Fairfields Primary School & Nursery

Allergy safety and Administering Medication Policy

Date reviewed:	Spring Term 2026
Date to be reviewed:	Spring Term 2028
Owner	Mr Gaidoni

STATEMENT OF INTENT

The Governing Body of Fairfields Primary School and Nursery will strive to achieve the highest standards of health, safety and welfare consistent with their responsibilities under the Safeguarding and Health and Safety at Work etc. Act 1974, Section 34 of the Children's Wellbeing and Schools Act 2026 and other statutory and common law duties.

This statement sets out how these duties will be conducted and includes a description of the school's organisation and arrangements for dealing with different areas of risk. Details of how these areas of risk will be addressed are given in the arrangements section

This policy statement supplements:

Hertfordshire County Council's (HCC) Safeguarding and Health and Safety Policy

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1. INTRODUCTION

This policy outlines the school's approach to identifying and meeting the needs of pupils with medical needs and managing allergy safety in school.

This document outlines what should be included in an allergy safety policy, in line with the statutory guidance. Section 34 of the Children's Wellbeing and Schools Act 2026 requires that LA maintained schools, academies and PRUs must have an allergy safety policy.

A named member of the senior leadership team in each school, college or early years setting should have responsibility for allergy safety, including driving the implementation of the allergy safety policy and contributing to or leading review of the policy.

Allergy safety policies should be reviewed at least annually. Policies can be reviewed more frequently, particularly where incidents or "near misses" suggest areas for improvement. Any review should take account of any incidents and "near misses" and should seek to learn lessons from them.

This is essential where incidents suggest that policies or procedures may leave individuals with allergy at risk.

2. ORGANISATION (ROLES & RESPONSIBILITIES)

As the employer, the Local Authority has overall responsibility for Safeguarding and Health and Safety in Community Schools.

At a school level, duties and responsibilities have been assigned to staff and governors as detailed below.

2.1 Responsibilities of the Governing Body

The Governing Body are responsible for ensuring Safeguarding and Health and Safety management systems are in place and effective. They fulfil a strategic role in Safeguarding and Health and Safety and are not expected to be involved in day-to-day management of the school.

Governing bodies should ensure that allergy safety policies are readily accessible to parents and staff. Policies should be published on the school, college or setting's website and be made available in hard copy on request.

A Health & Safety Governor including Allergy management, has been appointed to receive relevant information, monitor the implementation of policies and procedures and to feedback on issues and identified actions to the Governing Body.

The Governing Body will receive regular reports from the Headteacher in order to enable them to provide and prioritise resources for Safeguarding and Health and Safety issues.

Where required the Governing Body will seek specialist advice on Safeguarding and Health and Safety which the establishment may not feel competent to deal with.

HCC's Safeguarding and Health and Safety Team, Tel: 01992 556478
healthandsafety@hertfordshire.gov.uk provide competent Safeguarding and Health and Safety advice for Community schools.

2.2 Responsibilities of the Headteacher

Overall responsibility for the day-to-day management of Safeguarding and Health and Safety in accordance with the governing body's Safeguarding and Health and Safety policy and procedures rests with the Headteacher.

The Headteacher has responsibility for:

- Co-operating with the LA and Governing Body to enable Safeguarding and Health and Safety policy and procedures to be implemented and complied with.
- Communicating the policy and other appropriate Safeguarding and Health and Safety information to all relevant people including contractors.

- Ensuring effective arrangements are in place to pro-actively manage Safeguarding and Health and Safety by conducting and reviewing inspections and risk assessments and implementing required actions.

- Reporting to the Governing Body on Safeguarding and Health and Safety performance and any safety concerns / issues which may need to be addressed by the allocation of funds.

Whilst overall responsibility for Safeguarding and Health and Safety cannot be delegated the Headteacher may choose to delegate certain tasks to other members of staff.

The task of overseeing Health and Safety on the site has been delegated by the head to the Site Management Team, line managed by the School Business Manager.

2.3 Allergy Management Responsibilities

We take a whole-school approach to allergy awareness.

