Medical Policy

Supporting pupils with medical conditions and managing medicines

Review of Policy	Autumn 2025
Members of staff responsible	School Nurse Deputy Head Teacher
Policy History	Ratified
People involved	School Nurse Deputy Head Teacher Head Teacher FGB
Signed by Chair of LGB	Kevin Floyd
Date	13/11/25
Date for Review	Autumn 2026

This policy has been structured based upon the most recent government advice "Supporting pupils at school with medical conditions" *(DfE-December 2015)*, the "Guidance and Code of Practice - First Aid at Work" provided by Dorset County Council, guidance

from local Health Services, professional teaching associations and Dorset County Council Health and Safety Team.

Wyvern Academy adheres to the duty as stated in the Children and Families Act 2014, pupils with medical conditions will have the same right of admission to our school as other pupils and will not be refused admission or excluded from school on medical grounds. Appropriate levels of assessments will be undertaken to establish and determine what support pupils with medical conditions require. This will be done in partnership with parents and health professionals.

The prime responsibility for a pupil's health rests with parents. It is anticipated that parents/carers will ensure that appropriate information is provided for the school that enables proficient management and a good understanding of their pupil's medical condition; this includes working in partnership in the management of any medicines administered at school.

Wyvern Academy takes advice and guidance from a range of sources, including the School Nurse, Paediatric Consultants, and other Health professionals in addition to the information provided by parents in the first instance. This enables us to manage support effectively and to minimise any disruption to learning.

Key Personnel

The designated person with overall responsibility to implement this policy is:

Katherine Seymour

This person will also ensure that staff are appropriately aware of the medical condition of pupils with whom they work and that any confidential information pertinent to the medical condition is entrusted to individual staff.

The persons responsible for developing Individual Healthcare Plans is:

Jane Karim and Amy Burt

The Governor with specific responsibility to oversee the arrangements to support pupils at schools with medical conditions is:

Helen Hunt

AIMS

The school is committed to assisting pupils with long-term or complex medical conditions, whether physical and/or mental, working in partnership with their parents/carers and healthcare professionals. Such conditions may include asthma, diabetes or epilepsy, to anxiety and depression. Other support needed will include personal care, ~~toileting~~ as well as daily procedures requiring extensive training such as children with gastrostomies and tracheostomies.

Our aims are:

1. To ensure that pupils of Wyvern Academy with short or long term medical conditions, are properly supported so that they have full access to education, including off-site activities, residential visits and physical education, thereby enjoying the same opportunities as their peers, play a full and active role in school life, remain healthy and achieve their potential
2. To make arrangements for staff to ensure that they receive adequate and appropriate training for them to support pupils with medical needs.
3. To ensure that parents/carers and pupils have confidence in the medical support arranged at school.
4. To work in partnership with Health and Care Service colleagues to ensure that medical needs are properly understood and effectively supported.
5. To be fully compliant with the Equality Act 2010 and its duties.
6. To manage medicines within school in accordance with government and local advice.
7. To keep, maintain and monitor records as detailed in this policy.
8. To write and to monitor Individual Healthcare Plans, in partnership with health professionals and parents/carers/guardians.
9. To ensure that the pupils in our school are safe and are able to attend school regularly with their medical condition.
10. To support pupils with complex medical conditions and or long term medical needs in partnership with Health professionals and parents to enable their access to education.
11. To adhere to the statutory guidance contained in "Supporting pupils at school with medical conditions" *(DfE December 2015)*, and "Multi-Agency Guidance for the Management of Long Term Health Conditions for Children and Young People" *(DSCB 2011)*[1] as set out and agreed with the school's Board of Trustees.

