.

The Children's Wellbeing and Schools Act 2026 underlines the expectation that schools must maintain robust allergy safety measures across all school activities to ensure that pupils with allergies can participate safely and consistently regardless of where the activity takes place.

Schools must work with pupils, parents / guardians, and healthcare professionals to agree necessary adjustments, which must be recorded clearly in the pupil's IHCP and shared with staff or external providers involved in delivering or supervising the activity. No pupil should be prevented from taking part in an activity solely because of their allergy where reasonable adjustments can enable safe participation.

7. Concerns & Complaints

This section provides allergy-specific procedures. For MAT-wide arrangements, see the combined Concerns & Complaints section at the end of this policy.

7.1. Raising a Concern

Concerns should be brought to the attention of:

- The Designated SLT Lead responsible for pupils and students with medical conditions at the relevant school, or
- The Head Teacher, where the concern relates to the wider application of this policy.

The school will review the concern within three school days. Where necessary, the school will:

- Reassess the pupil's IHCP or Allergy Action Plan.
- Review risk assessments, training records, or storage arrangements.
- Consult with the SV MAT Central Team and, where appropriate, healthcare professionals.
- Make any reasonable changes required to ensure the pupil's safety and access to education.

7.2. Complaints Procedure

If a parent/guardian or carer feels that the matter has not been resolved informally, they may make a formal complaint following the school's Complaints Policy. This is consistent with the Department for Education requirement that schools must have clear arrangements for dealing with complaints related to medical condition support.

The Complaints Policy outlines:

- How concerns can be escalated.
- Expected timelines.
- How decisions will be communicated.
- How the matter may be reviewed at school, SV MAT, or Governing Body level.

7.3. Post-Incident Concerns

Following any allergic reaction or use of an AAI, concerns about the incident handling, delays, communication, or procedures must be raised as soon as possible. National DHSC guidance requires that all incidents involving AAI administration are fully recorded and reviewed.

SV MAT Central Team may review any such concern to ensure trust-wide learning and improvement, particularly where the concern may point to systemic issues or highlight required training needs.

7.4. Policy Accountability

The Children's Wellbeing and Schools Act 2026 emphasises the need for strong, transparent accountability for allergy safety in schools. SV MAT will ensure that any concerns raised in relation to this policy are considered carefully and addressed promptly in order to uphold the safety and confidence of pupils, families, and staff.

8. Monitoring & Review

This section outlines additional allergy-specific monitoring requirements. General SV MAT monitoring expectations are included in the combined Monitoring & Review section at the end of this policy.

SV MAT is committed to ensuring that allergy and anaphylaxis arrangements are implemented effectively and remain safe, consistent, and compliant with national guidance. This policy, and the procedures arising from it, must be monitored regularly at school level and reviewed centrally by the trust.

8.1. School-Level Monitoring

Each school must:

- Monitor the implementation of this policy in daily practice.
- Ensure that monthly checks are completed for all prescribed and spare AAIs, confirming they are:
    - Present and in the assigned location.
    - In date and the visual check window is as expected (e.g. not cloudy).
    - Accessible within five minutes, as required in DHSC guidance.
- Maintain accurate records of:
    - Allergy registers.
    - IHCP reviews.
    - Staff training.
    - Incident records and near misses.
- Ensure that all updates to IHCPs and Allergy Action Plans are shared promptly with relevant staff and external providers.

The Head Teacher is responsible for ensuring that these arrangements are consistently applied and that appropriate oversight is maintained at all times.

Schools must maintain accurate documentation using the following SV MAT templates:

- School Specific Allergy Register
- AAI Device Register
- Monthly AAI Checks Register
- Allergy and AAI Training Log
- AAI Administration Record / Incident Log
- Allergy Incident Near-Miss Form
- Post-Incident Review Form

These documents form the evidence base for monitoring compliance and ensuring safe practice across all schools within the SV MAT.

8.2. SV MAT Oversight

SV MAT Central Team may request access to school-level records at any time to:

- Review the implementation of this policy.
- Monitor trends in allergy-related incidents.
- Identify training or resource needs across The MAT.
- Support schools to continuously improve allergy safety.

Significant allergy related incidents, trends, lessons learned and emerging risks will be reported through established health and safety, safeguarding or governance reporting arrangements where the nature, severity or frequency of incidents warrants escalation.

This MAT-wide oversight aligns with the expectations established by the Children's Wellbeing and Schools Act 2026, which emphasises clearer accountability and robust school responsibilities for allergy safety.

8.3. Policy Review Cycle

This policy will be formally reviewed annually by SV MAT Central Team, or sooner if:

- The Children's Wellbeing and Schools Act 2026 or related statutory guidance is updated.
- National guidance changes.
- A significant incident suggests that current procedures require revision.
- Changes in practice, staffing or provision require the policy to be updated.