2.3.1 Allergy lead

The nominated allergy lead is: Laura Barker (SBM)

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils
- Ensuring:
    - All allergy information is up to date and readily available to relevant members of staff
    - All pupils with allergies have an allergy action plan completed by a medical professional
    - All staff receive an appropriate level of allergy training
    - All staff are aware of the school's policy and procedures regarding allergies
    - Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

2.3.2 School Healthcare assistant

The school nurse/medical officer is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

2.3.3 Teaching and support staff

All teaching and support staff are responsible for:

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

- Ensuring the wellbeing and inclusion of pupils with allergies

2.3.4 Parents/carers

Parents/carers are responsible for:

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

2.4 Responsibilities of other staff holding posts of special responsibility

- Apply the school's Allergy safety and Administering Medication Policy to their own department or area of work.
- Ensure staff under their control are aware of and follow the Allergy safety and Administering Medication Policy
- Ensure Safeguarding and Health and Safety risk assessments are undertaken for the activities for which they are responsible and that identified control measures are implemented, with a view to include allergy management.
- Ensure that appropriate safe working procedures are brought to the attention of all staff under their control in relation to allergy safety and administering medications.
- Take appropriate action on and allergy safety or administering medication incidents or near misses, occurring within their area of responsibility are promptly reported and investigated.
- Ensure the provision of sufficient information, instruction, training and supervision to enable staff to effectively manage allergy safety.

3. CULTURE

3.1 Awareness training

Training is set annually for all staff in allergy awareness and emergency response, via the Natasha foundations high speed Allergy and Anaphylaxis training for Schools. This includes all staff present during times when pupils are scheduled to be on site and is included as part of our staff induction process. This includes:

- Permanent staff
- Temporary staff
- Supply teachers
- Peripatetic staff
- Agency workers
- Regular volunteers.
- Breakfast and After school clubs.

SLT ensure that catering staff undertake the annual training as directed by their employer Relish. It is not intended to include contractors carrying out work with no pupil-facing role such as builders, electricians or other ad hoc maintenance personnel.

3.2 Training outcomes

Allergy awareness training ensures that all staff:

- Have an awareness of allergy, the risks it poses, how allergic reactions can occur and how to manage it;
- Understand that allergy includes multiple conditions (food allergy, asthma, eczema, hay fever, others), which can co-exist;
- Understand the difference between food allergy, coeliac disease and food intolerance;
- Know where to find information on allergy triggers;
- Can identify the range of symptoms of allergic reactions;
- Understand and can recognise anaphylaxis;
- Know how to respond in an emergency, including:
    1. calling emergency services and informing parents;
    2. how to locate and administer emergency medication (adrenaline for anaphylaxis, asthma reliever inhaler for an asthma attack).
    3. training on how to use the medication/device in an emergency (whether prescribed to a given person or a school's "spare" adrenaline devices);
- Understand the impact allergy can have on a child or young person's wellbeing;
- Understand the school, college or setting's allergy safety policy;
- Know how to check whether an individual is on the record of those with known allergy and how to use an Allergy or Asthma Action Plan;
- Understand their responsibilities in reducing the risk of individuals with known allergy coming into contact with their known allergens;
- Understand how to report an allergic reaction or case of anaphylaxis (whether an incident or a "near miss"). Training under this guidance should be understood as allergy awareness and emergency response training. It should not be read as replacing any separate clinical governance, competency or delegation arrangements that may be needed where a child or young person requires individual healthcare support beyond school-level allergy safety arrangements.

4. MANAGING ALLERGENS – PUPIL ALLERGY PROCESS

4.1 Aims

This process aims to:

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

4.2 Legislation and guidance

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

- Section 34 of the Children's Wellbeing and Schools Act 2026
- The Food Information Regulations 2014
- The Food Information (Amendment) (England) Regulations 2019

4.3 Roles and responsibilities

We take a whole-school approach to allergy awareness.

