



First Aid, Supporting Pupils with Medical Conditions and Allergy Safety Policy

This policy incorporates the requirements of the Department for Education's Allergy Safety in Schools Statutory Guidance (July 2026) and Supporting Pupils with Medical Conditions at School Guidance

Updated:	September 2026
Produced by:	Mandy Henderson School Business Manager
Review Date	October 2027

Ryhope Infant School Academy is committed to safeguarding and promoting the wellbeing of all our children.

Rationale

Children and adults at Ryhope Infant School Academy need good quality first aid provision. Clear and agreed systems should ensure that all children are given the same care and understanding in our school. This care should extend to emergency first aid provision and the administration of medicines.

Some of our pupils are likely to have medical needs which mean that additional measures are required to ensure that they are enabled to have full access to the curriculum, that the impact of their medical condition upon their life in school is minimised as far as possible, and that all staff who work with the pupil understand the nature of their condition and how best to help them.

The prime responsibility for a pupil's health lies with the parent or carer who is responsible for the pupil's medication and should supply the school with any relevant information.

This policy will be reviewed annually and following any significant allergy-related incident or near miss.

Communication of this Policy

This policy will be published on the school website and made available to parents, carers and staff on request. Allergy awareness information will be shared with staff as part of annual training and induction procedures.

Purpose:

- Assist parents in providing medical care for their children
- Educate staff and pupils in respect of special medical needs
- Adopt and implement any national or LA policies in relation to medication in schools
- Arrange training for staff who volunteer to support individual pupils with special medical needs
- Liaise as necessary with medical services in support of the pupil
- Maintain an up-to-date Allergy Register for pupils with diagnosed allergies.
- Promote an allergy-aware environment that reduces the risk of allergen exposure.
- Ensure all staff receive appropriate allergy awareness and anaphylaxis training
- Ensure emergency medication for pupils with severe allergies is readily available and appropriately managed.
- Ensure that pupils with special educational needs are enabled to access the full life of the school where possible
- Maintain appropriate records
- Give clear structures and guidelines to all staff regarding all areas of first aid and medicines
- Clearly define the responsibilities of the staff
- Enable staff to see where their responsibilities end
- Ensure the safe use and storage of medicines in the school
- Ensure the safe administration of medicines in the school
- Ensure good first aid cover is available in the school and on educational visits.

What is the interpretation of a First Aider & what are their main duties?

A First Aider is a member of staff who has successfully completed an approved first aid training course and holds a valid qualification appropriate to their role. First Aiders provide immediate assistance to pupils, staff and visitors who become ill or injured whilst on the school site or during educational visits.

The main duties of a First Aider are to:

- Provide immediate and appropriate first aid treatment in accordance with their training.
- Assess the situation quickly and safely and take appropriate action.
- Preserve life and minimise the effects of illness or injury until professional medical assistance arrives.
- Arrange for further medical treatment where necessary.
- Contact emergency services when required.
- Ensure parents or carers are informed of significant injuries, illnesses or accidents involving pupils.
- Complete accident, incident and medication records accurately and promptly.
- Maintain confidentiality when dealing with medical information.
- Support pupils with medical conditions in accordance with their Individual Healthcare Plans and school procedures.
- Assist in promoting a safe and healthy environment throughout the school.
- Ensure first aid equipment is used appropriately and report shortages or defects.

Ryhope Infant School Academy maintains an appropriate number of qualified Paediatric First Aiders and First Aiders at Work to meet the needs of pupils, staff and visitors. There is always at least one suitably qualified First Aider on site during the school day and on educational visits.

First Aiders do not diagnose medical conditions or provide treatment beyond the scope of their training

Their role is to provide immediate care, seek further assistance where necessary and ensure the safety and wellbeing of the casualty until responsibility is transferred to a parent, carer or healthcare professional.

Allergy and Anaphylaxis Training

In addition to paediatric first aid training, all staff complete annual allergy awareness and anaphylaxis training.

New staff will also complete allergy awareness training as part of their induction programme.

Additional refresher training will be provided where:

- A pupil with complex allergy needs joins the school.
- An allergy incident or near miss occurs.
- Statutory guidance changes.
- School leaders identify a need for further training.

Allergy awareness training will cover:

- Food allergy, asthma, eczema and allergic rhinitis.
- The difference between allergy, food intolerance and coeliac disease.
- Recognition of mild allergic reactions and anaphylaxis.
- Emergency use of prescribed and spare adrenaline auto-injectors.
- Recognition of asthma symptoms and asthma emergencies.
- Allergy related wellbeing and bullying awareness.
- Reporting allergy incidents and near misses.

Supply staff, volunteers, breakfast club staff and relevant visitors will receive appropriate allergy information.