8.4. Continuous Improvement

Following any serious incident or near miss involving allergies or the use of an AAI:

- Schools must review their procedures.
- The Designated SLT Lead must review the pupil's IHCP and Allergy Action Plan.
- SV MAT Central Team may conduct a broader review if systemic issues are identified.
- Outcomes must be recorded and used to strengthen future practice.

This approach reflects DHSC guidance, which requires that allergic reactions and AAI use be fully recorded and reviewed so that arrangements remain safe and effective.

9. Links to Other Policies

This section of the policy should be read alongside other SV MAT policies that support the health, safety, and wellbeing of pupils.

Collectively, these policies ensure that pupils with allergies are protected, supported, and included in all aspects of school life, in line with statutory requirements for supporting pupils with medical conditions.

This policy links to the following documents:

- First Aid Policy
  - Describes the general emergency response arrangements and roles of trained first aiders across SV MAT schools.
- Health and Safety Policy
  - Establishes MAT-wide framework for managing risk, including responsibilities for ensuring safe environments and practices.
- Child Protection and Safeguarding Policy
  - Ensures that the welfare of pupils is promoted and that concerns about safety or wellbeing are acted upon quickly.
- Educational Visits Policy
  - Provides procedures for planning, risk assessment, and supervision during trips, residentials and off-site activities, which must incorporate allergy and anaphylaxis risk management.

10. Appendix 3 – Example BSACI Allergy Action Plan (Staff must be aware that different auto-injectors (e.g. EpiPen and Jext) operate differently and must use the correct method for the device provided)

BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH anaphylaxis UK AllergyUK

This child/young person has the following allergies:

Name:

DOB:

Mild/moderate reaction:

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

Action to take:

- Stay with person, call for help if needed
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

Loratadine 5mg

(If vomited, can repeat dose)

- Phone parent/emergency contact
- Do not take a shower to help with itchy skin, this can worsen the reaction

Watch for signs of ANAPHYLAXIS

(a potentially life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN DIFFICULTY IN BREATHING

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• Difficult or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or floppy
• Difficulty swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie flat with legs raised** (if breathing is difficult, allow person to sit)
2. **Use Adrenaline autoinjector without delay** (eg. EpiPen®) (Dose: ____ mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child/young person until ambulance arrives, **do NOT stand them up.** Keep them lying down, even if things seem to be getting better.
2. Phone parent/emergency contact. If you are on your own, call a friend or relative and ask them to come over.
3. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjector device, if available.

Commence CPR if there are no signs of life

You can dial 999 from any phone, even if there is no credit left on a mobile.
Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name:

2) Name:

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed:

Print name:

Date:

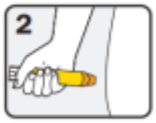
Consent is required for children under 16 years (and for young people over 16 unable to give consent themselves) except in an unforeseen emergency

For more information about managing anaphylaxis in schools and "spare" adrenaline autoinjectors, visit: sparepensinschools.uk

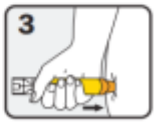
© BSACI 10/2024

How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



3. PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds.** Remove EpiPen.

Additional instructions:

If wheezy due to an allergic reaction, GIVE ADRENALINE FIRST and then asthma reliever (e.g. blue puffer) via spacer, if prescribed

This is a medical document to be completed by a healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and medical authorisation to carry emergency autoinjectors has been prepared by:**

Sign & print name:

Hospital/Clinic:

Date:

PART THREE – ADMINISTRATION OF MEDICATION

1. Medication Management Procedures

The following sections outline how the policy will be implemented. Related reference documents and templates are listed in the appendices and in the Operational Documents section at the end of this policy.

2. Training and Qualifications

Specific support and training needs will be identified through the IHCP, together with who will provide the training. This will enable staff who support a pupil with a medical condition to understand the specific conditions, their implications, preventative and emergency procedures. Additional training requirements for allergies and anaphylaxis are detailed in Part Two of this policy.

The MAT will ensure that adequate first aid cover is available at all times. The first aider role is key in emergency procedures (see section 4). However, a first aid certificate does not constitute appropriate training in the general day to day support of a pupil with a medical condition. Where an allergic reaction is suspected, staff must follow Part Two of this policy.

Training on administering medications/injections for specific medical conditions at The MAT will be carried out by a trained medical practitioner.

Named staff will be responsible for administering a pupil's medication. All staff administering medication must have appropriate and up to date training. When a controlled drug has been prescribed for a pupil's medical condition, at least two members of staff should be trained on how to manage this medication.

Arrangements should be in place to cover staff absence, or staff turnover, so that someone is always available.

All training should be documented in the school's staff training log, together with a clear plan for refresher sessions, or updates if the pupil's condition changes. See the combined Monitoring and Review section at the end of this policy for SV MAT guidance regarding training records.