4.3.1 Allergy lead

The nominated allergy lead is: Laura Barker (SBM)

They are responsible for:

- Promoting and maintaining allergy awareness across our school community
- Recording and collating allergy and special dietary information for all relevant pupils
- Ensuring:
  - All allergy information is up to date and readily available to relevant members of staff
  - All pupils with allergies have an allergy action plan completed by a medical professional
  - All staff receive an appropriate level of allergy training
  - All staff are aware of the school's policy and procedures regarding allergies
  - Relevant staff are aware of what activities need an allergy risk assessment
- Keeping stock of the school's adrenaline auto-injectors (AAIs)
- Regularly reviewing and updating the allergy policy

4.3.2 School Healthcare assistant

The school healthcare assistant is responsible for:

- Co-ordinating the paperwork and information from families
- Co-ordinating medication with families
- Checking spare AAIs are in date
- Any other appropriate tasks delegated by the allergy lead

4.3.3 Teaching and support staff

All teaching and support staff are responsible for:

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

4.3.4 Parents/carers

Parents/carers are responsible for:

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

4.3.5 Pupils with allergies

These pupils are responsible for:

- Being aware of their allergens and the risks they pose
- Understanding how and when to use their adrenaline auto-injector
- If age-appropriate, carrying their adrenaline auto-injector on their person and only using it for its intended purpose

4.3.6 Pupils without allergies

These pupils are responsible for:

- Being aware of allergens and the risk they pose to their peers

4.4 Managing risk

4.4.1 Assessing risk

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

- Lessons such as food technology
- Science experiments involving foods
- Crafts using food packaging
- Off-site events and school trips
- Any other activities involving animals or food, such as animal handling experiences or baking

A risk assessment for any pupil at risk of an allergic reaction will also be carried out where a visitor requires a guide dog.

4.4.2 Hygiene procedures

- Pupils are reminded to wash their hands before and after eating
- Sharing of food is not allowed
- Pupils have their own named water bottles

4.4.3 Catering

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

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

4.4.4 Food restrictions

Packed Lunches and Snacks

We acknowledge that it is impractical to enforce an allergen-free school, but aim to be an allergy aware school. We would like to ask pupils and staff to avoid bringing in to school certain high-risk foods to reduce the chances of someone experiencing a reaction. These foods include:

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

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

Celebrations

We acknowledge that historically families may have wished to celebrate with classmates on special occasions through the sharing of food:

- Cakes
- Sweets
- Other treats

Due to the legal requirements to have an accessible list of all ingredients and a food hygiene standard assurance of non-contamination, we are no longer able to facilitate this tradition.
Please do not send in any food items to share with classes as these will be returned.

Bake sales

Bake sales can be an inclusive way to fund raise for the school and we are reluctant to ban these, however the following must be adhered to.

Homemade items:

- Must contain a full list of ingredients
- Must NOT purport to be, or be marketed as allergy free.

Shop bought items

- Must display original packaging with the full list of ingredients available
- Must NOT purport to be, or be marketed as allergy free.

In addition to the above any branded free from items should be sold from a separate table and handled by a separate sales person to prevent cross contamination.

We would also ask at the point of sale the customer is asked if they have considered any allergies.

4.4.5 Insect bites/stings

When outdoors:

- Shoes should always be worn
- Food and drink should be covered

4.4.6 Animals

- All pupils will always wash hands after interacting with animals to avoid putting pupils with allergies at risk through later contact
- Pupils with animal allergies will not interact directly with animals

4.4.7 Wellbeing and mental health

Children and young people with allergies have an increased risk of anxiety due to the risk posed by allergy (and the possibility of anaphylaxis). Pupils with allergies will have additional support through:

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

Any instances of allergy-based teasing, discrimination or bullying of children and young people with an allergy will be addressed in line with our school behaviour policy and avoided by raising awareness of allergies, the risks and potential reactions of an allergic reactions for all pupils.

4.4.8 Events and school trips

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

4.5 Procedures for handling an allergic reaction

4.5.1 Register of pupils with AAIs

The school uses Medical Tracker to maintain up to date pupil allergen records, with a register of pupils who have been prescribed AAIs or where a doctor has provided a written plan recommending AAIs to be used in the event of anaphylaxis.

The register includes:

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

The printout of the register is easily accessible and kept in the classroom medical box, which can be checked quickly by any member of staff as part of initiating an emergency response

We ask that pupils diagnosed with anaphylaxis have a medically signed Action Plan, 2 AAI's onsite (the second AAI is kept in the school office in a named box with a photograph of the associated pupil).