Records of training will be maintained by the School Business Manager

First Aiders must complete a training course approved by the Health & Safety Executive (HSE). They must hold a valid certificate of competence verifying their authority to administer first aid. All support staff have the paediatric first aid qualification and four lunchtime supervisors, this is renewed every three years. There is always at least one trained first aider in school and there is always a first aider attending educational visits.

Risk Assessments

Reviews of risk assessments held in respect of first aid are reviewed at least annually.

Re-assessment of First Aid Provision

As part of the School's annual monitoring and evaluation cycle:

- The Headteacher reviews the first aid needs of the school following any changes to staff or if circumstances would dictate a change in procedure; for instance amendments to the building/site which could have health and safety implications, off site activities etc.
- The School Business Manager monitors the number of trained first aid personnel, and alerts them to the need for refresher training, booking the courses where appropriate.
- Support staff are responsible for stock control of first aid supplies and liaise with the School Business Manager for the replenishment of equipment as and when necessary.

Allergy Lead

The Head Teacher will act as the school's Allergy Lead. The Allergy Lead is responsible for overseeing implementation of the school's allergy safety arrangements, reviewing allergy incidents and near misses, monitoring compliance with this policy, coordinating annual staff training, ensuring appropriate emergency medication is available, and leading the annual review of allergy-related procedures.

Responsibilities include:

- Maintaining the Allergy Register.
- Monitoring the expiry dates of adrenaline auto-injectors and other emergency medication.
- Coordinating staff allergy awareness training.
- Ensuring Individual Healthcare Plans are reviewed annually.
- Recording and reviewing allergy incidents and near misses.
- Liaising with parents, carers and healthcare professionals as required

First Aid Kits

First aid kits are stored in the playground entrance porch, staff training room, nursery 1 kitchen, nursery 2, staff room, and breakfast club kitchen. When out on an educational visit then portable first aid kits are carried by designated first aider.

Defibrillator

We have a defibrillator in school, which is a life-saving device used in emergencies when someone is experiencing a sudden cardiac arrest. It works by delivering an electric shock to the heart to try to restore a normal rhythm. The defibrillator is fully automated, with clear voice instructions, making it

simple to use even in high-stress situations. A video explaining how to use the defibrillator has been shared with staff

It is currently located on the wall in the corridor, outside the Nursery 3 room. All staff are aware of where it is kept in case of an emergency.

Cuts and Grazes

All open cuts/grazes should be covered after they have been cleaned. Plasters / dressings may be applied. Children who are allergic to plasters will be given an alternative dressing. Minor scrapes do not need to be recorded in the accident book although children will be given a bump note if they have been seen by a first aider. Minor cuts should be recorded in the accident file and parents given a School Accident Report Form (Appendix 1).

ANYONE TREATING AN OPEN CUT SHOULD USE RUBBER GLOVES. All blood waste is disposed of in the clinical waste bin located in the hygiene room.

Bumped Heads

Any bump to the head, no matter how minor is treated as serious. All bumped heads should be treated with an ice pack or cold compress. A School Accident Report Form (Appendix 1). must be sent home with the child and if necessary the individual who administered First Aid must make a call to parent/carer informing them of the incident. The child's teacher should be informed and keep a close eye on the progress of the child. All bumped head incidents should be recorded in the accident file. Accident files are stored in the two nursery bases and the playground entrance porch, in the first aid cupboard above the sink. Each year there is a new file. Old files are stored in the school office. Accidents are recorded chronologically.

In the event of a serious accident PPM will be consulted with regards to submitting a report to the HSE under RIDDOR.

Calling the Emergency Services

In the case of major accidents, it is the decision of the fully trained first aider in consultation with the headteacher if the emergency services are to be called. All staff are expected to support and assist the trained first aider in their decision.

If a member of staff is asked to call the emergency services, they must call from the room where the casualty is situated (this is a requirement of the emergency services as they always need to speak directly to the person who is treating the individual as part of their initial assessment): The following information must be shared:

- State what has happened
- The injured person's name and age
- Whether the casualty is breathing and/or unconscious
- The location of the school
- Anything else requested by the call handler

If the casualty is a child, their parents should be contacted immediately and given all the information required. If the casualty is an adult, their next of kin should be called immediately. All contact numbers for children and staff are located in the school office. The first aider and a member of the Senior Leadership team should accompany the child or take them in a staff vehicle to hospital. NB: any staff member using their own vehicle for school business must have business cover as part of their car insurance. A copy of insurance documentation and MOT certificate must already have been shared with the Headteacher.

Managing Medication

All Teaching Assistants are trained to administer medication in school.

What can be administered?