THE GOVERNING BOARD WILL:

- ensure that arrangements are in place to support pupils and young people with medical conditions and that support is tailored to individual medical needs;
- make arrangements for this policy to be published on the school website;
- review this policy annually;
- ensure that staff are identified to implement the policy from day to day;

- monitor the arrangements associated with Individual Healthcare Plans so that they are managed appropriately, reviewed and maintained in partnership with Health professionals;
- ensure that staff receive appropriate training enabling them to provide bespoke and purposeful support to pupils with medical needs and that the training is refreshed regularly;
- ensure that specific arrangements are made for the self-management of medicine where applicable and how this will be both monitored and managed by staff;
- oversee the school's management of medicines to ensure that Health & Safety standards are met and that parents have confidence in the school's ability to support their pupil's medical needs;
- ensure that insurance arrangements cover staff in carrying responsibility for medical procedures;
- have 'due regard' to the rights of pupils who are disabled as set out in the Equality Act 2010;
- ensure that appropriate arrangements are made to include pupils with medical conditions on off-site activities;
- ensure that parents/carers are aware of the school's complaints policy via the school website.

INDIVIDUAL HEALTHCARE PLANS (IHP)

All children who require regular support or monitoring due to their medical condition, or those who require intervention in an emergency situation because of an existing medical condition will be provided with an IHP. Responsibility for developing IHPs in conjunction with relevant parties will rest with the school nurse and will be developed for pupils with medical conditions in accordance with the advice contained in "Supporting Children in School with Medical Conditions (DfE *December 2015*). These will set out the support that is needed so that the impact on school attendance, health, social well-being and learning is minimised. Not all conditions will require an IHP. In some cases, the agreement request to administer medicines will be sufficient to cover short term conditions and treatment. The plan will include the name of the member of staff who is appropriately trained and providing the agreed support.

Wyvern Academy will use the recommended Templates (DfE) to capture relevant information that will enable an appropriate plan to be structured. The Templates cover a range of issues for which governors have responsibility. Health professionals will be involved in the development of IHPs in addition to parents and where appropriate, pupils. (*Appendix A*).

The IHPs will be tailored to meet the needs of short term, long term and/or complex medical conditions. The plans will be kept under review by the designated person and revised as required, or at least annually, to ensure that they reflect current medical needs (e.g., changes in medication). IHPs will include details on emergency arrangements and these will be shared with all relevant staff, First Aiders and school office staff as applicable.

IHPS will be linked to Education, Health and Care Plans or incorporated into the EHCP as appropriate.

ROLES AND RESPONSIBILITIES

Parents

Parents are asked to provide the school with sufficient and up-to-date information about their child's medical needs using the school contact form so that arrangements to manage their short or long term medical conditions can be implemented in partnership. Where the administration of medicine is required parents must provide written consent (*Appendix B*).

Parents are asked to deliver medicine to school in a first aid bag, via the passenger assistant on their child's transport, if it is not possible for this to be administered outside the school day. Medicine should be provided in the original container(s) ensuring that the medicine is in date and that it has been stored correctly.

All medicines must be marked with the following information clearly indicated:

- the pupil's name on the medicine;
- when the medicine should be given;
- the prescribed dose and pharmacist's instruction, e.g. after meals.

Parents are expected to notify the school immediately (in writing) of any changes or alteration to a prescription or recommended treatment so that adjustment can be made to Individual Healthcare Plans or previous agreement. It is important that the school is aware and informed by parents about other issues or symptoms their pupil may have experienced over night or before school; this is particularly important for asthma conditions.

It must be remembered that the prime responsibility for a pupil's health rests with parents/carers. It is required that children do not come into school for at least 24 hours following a procedure that requires sedation or a general anaesthetic, longer if advised by a health professional.

Head Teacher will ensure the following:

- that the Board of Governors are informed about the implementation and effectiveness of this policy;
- that arrangements are made with staff supporting pupils with medical conditions, and for any medicines required in delivering that support to be stored safely and in line with guidance provided by the local authority;
- suitable arrangements are agreed in partnership and liaison with parents/carers to support the medical needs of pupils;
- that appropriate training has been provided for staff that enables them to carry out agreed procedures. Staff can have additional support as necessary, for example through the school nurse;
- that staff will not be directed to administer medicines - they can choose to volunteer to do so if they so wish (all staff will be advised to refer to advice from their professional associations before volunteering to administer medicines);
- liaison with Governors in the review of this policy at appropriate intervals, in line with local and national advice;
- that all staff and parents/carers are aware of this policy and the procedures for dealing with medical needs at Wyvern Academy;
- make arrangements through the designated teacher/nurse/member of SLT to manage the following:
    - prescription medicines in school;
    - prescription medicines on trips and outings, including school transport;
    - accurate record keeping when administering medicines;
    - the safe storage of medicines;
    - procedures for access to medicines during emergency situations;
    - adhering to risk management procedures involving medicines;