The MAT will ensure that whole school awareness training will take place annually. This should include reference to this policy, and awareness of common conditions such as asthma, allergies and anaphylaxis, epilepsy and diabetes. Where the training relates to allergies or AAI administration, it must be delivered in accordance with the requirements set out in Part Two.

It is recognised that it is not a requirement to have specific training to administer non-prescribed medications such as pain relief or antihistamines.
The information about where the medicine box is kept is specified in the annual H&S briefing. All staff who work in the relevant area should be aware of:

- What medication is in the box.
- Who it belongs to and a copy of the parental consent.
- The dose and frequency of administration to the pupils concerned.
- Who will administer this medication.

3. Managing Medication on School Premises

3.1. Liability and Indemnity

SV MAT is a member of the DfE Risk Protection Arrangement (RPA) which provides the level of insurance that appropriately reflects the level of risk for managing medication on the premises in accordance with the DfE's guidance for "Supporting Pupils at School with Medical Conditions".

The insurance arrangements will cover staff providing support to pupils with medical conditions in accordance with the DfE's guidance for "Supporting Pupils at School with Medical Conditions". Insurance policies should be accessible to staff providing such support and as such the RPA Membership rules are available on the government website here: Make a claim through the risk protection arrangement (RPA) - GOV.UK

Any requirements of the insurance, such as the need for staff training, should be complied with.

3.2. Individual Healthcare Plan (IHCP)

An IHCP (see the appendices within this part for relevant templates) will be used to record the support of an individual pupil for their medical condition. The IHCP is developed with the pupil (where appropriate), parent/guardian/carer, named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. Appendix 1 is a DfE model flowchart for an IHCP.
Where a child has SEN but does not have a statement of Education, Health and Care (EHCP) plan, their special educational needs are mentioned in an IHCP.
The IHCP will cover the following:

- The medical condition, its triggers, signs, symptoms and treatments.
- The pupil's resulting needs, including medication (dose, whether it is a controlled drug, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and any environmental issues (crowded corridors, travel time between lessons)
- Specific support for the pupil's educational, social and emotional needs, for example how absences will be managed, requirements for extra time to complete exams, rest periods or additional support in catching up with lessons.
- The level of support needed, including emergencies. If a pupil is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional and cover arrangements for when they are unavailable.
- Who in the school needs to be aware of the pupil's condition and the support required.
- Arrangements for written permission from parents/guardians/carers and the Headteacher for medication to be administered by a member of staff or self-administered by the pupil during school hours.
- Where confidentiality issues are raised by the parent/guardian/carer/pupil, the designated individuals to be entrusted with information about the pupil's conditions.
- Emergency plans, including whom to contact and contingency arrangements.

The MAT will keep a centralised register of IHCPs and identify a member of staff to have responsibility for this register. IHCPs will be reviewed regularly, at least every year, or whenever the pupil's needs changes.

The parents/guardians/carers, specialist nurse (where appropriate) and relevant healthcare services should hold a copy of the IHCP. Other school staff will be made aware of and have access to the IHCP for the pupils directly in their care.

3.3. Administering Medications

Medication will only be administered when it would be detrimental to a pupil's health or school attendance not to do so. Schools within SV MAT will not give any medication (prescribed, or non-prescribed) to a pupil under 16 without a parent/guardian/carer's written consent except in exceptional circumstances under direction of a medical professional. This does not apply to emergency medication such as AAIs or emergency salbutamol inhalers, where national guidance permits use in defined circumstances as outlined in Part Two.

3.3.1. Pain Relief and Cough Relief Mixtures

When administering pain relief or cough relief medication, the member of staff will check the maximum dosage and when a previous dose was given. Parents/guardians/carers will be informed of all doses given at school, see model letter in appendices.

Schools within SV MAT will only give non-prescription medicines to pupils for a maximum of 3 days, even where parents/guardians/carers give permission. The only exemption to this is if pain relief is required during the healing period of an injury such as a sprained joint or broken/fractured limb. For antihistamine use in allergic reactions, see Part Two.

A pupil under 16 years of age should never be given medicine containing Aspirin unless prescribed by a healthcare professional.

Some medicines need to be given at specific times, for example:

- Before, with or after food:
  - The absence/presence of food in the stomach can affect how the medicine works and may cause unwanted effects.
- Some illness can only be controlled with very precise dose timings, for example, seizures may only be controlled if the medication is taken at set times.

3.3.2. Oral Mixtures

A measuring spoon/syringe/vessel must be provided by the parent/guardian/carer, and the dose of medicine is measured using this. Instructions on the medication label must be followed.

Wherever possible, the spoon/syringe/vessel should be handed to the pupil for them to administer the dose themselves. Each individual pupil's spoon/syringe/vessel should be cleaned and kept with their own medication.