- School staff will administer medicines such as antibiotics, antihistamines, cough mixtures, creams, and paracetamol only when prescribed by a doctor.
- New medication must have been taken by the child for at least 24 hours prior to administration in school to ensure no adverse reactions occur.
- All medication must be clearly labelled with the child's name and dosage instructions.
- Two members of staff will be present when medication is administered, and both will countersign the record to confirm the correct medication was given at the stated time, in line with school procedures.
- Cough mixtures and throat lozenges will only be administered if prescribed by a GP.
- Paracetamol will only be given if prescribed by a GP.
- Creams for skin conditions such as eczema may be administered if prescribed. However, staff must not apply cream to a child's body unless this has been specifically agreed with the parents.

Parental Permission

A consent form must be filled in with a member of staff who is qualified to administer medication. In the event of a child coming into school with medicines without a consent form being filled in, the medicine will not be administered and parents will be informed of this.

Medication will only be administered when a parent completes a Medication Care Plan and an Administering Medication Consent Form (Appendix 2) in person with a member of staff who is trained to administer medication.

Staff will complete a **Record of Administration of Medication Form** (Appendix 3) each time medication is given, and a **Record of Accepting and Returning Medication Form** (Appendix 4). will be used to document when medication is received from and returned to parents or carers.

If a child brings medication to school without a completed consent form, the medication **will not be administered**, and parents will be contacted.

Where Medicine is Stored

Emergency medication, including inhalers and prescribed adrenaline auto-injectors, must be readily accessible and not locked away. Staff must be aware of the location of emergency medication at all times. This will be stated in child's care plan. All other medicines must be kept in the medical fridge in the staff training room or locked in the medication cupboard in the nursery kitchen. Administration of medicines takes place in the staff training room or the hygiene room. All medicines to be sent home during holidays or end of school year for long term medication.

Trained Classroom Support Staff must sign all new medicines into school.

Administration of Medicines File

All medicine consent forms are in the current medication file which is kept in the medication cupboard. Once medication is complete forms are transferred to the completed medication file. These are stored in cupboard in the Deputy Head Teacher's office.

Before administering medicines, staff should read the date entry section of the form to check that the medicine has not already been administered. When medicine is administered staff must complete the dated entry of this and countersigned.

Medical

At the beginning of each academic year, any medical problems are shared with staff and a list of these children and their conditions is retained by the class teacher and shared on a 'need to know basis'. New signs are made of children with severe medical problems such as allergies and an individual care plan is written for each child. Signs and notices are displayed in the classroom cupboard, Nursery kitchen and lunchtime kitchen, all relevant staff have a copy which is given to them at the beginning of the year.

Allergy Awareness

Ryhope Infant School Academy operates as an allergy-aware school.

As it is not possible to eliminate all allergens from the school environment, the school cannot guarantee an allergen-free environment. Staff, pupils, parents and visitors are encouraged to support measures that minimise allergen exposure whilst ensuring all children can participate fully in school life.

Allergy Register

Ryhope Infant School Academy does not operate as a "nut-free" school. The school adopts an allergy-aware approach, recognising that many substances can trigger serious allergic reactions. The focus is on risk reduction, staff vigilance, allergen awareness and robust emergency response procedures rather than attempting to eliminate individual allergens completely.

The school maintains an Allergy Register containing details of pupils with diagnosed allergies. The register is reviewed at least termly and updated whenever new information is received from parents, carers or healthcare professionals.

Relevant information is shared with staff on a need-to-know basis whilst maintaining confidentiality.

Wellbeing and Inclusion

Ryhope Infant School Academy recognises that living with allergies can affect a child's emotional wellbeing and confidence. The school will:

- Promote a culture of inclusion and understanding.
- Support pupils to develop confidence in managing their allergies.
- Ensure pupils with allergies can participate fully in all aspects of school life.
- Challenge and address any bullying, teasing, exclusion or inappropriate behaviour relating to allergies.
- Work in partnership with parents and healthcare professionals to reduce anxiety and support wellbeing.

Deliberate exposure of another pupil to a known allergen will be treated as a serious behavioural matter.

Unacceptable Practice

The school will not:

- Prevent pupils from accessing prescribed emergency medication.
- Ignore medical advice provided by healthcare professionals.
- Assume all allergies require identical management.
- Exclude pupils from activities, clubs, educational visits or school meals because of an allergy where reasonable adjustments can be made.
- Expect parents to attend school to administer emergency allergy medication.
- Send a pupil experiencing a severe allergic reaction to seek help unaccompanied.

Supporting Children with Asthma in School

There are two main types of medication used to manage asthma: relievers and preventers.

- Reliever inhalers (usually blue) are used to quickly relieve asthma symptoms, such as during an asthma attack or before physical activity. Most children will only need access to their reliever during the school day.
- Preventer medications (typically brown, red, or orange inhalers, and sometimes tablets) are taken regularly outside school hours to reduce inflammation and prevent symptoms.