4.5.2 Allergic reaction procedures

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

Staff are trained in the administration of AAIs to minimise delays in pupil's receiving adrenaline in an emergency

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

If an AAI needs to be administered, a member of staff will use the pupil's own AAI, or if it is not available, a school one

If the pupil has no allergy action plan, staff will follow the school's procedures on responding to allergy and, if needed, the school's normal emergency procedures

A school AAI device will be used instead of the pupil's own AAI device if:

- Medical authorisation and written parental consent have been provided, or
- The pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered)

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent/carer arrives, or accompany the pupil to hospital by ambulance

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

4.5.3 Adrenaline auto-injectors (AAIs)

Purchasing of spare AAIs

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

- AAIs will be sourced from our local pharmacy
- We have two AAIs

- The brand of AAIs purchased are: Epipen Jr. (Adrenaline) Autoinjector 0.15mg by Mylan Products Ltd.
- The dosage required is based on Resuscitation Council UK's age-based criteria, see page 11 of the guidance)

4.5.4 Storage (of both spare and prescribed AAIs)

The allergy lead will make sure all AAIs are:

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

4.5.5 Maintenance (of spare AAIs)

The office staff / healthcare assistant are responsible for checking monthly that:

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

4.5.6 Disposal

AAIs can only be used once. Once an AAI has been used, it will be disposed of in line with the manufacturer's instructions (in a sharps bin for collection by the local council or returned to a Pharmacy).

4.5.7 Use of AAIs off school premises

Pupils at risk of anaphylaxis will have designated staff accompanying them at all times who are able to administer the AAIs, or supervise self-administration if the pupil is authorised to do so, on school trips and off-site events

4.5.8 Emergency anaphylaxis kit

The school holds an emergency anaphylaxis kit. This includes:

- Spare AAIs
- Instructions for the use of AAIs
- Instructions on storage
- Manufacturer's information
- A checklist of injectors, identified by batch number and expiry date with monthly checks recorded
- A note of arrangements for replacing injectors
- A list of pupils to whom the AAI can be administered

5. ADMINISTRATION OF MEDICINES

Fairfields Primary School & Nursery uses the medical tracker system to ensure that:

- Pupil Records are accurate and up to date including medical conditions/allergies and needs
- Ensure each medical condition is documented on an IHCP and reviewed annually
- Medication is in date and expiration dates are noted
- Administering of medication in school is documented and notified to parents and carers
- Staff first aid training is completed and in date
- Near misses, bumps, scrapes and injuries are communicated with all required parties
- Risk management is carried out for prevention and mitigation of any avoidable incident, allergy exposure, accident or near miss.

All medication will be administered to pupils in accordance with the DfE document Supporting pupils at school with medical conditions

No member of staff will administer **any** medication (prescribed or non-prescribed) to children under 16 without a parent's written consent (see Appendix B) except in exceptional emergency circumstances.

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.

The School Office staff are responsible for accepting medication and checking all relevant information has been provided by parents / carers prior to administering. Records of administration will be kept by the School Office staff (please see Appendix C).

All non-emergency medication kept in school is securely stored (lockable cupboard in school office, refrigerated meds kept in clearly labelled container within fridge) with access strictly controlled. All pupils know how to access their medication. Under no circumstances will medication be stored in first aid boxes.

Emergency medication and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away. These are kept in their classroom first aid boxes and clearly labelled. Spare emergency medication and devices are stored securely in the school office. Please see section 3.7.4 for further information.

Medicines will be returned to parents to arrange for safe disposal when no longer required or at the end of each academic year. Expiration dates are monitored and checked intermittently

5.1 Training

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

The training will be identified during the development or review of IHCP's. 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/SENCo. Training will be kept up to date.

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 IHCP's
- 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 receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

5.2 Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils under the day-to-day management of the SBM. Parents will be informed if their pupil has been unwell at school.

IHCP's are kept in a readily accessible place which all staff are aware of and reviewed annually.

5.3 Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Public Liability	Medical Insurance
Insurer name: Zurich Municipal Policy number: QLA-19AA02-0043 Limit of indemnity: £50,000,000	Insurer name: CNA Policy number: 10515118 Limit of indemnity: 10,000,000.00

This covers the school for any medical treatments/administering medication (subject to training) that you may need to provide to pupils.

5.4 Emergency Medication

Emergency medication and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to children and not locked away.