3.3.3. Tablets / Capsules

Pupils who need tablets usually take them before or after their meal according to their GP's instructions. They may however be needed at other times of the day.

Secondary School Students should go to the delegated office and ask for their tablets from the appropriate member of staff (see Training).

3.3.4. Inhalers

In primary schools, inhalers will be kept in individual classrooms in a grab bag, unless there is a specific reason why this is not appropriate, which must be documented in the IHCP. When the pupil needs to take their inhaler, e.g. before a PE lesson, or at break time/lunchtime, the teacher/admin staff should record this on a daily record. Where a child increases the number of times they need their inhaler, staff will be alerted to this by the record, and they are able to pass this information onto the parents/guardians/carers, so that the 'preventer' inhaler dose can be checked by their GP. For pupils with allergies, AAI storage requirements in Part Two must also be followed.

In secondary schools or where appropriate and consent is in place, pupils are trained how to access and use their inhaler, and the importance of adult supervision. Pupils should be supported to use their inhalers safely. In secondary settings, it is recognised that pupils may self-administer without direct supervision during the school day. Staff should ensure support is available where needed and concerns are reported.

3.3.5. Emergency Salbutamol Inhalers:

Schools across SV MAT hold emergency inhalers for use by pupils who have been diagnosed with asthma and prescribed a reliever inhaler, OR who have been prescribed a reliever inhaler.

Written consent from parents/guardians/carers for its use is to be obtained, and a record of this is to be kept with the emergency inhalers to establish which pupils have this in place. A nominated first aider is responsible for ensuring that this register is reviewed and kept up to date. This information will also be included on the pupil's IHCP.

If there is an emergency whereby consent has not been received, either for a pupil with diagnosed asthma, or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.

An emergency kit is in place, the information about where the kit is kept is specified on a poster just outside the School Admin Office. The kit includes:

- a salbutamol metered dose inhaler
- at least two plastic spacers
- instructions on using the inhaler and spacer, together with cleaning/storage instructions

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the pupil to take home for future personal use. The inhaler can be cleaned and reused. A replacement should then be ordered to re-stock the emergency kit.

If a pupil has used the emergency inhaler, their parent/guardian/carer will be informed as soon as possible. This will be completed by a nominated first aider.

A "Guidance on the use of Emergency Salbutamol Inhalers in School" consent form template, to be completed by parent/carers template (see Appendices).

A "Guidance on the use of Emergency Salbutamol Inhalers in School" specimen letter to inform parents of the use of an emergency inhaler is attached - see Appendix 3.

Further information can be found in the Department of Health's "Guidance on the user of emergency salbutamol inhalers in school – March 2015"

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

3.3.6. Emergency Medication for Anaphylaxis:
This section must be read in conjunction with Part Two of this policy, which contains the full procedures, responsibilities and emergency actions relating to allergies, anaphylaxis and the use of adrenaline auto injectors (AAIs).

Pupils with known allergies must have an IHCP and an Allergy Action Plan completed by the relevant healthcare professional. Parents and carers must provide the prescribed AAIs for use during the school day, as required by Part Two of this policy.

All identification, storage, access arrangements, staff responsibilities, training requirements and emergency procedures for anaphylaxis are detailed in Part Two of this policy, which takes precedence over this Part for allergy and anaphylaxis related matters.

3.3.7. Emergency Adrenaline Auto-Injectors:
All SV MAT schools are to hold spare AAIs. The use, storage, consent requirements and eligibility arrangements are set out fully in Part Two of this policy.

This Administration of Medication Policy does not outline the operational arrangements for managing pupils with severe allergies or the use of AAIs. Staff must follow the Allergy and Anaphylaxis Policy in all circumstances where an AAI may be required.

3.3.8. Injections:
School staff will only administer injections where they have agreed to do so and have received appropriate training from a competent healthcare professional, such as the School Nurse Service.

The MAT adopts practices that minimise the risk to staff, pupils and others coming into contact with sharps such as needles, detailed in the SV MAT First Aid Policy. These include:

- Protect all pupils and members of staff from the danger of exposure to sharps.
- Establish a procedure around the safe handling and disposal of sharps.
- Ensure all members of staff are aware of how and where to dispose of sharps correctly.
- Make members of staff aware of sharps injury and the procedure to follow in the event of an injury.

3.3.9. Ointments & Creams:
The MAT will only administer ointments/creams prescribed by healthcare professionals. All efforts should be made for the pupil's ointment/cream to be applied at home by parents/guardians/carers. If it is necessary to apply a prescribed dose during school hours, this

should be recorded (see Process Diagram HS002 – Digital Management of Student Medical Information)

If it is a long-term prescription (e.g. more than four weeks), an IHCP should be provided by the pupil's healthcare professionals.