- that risk assessments and arrangements for off-site visits are checked and that trustees are informed of the details.

The Designated Person will ensure that:

- staff work in partnership with parents/carers to ensure the well-being of pupil and young people;
- interruption to school attendance for medical reasons will be kept to a minimum;
- staff who have agreed to administer medicines will receive the appropriate training;
- adherence to Individual Healthcare Plans;
- all cultural and religious views, made known to the school in writing, will be respected;
- a register is kept of controlled drugs. The register must show the following information:
    - the name of person(s) to administer the medicine
    - the name of the pupil for whom the medicine was prescribed
    - the name and quantity of the drug/medicine provided
    - the amount and time administered and the amount left each time (for tablets)
    - a signature from the person administering each dose of the medicine given, and the person checking
    - All entries in the register must be written in ink (not pencil) and register is kept for at least two years from the last administering of medicine.

STAFF TRAINING AND SUPPORT

The school provides annual training for medicine management and ensure that staff supervising the administering of medicines will understand that accurate records are to be kept and are completed at the time of being administered.
Staff who maintain these records should be clear about what action to take, such as referring to the designated person or Designated Senior Lead for Child Protection if they become concerned about the welfare of an individual pupil. If an Individual Healthcare Plan is applied to a particular pupil, additional training must be given by a nominated Health professional, e.g., use of a nebuliser, using ~~Epipens~~EpiPens. Training received or cascaded from parents will not be accepted unless otherwise instructed by a health professional. Record of Training must be updated on ~~the database~~National College by the Data Manager~~Zena~~ and in training folders in medical room.
Staff will be supported by having the opportunity to have a de-brief session with the nurse at school following emergency situations. Staff counselling is also available.

(Also see "Multi-Agency Guidance for the Management of ~~Long Term~~Long-Term Health Conditions for Pupils and Young People" (*DSCB 2011)*; section 3.3 and 3.4 including Chart E.)

REASONABLE ADJUSTMENTS

The school understands its duties under the Equality Act 2010 to make reasonable adjustments and enable pupils to have equitable access to education. Pupils with complex or significant medical needs will be included in activities for as much as their health permits. A risk assessment will be carried out in accordance with school policy and this will help determine how far an activity can be modified to overcome barriers; where it cannot, an appropriate alternative will be offered.

MANAGING MEDICINES ON SCHOOL PREMISES AND ON OFF-SITE ACTIVITIES

We will ensure that:

- Records are maintained detailing an accurate history of the administering of medicines(Appendix B);
- Appendix D will be used to log administering of medicines;
- suitable back-up systems are in place to cover administering of medicines in the event of staff absence;
- If there are any doubts or confusion about arrangements for administering medicines, staff must consult with the parents and the nurse/member of SLT;
- No pupil will be given medicines or be permitted to self-medicate without their parents' written request.
- Controlled drugs must be kept locked at all times. These drugs are kept in the safe in the medical room and only the designated person, school nurse and members of SMT may gain access to the cabinet. The medicines should be given directly to the designated person, school nurse or member of SMT who will be able to record their receipt by adding the appropriate record to the register and lock the medicine away. On school trips Controlled Drugs need to be signed out of the CD book and kept secure in a locked green meds bag.
- Non-prescription medication, such as, pain relief or antihistamines, can be sent in for pupils, but can only be given with a completed consent form from parents. SLT need to consent prior to paracetamol being given. If the child is unwell with a temperature, then they need to be sent home.
- A sharps box is kept in the medical room. The nurses are responsible to ensure the safe disposal of this at DCH.