Asthma inhalers are clearly labelled and are kept in the child's classroom and accompanied by the child's healthcare plan. Adrenaline pens are kept in the school office and clearly labelled.

The school have chosen to hold an emergency salbutamol inhaler for use by pupils who have been prescribed an inhaler and for whom parental consent for its use has been obtained. This emergency inhaler would be used if the prescribed inhaler is not available e.g. broken / empty.

The school have chosen to hold 2 emergency Adrenaline auto injectors (AAI) e.g. Epipen for emergency use on pupils who have been prescribed one and for whom parental consent for its use has been obtained. This emergency AAI would be used where their own device is unavailable or not working.

In the event of a possible severe allergic reaction in a pupil without a prescribed device or parental consent, emergency services (999) would be contacted and advice sought as to whether administration of the emergency AAI is appropriate.

5.5 Individual Health Care Plans (IHCP)

Parents / carers are responsible for providing the school with up-to-date information regarding their child's health care needs and providing appropriate medication.

IHCPs are in place for those pupils with significant medical needs e.g. chronic or ongoing medical conditions such as asthma, diabetes, epilepsy, anaphylaxis etc.

The IHCP is developed with the pupil (where appropriate), parent / carer, designated named member of school staff, specialist nurse (where appropriate) and relevant healthcare services. These plans will be completed at the beginning of the school year / when child enrols / on diagnosis being communicated to the school and will be reviewed annually by the Healthcare assistant under line management of the SBM.

All staff are made aware of any relevant health care needs and copies of health care plans are available in the School Office on the child's file.

Staff will receive appropriate training related to health conditions of pupils and the administration of medicines by a health professional as appropriate.

On occasion an IHCP may require intimate care, please refer to the school's intimate care policy.

5.6 Accountability vs responsibility

When it comes to medication handling and administration it's important that we're clear on what a staff member is accountable for and what they are responsible for.

Accountability means accepting responsibility or liability for the outcome of your actions. Staff must be able to explain and give reasons for their actions and decisions.

Responsibility is having a duty to do a defined set of tasks or functions and carrying out those tasks to the best of your ability. Being responsible for handling and administering medication means that a staff member must have some knowledge, so must be trained and supervised until competent.

In reference to medication administration this means that:

- A staff member may be responsible for administering medication.
- They are responsible for doing this to the best of their ability.
- They are responsible for carrying out this duty in line with the school policy.
- They are accountable for the outcome of any actions they take which were not in line with the school policy or the training they've received.

The importance of accountability

Accountability is particularly important when it comes to medication handling and administration as it means staff are responsible for:

- Only carrying out tasks they have been trained to.
- Keeping their knowledge up to date.
- Never carrying out tasks they are not trained in.
- Being aware of the limitation of any training they have had.
- Following school policies and procedures.
- Reporting any concerns.

When a staff member has been made responsible for administering medication, they are accountable for the outcome of this. This means that they should not delegate the task to other staff members who may not be trained or competent

APPENDIX A – EXAMPLE ALLERGY ACTION PLAN

BSACI 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

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How to give EpiPen®



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



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



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: .....

APPENDIX B – Administer Medication Parental Consent

Fairfields Primary School & Nursery
Administering Medicines – Parental Consent

To be used when medicine requires administering in school

Parental agreement for setting to administer medicine

The school will not give your child medicine unless you complete and sign this form

Date for review	
Review to be initiated by	
Name of child	
Date of birth	
Class	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – Y/N	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

I understand that I must deliver the medicine personally to the School Office and that the above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)_____ _____ Date _____

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APPENDIX C – Administer Medication Parental Consent

Fairfields Primary School & Nursery
Administering Medicines – Pupil Record

To be used when administering medicine in school, parental medicine consent form also required

Record of medicine administered to an individual child

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

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

APPENDIX D – INDIVIDUAL HEALTHCARE PLAN

Fairfields Primary School & Nursery
Administering Medicines – Individual Healthcare Plan

To be used when Pupils have a diagnosed ongoing medical condition

Individual healthcare plan – to be completed each academic year

Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

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Fairfields Primary School & Nursery
Administering Medicines – Individual Healthcare Plan

To be used when Pupils have a diagnosed ongoing medical condition

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when