The pupil will be encouraged to apply the cream/ointment themselves, under supervision from a member of staff. Where this is not possible due to competency or location area on the body then DfE's template (consent form – see Appendices) should be completed. A body map should be completed for the area where the cream/ointment is to be applied (see Process Diagram HS002 – Digital Management of Student Medical Information)).

3.3.10. Eye, Nose and Ear Drops:
SV MAT will only administer ear, nose or eye drops prescribed by healthcare professionals. All efforts should be made for the pupil's ear, nose or eye drops to be applied at home by parents/guardians/carers. If it is necessary to apply a prescribed dose during school hours, this should be recorded (see Process Diagram HS002 – Digital Management of Student Medical Information).

The drops should be administered, following the label's instructions by a member of staff. Good infection prevention practice should be adhered to, i.e. using a clean environment, with handwashing facilities immediately available.

3.4. Self-Management

It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines from a relatively early age, and the school will encourage pupils to manage the use of their inhalers and AAIs accordingly.

SV MAT acknowledges that the age at which pupils are ready to take care of and be responsible for, their own medication varies. Health professionals need to assess, with parents/guardians/carers and pupil, the appropriate time to make this transition.

For pupils with allergies, see Part Two for additional requirements.

3.5. Refusal to Take Medicine

If a pupil refuses to take their medication, staff should not force them to do so. If a prescribed condition critical medication/injection is refused, the school must take prompt action by informing the parent/guardian/carer and healthcare professional as soon as possible, as outlined in their IHCP.

If a pupil refuses to take a non-prescribed medication, this should be recorded in the pupil's records. Parent/guardian/carers should be informed of the refusal on the same day.

If a refusal to take medication results in an emergency, The MAT's emergency procedures should be followed – see Section 4.

3.6. Storage of Medication

All medications must be stored safely. Pupils with medical conditions should know where they are at all times and have access to them immediately.

The MAT should provide schools with cold storage for medications once opened, if required, as directed by prescription/written instructions from a healthcare professional.

Medications should not be stored in any first aid boxes on the premises.

The school should only accept prescribed (and non-prescribed) medication that is in date, labelled and in its original container including prescribing instructions for administration.

Medicine (with the exception of individual inhalers and AAIs) should be stored in a named Medical Box with each pupil's medicine clearly marked with the pupil's name and the dose to be taken. A photograph of the pupil can be attached to the medication for clear identification. Facilities should be available to ensure that the medications are stored at the correct temperature if stated on the medication label/IHCP.

Parents/guardians/carers should be asked to collect all medications/equipment at the end of the school term, and to provide new and in date medication at the start of each academic year.

For storage of AAIs, see requirements in Part Two of this policy.

3.7. Record Keeping

As part of the SV MAT school's admissions process and annual data collection, parents/guardians/carers are asked if their child has any medical conditions.

Schools must use the MAT's agreed templates as listed in the Operational Documents section at the end of this policy.

General Record Keeping:
The pupil's confidentiality should be protected and the school should seek permission from parents/guardians/carers before sharing any medical information with any other party.
The school will keep an accurate record of all medication administered, including the dose, time, date and supervising staff using the processes outlined in Process Diagram HS002 – Digital Management of Student Medical Information.

3.8. Controlled Drugs (CDs)

Some pupils may require routine, or emergency prescribed controlled drugs administering whilst at school. Controlled Drugs require additional safety controls for storage, administration and disposal, under the Misuse of Drugs Regulations 2001. The school should follow these additional controls to ensure that all legal requirements and best practice are adhered to.

A list of commonly encountered controlled drugs can be found at the following link:
https://www.gov.uk/government/publications/controlled-drugs-list--2/list-of-most-commonly-encountered-drugs-currently-controlled-under-the-misuse-of-drugs-legislation

Guidance on how a controlled drug is classified can be found at the following link: https://www.gov.uk/government/publications/2010-to-2015-government-policy-drug-misuse-and-dependency/2010-to-2015-government-policy-drug-misuse-and-dependency#appendix-1-classifying-and-controlling-drugs

An example of a medical condition that may require a controlled drug is ADHD, for which methylphenidate (Ritalin tm) may be prescribed.

Midazolam Buccal, which is a medication used for controlling seizures, is a Schedule 3 controlled drug, and does not require the same controls as other Schedule 1 and 2 controlled drugs under the legislation. However, it is best practice to store and control this medication in the same way as other controlled drugs.

A controlled drug can only be admitted on the school premises if it is recorded in the pupil's IHCP. When a controlled drug is prescribed, and has to be administered during school hours. Extra training requirements should be highlighted and undertaken for staff administering a controlled drug. Advice should be sought from healthcare professionals, or the School Nurse Service, together with consultation with the parent/guardian/carers.