STORAGE OF MEDICINES

The school will adhere to the advice contained in "Guidance and Code of Practice - First Aid at Work" and local guidance provided by Dorset County Council's Health & Safety Team and the local authority's Physical and Medical Needs Service.

Transfer of medicines between home and school or school and care settings

- Any medicines that regularly travel between home and school should be stored in a clearly labelled green medicine box or bag.
- Medicines should be handed from adult to adult.
- Medicines should always be sent in their original packaging. It is not permitted for medicines to come into school in a plastic bag or envelope.
- Prescribed medicines need to be provided in their original container with the pupil's name, the appropriate dosage and the frequency of dosage on the label.
- When medicines are passed from one care giver to another, e.g. from home to respite, via school we require that school staff are informed of any medicines being transferred and that the medicines are handed to school staff in an appropriate container. It is not sufficient for medicines to be transferred in suitcases/-bags without the knowledge of our staff. Where staff are not informed on medicines passing through school there are not sufficient controls in place to ensure adequate safe storage of the medicines.
- Where medicines are transferred between school staff to external respite providers, school staff will ensure that the appropriate paperwork is completed and signed by staff from both settings.. The Wyvern protocol has been attached to this policy as Appendix E.

REFUSAL OR TOO UNWELL TO TAKE MEDICINES

If a pupil refuses to take medicine as prescribed and as requested by parents the records must state 'REFUSED' clearly and the parents/carer informed immediately (Appendix D). Pupils will not be forced to receive medicine if they do not wish to do so.

If a pupil is ill/injured and therefore unable to receive the agreed prescribed medication, the person designated to supervise the taking of medicine will consult with parents/carers immediately and advise the Head Teacher of their actions. If the pupil vomits or has diarrhoea soon after receiving medication, parents must be contacted so that they can seek further medical advice.

SELF MANAGEMENT OF MEDICINES

In very rare cases, it might be appropriate that pupils self-administer medicines, e.g., inhalers, ~~epipens~~EpiPens. The school will encourage those with long term medical conditions and the cognitive understanding to take responsibility for administering their own medication but continue to ask staff to supervise so that the appropriate records can be completed for safeguarding purposes.

Some pupils may carry 'over the counter medicines' (non-prescribed medicines) for their own use or self-administer prescribed medicines that are appropriate to carry. When this occurs parents should request permission from the Head teacher in writing using Appendix B and provide relevant details about the type and dosage of the medicine. We understand the need for personal dignity in addressing this matter to avoid individual embarrassment. We recommend that only one dose should be brought to school at any one time in order to reduce potential risk of medicines being abused.

DISGUISING OF MEDICATIONS

In some circumstances, the only way to ensure that a pupil takes their medication is to disguise it in food. Whilst we recognise this is not an ideal procedure, the school appreciates that there is often no other way. If the pupil's medication needs to be disguised in food, then this must be clearly documented on the consent form. The member of staff working with this pupil, must stay with them and their medication the entire time of administration to prevent another pupil accidentally eating/drinking it. If it is not taken or only partly taken, then the nurse/SLT/parents must be informed immediately, and it documented appropriately on the MAR chart. The medication must be disposed with appropriately so no other pupils could administer it.

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OFF-SITE ACTIVITIES/SCHOOL TRIPS

All arrangements for medicines, including the storage of medicines, Individual Healthcare Plans, and Risk Management programmes will apply for all off-site activities or school trips. A member of staff will be designated to ensure there are suitable off-site arrangements for storage, and recording of the medicines when assessing any risks associated for the trip, particularly for those pupils and young people with long term or complex health conditions. All plans and risk assessments will be discussed with parents/carers in preparation for the activity in advance of the departure day and agreed with the Head Teacher (and Trustees).

All off-site activities will be evaluated in terms of proximity and accessibility to emergency services and any implications for those with short or long term medical conditions before receiving approval to go ahead from the Head Teacher/Trustees.

EMERGENCY PROCEDURES

Care is taken to ensure that all pupils are safe. The school has a nurse Monday-Thursday, 4 'First Aid at Work' qualified first aiders, 11 'Paediatric First Aid' qualified first aiders, 8 'Emergency First Aiders' and 12 'Aquatic Therapy Pool Award (ATPRA)' trained staff which includes 'Emergency First Aid' training (See appendix C).

Pupils with life threatening medical conditions or that require close monitoring/supervision may have Individual Healthcare Plans developed by the nurses and other Health professionals that provide contact details for emergency situations, e.g., anaphylaxis, diabetes, or epilepsy.

All cases deemed 'complex' or 'serious' medical conditions have emergency contact details held the front office and medical room.

Walkie talkies are used for those pupils that may need immediate medical intervention from the school nurses and are set to radio wave 1 or 10 (depending on the age of the walkie-talkie) ~~should be collected by the nurses when they arrive in school from Burgundy Class~~. The nurses should always have access to a walkie-talkie whilst the pupils are in school.

Asthma can be life threatening; Wyvern Academy will follow the "Guidance on the use of emergency salbutamol inhalers in schools" issued by the Department of Health *(September 2014).* Wyvern has an emergency Salbutamol inhaler register and 2 Salbutamol inhalers. These are kept in the medical room, above the safe, and can only be used by pupils, for whom written parental consent for use of the emergency inhaler has been given.

Anaphylaxis can be life threatening. The school holds 2 Emergency JEXT adrenaline pens, one Paediatric pen (150mg) to be used for persons 15-30kg and one Adult Pen (300mg) to be used for person 30kg and above. These are stored in the front office medical cabinet. ~~The school currently has no pupils or staff at risk of Anaphylaxis however all first aiders are trained to administer the adrenaline pens if needed.~~ Any pupils/ staff who are at risk of ~~A~~anaphylaxis have a risk assessment in place which is shared with First Aiders and SMT. See Appendix G for the allergy Action Plan.

Pupils who are 'at risk' due to their medical condition hold a *Grab Pack* (collated information to pass to a doctor or ambulance crew in an emergency) that will accompany them at all times. The purpose of the pack is to provide emergency services with up to date information such as: diagnosis of principle conditions, key personnel and medical contacts, medication taken, up to date records of medicines that have been administered together with other relevant medical information and an agreement with parents/carers about what to do in an emergency.

Where a pupil needs to be taken to hospital, staff should stay with the pupil until the parent/carer arrives, or accompany a pupil taken to hospital by ambulance. Another member of staff will drive to the hospital to provide support and transport back to school once care handed over to hospital staff and parents. Staff should hand over any empty emergency medication packaging to the paramedics and inform them of the time they were given. Staff must sign emergency medication on a MAR chart.

BEST PRACTICE

Wyvern Academy will endeavour to eliminate unacceptable situations by promoting best practice in supporting pupils with medical conditions. In doing so we will:

- Ensure that pupils have access to the medicine they need as arranged with parents;

- Manage each medical condition through an Individual Healthcare Plan where necessary;
- Listen to the views of pupils and their parents and take advice from medical professionals in planning the support needed;
- Ensure that pupils with medical conditions are supervised appropriately and not left alone when ill;
- Support access to the full curriculum or as much as medical consultants recommend;
- work in partnership with health services to ensure swift recovery or access to treatment;
- Facilitate opportunities to manage medical conditions with dignity;
- manage medical needs such that parents are not required to support their pupil in school;
- Include all pupils in school on and off-site activities, meeting their medical needs in the best way possible.

LIABILITY AND INDEMNITY

Wyvern Academy has put in place insurance through RPA, to cover staff in the arrangements made to support pupils with medical conditions for whom particular training has been given. Wyvern's current insurance policy also provides Medical Malpractice Liability.

COMPLAINTS

Wyvern Academy holds a Complaints Policy details of which can be found in their policies and procedures document held on the website and in the school office. Should any complaint be received in respect of the support provided for individual medical conditions, it will be dealt with in accordance with the Complaints Policy.