The following requirements should be met, in line with the above legislation:

- Storage
  - The medication should be double locked, i.e. in an appropriate storage container, in a locked room.
  - The medication may need to be kept refrigerated once opened, and this should be made clear on the IHCP.
  - Named staff only should be allowed access to the medication. A plan for obtaining the medication for a medical emergency, or school evacuation, should be put into place.
- Administering
  - Two members of staff should be present when the drug is to be administered, to double check the dose is correct.
  - One person will administer the dose, and the second person will witness its administration.
- Record Keeping
  - A separate Controlled Drug register should be kept, to record each dose that is administered, and should be signed by the two members of staff who administer the medication.
  - This register is to be retained in accordance with the SV MAT Data Management Policy.
  - If misuse of a controlled drug is suspected, all records should be checked by Senior Management and the Headteacher and reported to the Police/Local Intelligence Network (LIN). Guidance on this should be sought from healthcare professionals.
- Destroying
  - Unused controlled drugs should be destroyed under specific controlled conditions.
  - This should be referred to on the IHCP, and advice taken from healthcare professionals.

3.9. Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the pupil's IHCP, the following is generally not acceptable practice.

The school will not:

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary.
- Penalise pupils for their attendance record if their absences are related to their medication or medical condition, e.g. hospital appointments.
- Require parents/guardians/carers, or make them feel obliged, to attend school to administer medications, or provide medical support to their child.
- Assume that every pupil with the same condition requires the same treatment.
- Ignore the views of the pupil or their parents/guardians/carers, ignore medical evidence or opinion.
- Send pupils with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHCPs.
- Send a pupil to the school office/medical room if they become ill unaccompanied, or with an unsuitable person.
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively.
- Prevent pupils from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/guardians/carers to accompany the pupil.

If a pupil misuses their medication, or anyone else's, their parent/guardian/carer is informed as soon as possible, and the school's disciplinary procedures are followed.

The MAT will ensure that all staff responsible for administering medications understand that they must strictly adhere to the prescription dosage, and the implications for not doing so. This will be done at the time of agreeing to undertake this role.

Staff should be aware that they must not alter/amend any medications, i.e. by crushing tablets or increasing a dose if requested by the pupil. Specific written instructions will be given by a healthcare professional if there are any changes to a dose or methods of administration.

SV MAT will make it clear to staff responsible for administering medicines of the implications for covertly taking medications and that The MAT will immediately undertake disciplinary action/police investigations as needed.

For allergy-specific unacceptable practices, see Part Two of this policy.

3.10. Complaints Procedure

SV MAT will ensure that any complaints concerning the support provided to pupils with medical conditions will be investigated appropriately.

Should parents/guardians/carers be dissatisfied with the support provided, they should discuss their concerns directly with the school. If, for whatever reason this does not resolve the issue, they may make a formal complaint via the SV MAT complaints procedure.

Making a formal complaint to the DfE should only occur if it comes within scope of section 496/497 of the Education Act 1996, and after other attempts at resolution have been exhausted.

Ultimately, parents (and pupils) will be able to take independent legal advice and bring formal proceedings if they consider they have legitimate grounds to do so.

For general MAT complaints arrangements, see the combined Complaints section at the end of this policy.

4. Emergency Procedures

The flowchart below follows Template F of the DfE statutory guidance.

Unless directly instructed to by 999 call handlers, SV MAT staff are not to transport pupils to hospital in their own vehicles. In line with MAT policy, where a pupil is taken to hospital by ambulance, a member of staff will accompany them where permitted by the ambulance staff and remain until a parent or carer arrives. Where a pupil is transported to hospital by school staff, under the direction of a 999 or 111 call handler, two members of staff will accompany them until a parent or carer arrives.

Where an ambulance needs to be called in school, there are several roles which need to be fulfilled. The responsibility for these roles is fluid, to cover staff absence/cover. All staff should be aware of the procedures.

5. Managing Medication on an Outing, Educational Visit or Residential Trip

See Part Two for allergy-specific trip requirements.

Risk assessments are completed before each school trip and outing. Risks for pupils with known medical conditions are considered, as well as any potential risk to others.

Pupils who require short term medication for the duration of the trip/residential:
Parent/guardian/carers complete medical forms at least three weeks before the visit at which point the school will establish, from parents/carers, the medication, circumstances in which it can be administered, the precise time the dose is given and the exact dose.

All medication must be provided in the original packaging as supplied from the pharmacy.

Pain Relief:
Pupils/students who require regular/prescribed pain relief that needs to be taken whilst on an outing/residential visit must bring in their own supply of the medication and parents must complete a separate medication consent form. All pupil/student medication will be held by the Visit Leader.

In secondary schools, students who are competent to do so, may keep their own supply of medication, such as pain relief.

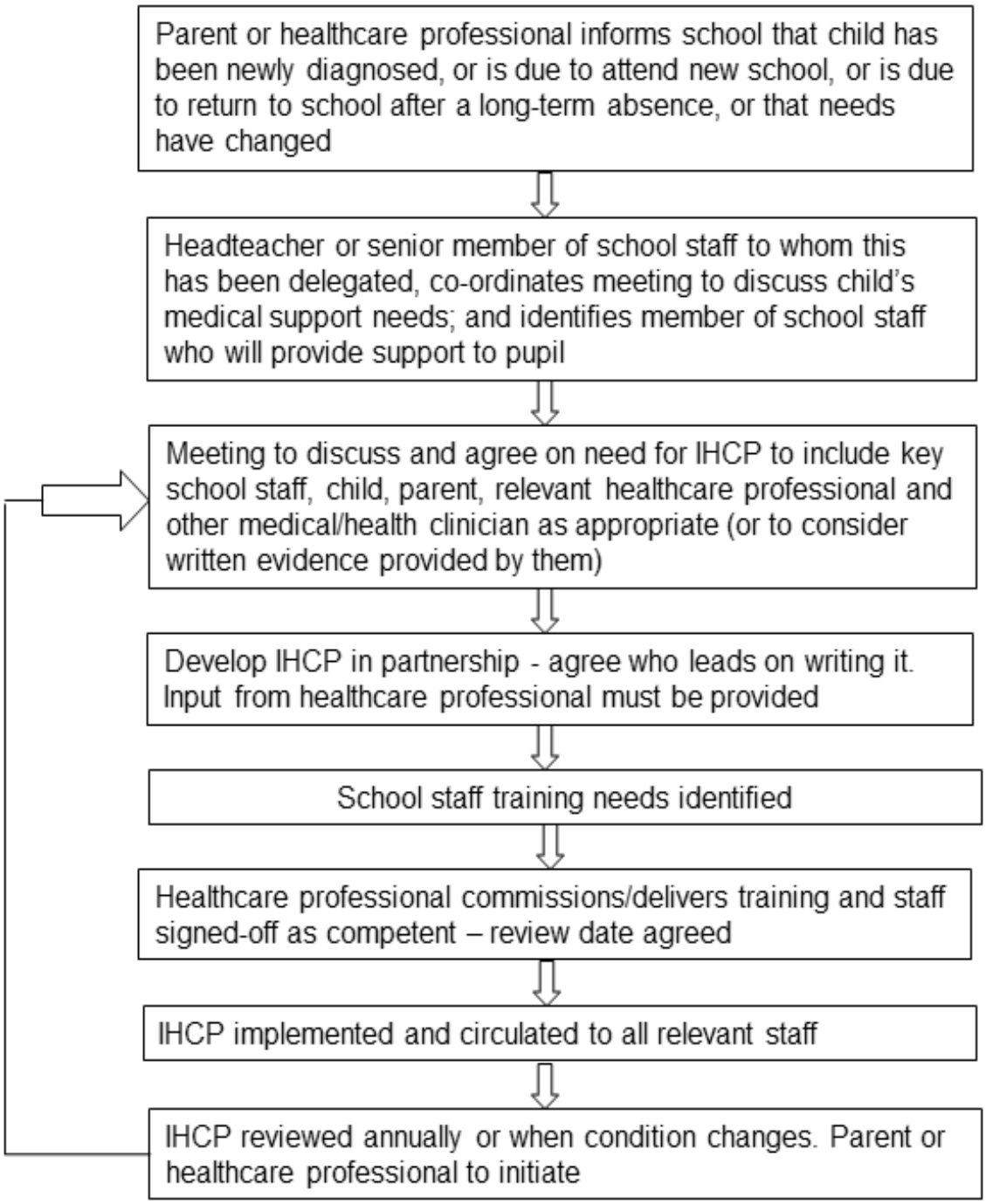
The school may take a central store of medication such as Calpol/paracetamol on a residential visit. Consent from parent/guardian/carer must still have been given for administration. This will be achieved as part of the consent to act in loco parentis in emergency situations. Prior to administering medication that has not been directly provided by the parent/guardian/carer, the Visit Leader will always contact the parent/guardian/carer to explain why the medication is being given.

Pupils with an Individual Healthcare Plan in place:
For pupils with known medical conditions, staff will contact the parent/guardian/carer in advance of the trip. This will ensure that they are fully briefed to ensure that there are adequate quantities of medication available, that the pupil's condition is stable, and which emergency details are required should the pupil need to have additional support. This is documented for the Visit Leader.

For Early Years/Foundation Stage pupils, where it is assessed that the pupil cannot self-manage their inhaler, Visit Leaders will ensure that staff keep the inhalers for pupils allocated to them. All doses administered need to be recorded.