EQUALITY STATEMENT

Wyvern Academy is mindful of its Equality Duties; respecting religious belief and ensuring that support is provided for those with disability needs that might be affected by this policy. Where there are language or communication issues, and to avoid any misunderstanding, the parents / carers and Head Teacher will agree an appropriate course of action. The Head Teacher will engage interpreters or signers when required to ensure that full understanding of a pupil's medical needs are determined accurately.

~~With~~ In regard to off-site visits and residential opportunities, Wyvern Academy will ensure that reasonable adjustments enabling pupils to be included are appropriate and made in consultation with parents/carers.

UNACCEPTABLE PRACTICE

Although school staff should use their discretion and judge each case on its merits with reference to the child's Individual Healthcare Plan, it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);

- Send children 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 Individual Healthcare Plans;
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- Penalise children for their attendance record if their absences are related to their medical condition e.g. hospital appointments;
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- Prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Appendix A - Individual Healthcare Plan

Name of school/setting	
Pupil's name	
Group/class/form	
Date of birth	
Pupil's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to pupil	
Phone no. (work)	
(home)	
(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 pupil's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

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

Form copied to

Appendix B(1): parental agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of school/setting	WYVERN ACADEMY
Name of child	
Date of birth	
Group/class/form	
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	[agreed member of staff]

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 _____

Appendix B(2): parental agreement for setting to administer paracetamol from school supply

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of school/setting	WYVERN ACADEMY
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	EVERY 4 – 6 HOURS AS REQUIRED
Parents / Carers contacted	
Signs and symptoms at school	
Date / Time of last dose	Date: Time:

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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 of the medication.

Signature(s) _____ Date

_____

Appendix C: First Aiders and ATSPRA's/ ATPRA's

Appendix D: Medicines Administered Record

Pupil's Name:
Date of Birth:

Date Medicine was received in school:
Expiry Date:
Date Sent home:

Name of Medicine:									
Date	Time	Dose	Administered by (signature)	Checked by (signature)	Date	Time	Dose	Administered by (signature)	Checked by (signature)

Appendix E: Record of Transfer of medicines

Pupil's name:

Record of transfer of medicines and/or special equipment from Wyvern staff to Respite/Care setting – to be completed at every hand over of pupils between Wyvern and Respite/Care setting. Where pupils do not have any medicine or special equipment staff are to write none in the main section and still ensure that the required signatures are given. This record should be retained in the pupil folder.

Date	Handover or receipt	List all medicines and/or special equipment being signed for.	Respite/Care Setting: name and sign.	Wyvern: name and sign

Date	Handover or receipt	List all medicines and/or special equipment being signed for.	Respite/Care Setting: name and sign.	Wyvern: name and sign