Controlled Drugs:
The school will make every effort to accommodate pupils with a medical condition who require controlled drugs to be administered when in the school's care, but off the school premises. For a residential visit, consultation with the venue will need to take place, to ensure safe storage facilities will be in place.

6. Appendix 1 – Model IHCP Flowchart



7. Appendix 2 - Example Letter to Inform Parent/Guardian/Carer of Use of Emergency Inhaler

[Edit items highlighted yellow as appropriate]

Child's name

Class

Date

Dear XXXX,

This letter is to formally notify you that XXXX has had problems with their breathing today. This happened when XXXXXXX

A member of staff helped them to use their asthma inhaler.

They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given XXXX puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given XXXX puffs.

Although they soon felt better, we would strongly advise that you have them seen by your own doctor as soon as possible.

Yours sincerely,

8. Appendix 3 - Model Letter Inviting Parents/Guardians/Carers to Contribute to Individual Healthcare Plan Development

[Edit items highlighted yellow as appropriate]

Dear Parent/Guardian/Carer,

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the Stowe Valley Multi Academy Trust policy for supporting pupils with medical conditions for your information.

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

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. 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, 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. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely,

[INTENTIONALLY BLANK]

Concerns and Complaints

For allergy-specific concerns and complaint procedures, see Part Two of this policy.

Parents, guardians, carers or pupils can raise concerns about the support provided for medical needs by speaking to the Headteacher or the Designated Senior Leader responsible for medical needs.

Where concerns raise safeguarding implications, schools must follow the MAT Safeguarding Policy and escalate accordingly.

If the issue cannot be resolved informally, the school's Complaints Policy must be followed. This allows concerns to be escalated in a clear and structured way. Serious concerns about how medical needs are being supported may be reviewed by the SV MAT Central Team.

Monitoring and Review

SV MAT is committed to keeping pupils safe and ensuring that arrangements for medical needs remain effective.

Monitoring and review will include:

- Annual review of this policy by the SV MAT Central Team
- Additional review when legislation guidance or best practice changes
- Review after any significant incident or near miss related to medical needs allergies or medication
- School level monitoring of medical registers Individual Healthcare Plans medication storage training records and incident logs
- Ensuring that records for allergic reactions AAI administration emergency inhaler use controlled drugs and medication administration are complete and up to date
- Ensuring learning from incidents is shared across schools when needed

Each school must maintain accurate documentation using the agreed SV MAT templates for

- Individual Healthcare Plans
- Medical condition registers
- Allergy registers and AAI device checks
- Medication administration records
- Incident and near miss records
- Training logs

The SV MAT Central Team may request access to school level records at any time to monitor how this policy is being applied across the trust.

Note - The policy will be updated in line with any statutory requirements introduced under the Children's Wellbeing and Schools Act 2026 ("Benedict's Law").

Links to Other Policies

This policy should be read alongside the following SV MAT policies which support the health safety and wellbeing of pupils

- Health and Safety

- First Aid
- Safeguarding and Child Protection (school specific)
- Educational Visits
- Special Educational Needs and Disabilities (school specific)
- Accessibility Plan (school specific)
- Process Diagram HS002 - Digital Management of Student Medical Information.

These documents together ensure a consistent and safe approach to supporting pupils with medical needs.

Legislation and Guidance

This policy is informed by relevant legislation and national guidance including

- Children and Families Act 2014
- Equality Act 2010
- Children's Wellbeing and Schools Act 2026 ("Benedict's Law")
- Department for Education: Allergy Safety in Schools (July 2026)
- Department for Education: Supporting Pupils at School with Medical Conditions
- Human Medicines Regulations
- Human Medicines Amendment Regulations 2017
- Management of Health and Safety at Work Regulations 1999
- Misuse of Drugs Regulations
- Department of Health and Social Care guidance on the use of Adrenaline Auto Injectors in schools
- SEN Code of Practice
- Resuscitation Council UK guidance on emergency treatment of anaphylaxis
- Food Standards Agency guidance on food allergy and intolerance
- British Society for Allergy and Clinical Immunology paediatric Allergy Action Plans
- Allergy UK resources and advice
- Anaphylaxis UK guidance and information
- Spare Pens in Schools guidance materials
- Any future requirements linked to the Children's Wellbeing and Schools Act 2026 ("Benedict's Law") when enacted

Operational Documents and Templates

To support safe and consistent practice, SV MAT schools must use the agreed templates and forms as detailed in Process Diagram HS002 - Digital Management of Student Medical Information. These documents help ensure safe storage medication handling record keeping and emergency response across all SV MAT schools. All allergic reactions, AAI administration and near misses must be recorded to support safeguarding review and SV MAT oversight, in line with Process Diagram HS002 - Digital Management of Student Medical Information