Appendix F: Emergency Medication Record

Name:			
Emergency medication details and expiry dates:			
Date	Day	Received and checked (am)	Received and checked (pm)
04/09/2023	Mon		
05/09/2023	Tue		
06/09/2023	Wed		
07/09/2023	Thu		
08/09/2023	Fri		
11/09/2023	Mon		
12/09/2023	Tue		
13/09/2023	Wed		
14/09/2023	Thu		
15/09/2023	Fri		
18/09/2023	Mon		
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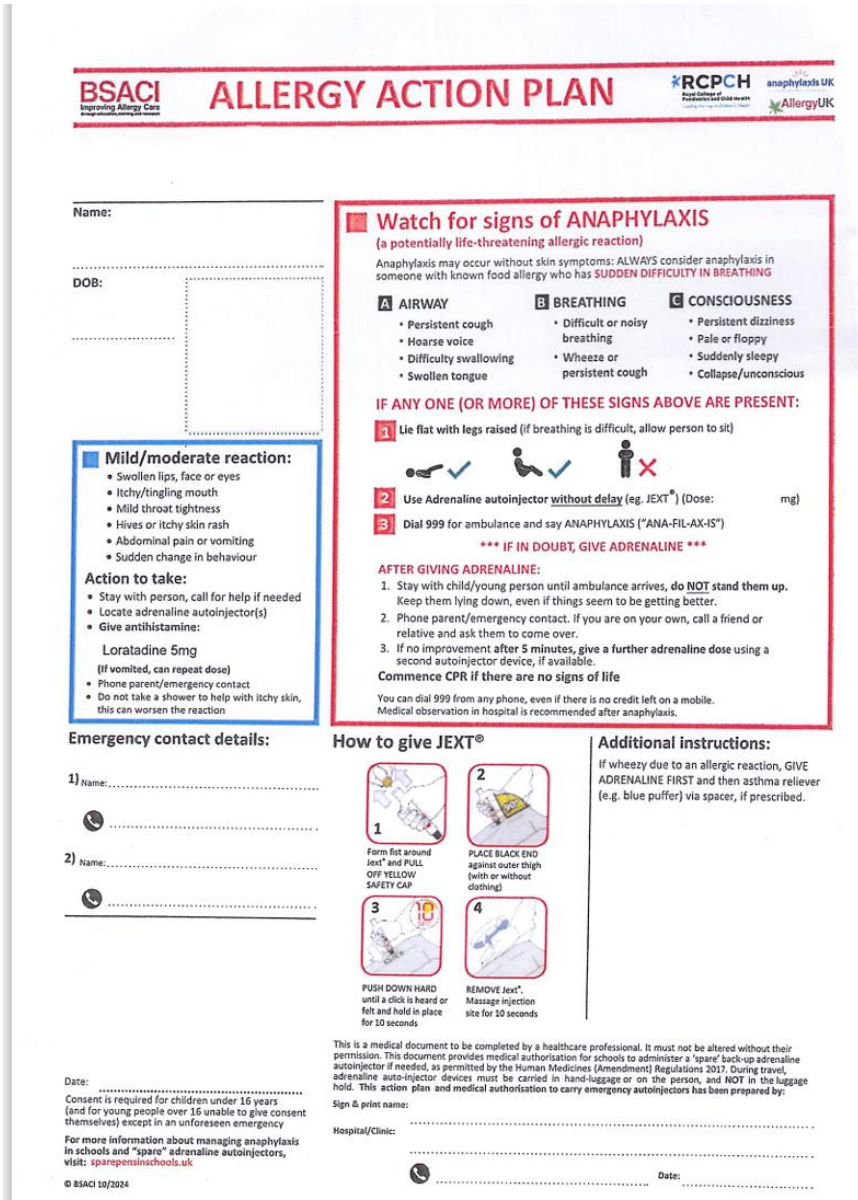
28/09/2023	Thu		
29/09/2023	Fri		
02/10/2023	Mon		
03/10/2023	Tue		
04/10/2023	Wed		
05/10/2023	Thu		
06/10/2023	Fri		
09/10/2023	Mon		
10/10/2023	Tue		
11/10/2023	Wed		
12/10/2023	Thu		
13/10/2023	Fri		
16/10/2023	Mon		
17/10/2023	Tue		
18/10/2023	Wed		
19/10/2023	Thu		
20/10/2023	Fri		
23/10/2023	Mon		
24/10/2023	Tue		
25/10/2023	Wed		
26/10/2023	Thu		
27/10/2023	Fri		
30/10/2023	Mon		

Appendix G: Allergy Action Plan



BSACI Improving Allergy Care

ALLERGY ACTION PLAN

RCPCH Royal College of Paediatrics and Child Health · anaphylaxis UK · AllergyUK

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. JEXT®) (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: .....

.....

How to give JEXT®

Additional instructions:

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

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

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: .....

This policy is to be read in conjunction with all others that come under the Wyvern safeguarding family of policies which include: Child Protection, Behaviour (including anti-bullying), Attendance and Children Missing in Education, Staff Code of Conduct, SRE, Intimate Care, Medical, Whistle-Blowing, Health and Safety, E-Safety, Safer Recruitment, Allegations Procedures.

As such reference is made to the key guidance documents: Keeping Children Safe in Education 2025 and Guidance for Safer Working Practice 2015.