Staff Responsibilities and Procedures

All children with asthma must have a completed Asthma Care Plan ([Appendix 5](#)) and a Use of Asthma Medication Consent Form ([Appendix 6](#)) on file. These documents are to be agreed with parents and reviewed regularly to ensure they remain up to date and reflect the child's current needs. A **Record of Accepting and Returning Medication Form** ([Appendix 4](#)). will be used to document when medication is received from and returned to parents or carers.

Children must have immediate access to their reliever inhaler at all times, especially during PE lessons, sports activities, and off-site visits. Inhalers must be clearly labelled with the child's name and stored in a safe but accessible location within the classroom. Most inhalers are used with a spacer device, and children may require support with this.

Staff are encouraged to support children in becoming confident and independent in managing their asthma, including recognising their symptoms and using their inhaler appropriately.

If a child experiences an asthma attack, they should be treated according to their individual Asthma Care Plan. Staff must remain calm and reassure the child while supporting them to use their reliever inhaler.

An ambulance must be called immediately if:

- Symptoms do not improve within 5–10 minutes of using the inhaler;
- The child is too breathless to speak;
- The child appears exhausted;
- The child's lips or face appear blue.

It is essential that staff work in partnership with parents to:

- Understand each child's specific asthma triggers;
- Recognise signs of worsening asthma;
- Agree on steps to take when symptoms escalate.

Physical Activity and Asthma

Children with asthma should be fully included in all aspects of school life, including physical education and outdoor play. Physical activity is beneficial for children with asthma, and with proper management, they can safely participate.

- Reliever inhalers should be taken on all off-site activities, including swimming and sports events.
- Some children may need to use their inhaler before engaging in physical activity. Staff should ensure warm-up exercises are done, particularly in cold weather.
- Extra caution is advised during cold or damp conditions, as these can trigger asthma symptoms.

If a child is reluctant to participate in physical activity, this should be discussed with the child, their parents, and relevant staff. Children should never be forced to participate if they feel unwell, and they should be supported in learning to identify when their symptoms may limit activity.

Epilepsy Management in School

Most children with epilepsy are prescribed anti-epileptic medication to reduce or prevent seizures. These are usually taken outside of school hours, and regular medication is not typically administered during the school day. However, it is essential that clear, written instructions are available for staff in the event a seizure occurs or emergency treatment is required, as outlined in the child's Care Plan (Appendix 7). Parents are also required to complete and sign an Epilepsy Medication Consent Form (Appendix 8). A Record of Accepting and Returning Medication Form (Appendix 4). will be used to document when medication is received from and returned to parents or carers.

Triggers and Inclusion

Common seizure triggers include tiredness, stress, illness, and anxiety. Although rare, some children may experience photosensitive epilepsy, where flashing or flickering lights or certain patterns can trigger a seizure. Most children with epilepsy can safely use screens and digital devices without issue.

Children with epilepsy should be fully included in all aspects of school life, including physical education and off-site activities. Additional precautions may be required for activities such as swimming, which should be discussed with the child's parents and included in their Care Plan.

Responding to a Seizure

During a seizure, staff should:

- Ensure the child is in a safe place and do not restrain their movements.
- Do not place anything in the child's mouth.
- In the case of a convulsive seizure, place something soft under their head to protect it.
- Time the duration of the seizure.
- Once the seizure ends, place the child in the recovery position and stay with them until they are fully recovered.

An ambulance must be called immediately if:

- It is the child's first seizure.
- The child is seriously injured.
- They experience difficulty breathing after the seizure.
- The seizure lasts longer than the time specified in their Healthcare or Care Plan.
- The seizure lasts more than five minutes and the usual duration is unknown.
- There are repeated seizures, unless this is typical for the child and clearly documented in their plan.

If possible arrangements should be made for two adults, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the child as far as possible, even in emergencies.

Emergency Medication

Some children may be prescribed emergency medication for prolonged seizures, such as:

- Rectal Diazepam
- Buccal or Intranasal Midazolam (administered in the mouth or nose)

These medications must be prescribed by a medical professional, and specific instructions for administration must be provided by the child's epilepsy nurse or paediatrician.

- Staff administering such treatments must receive specialist training.
- Wherever possible, two adults should be present during administration—to maintain safety, safeguard staff, and protect the child's dignity.
- Children's privacy and dignity must be respected as much as possible, even in emergency situations.
- Staff must be aware that Diazepam may cause drowsiness, and the child should be closely monitored after administration.

Recording and Communication

Following any seizure:

- A record of the episode will be completed by staff (Appendix 9) and kept on the child's medical file for reference.

These steps ensure the school maintains accurate records and that parents are kept fully informed.

Most seizures last for a few seconds or minutes and stop of their own accord. Some children who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The Epilepsy Nurse or a Paediatrician should provide guidance as to when to administer it and why.

Specialist training in the administration of rectal Diazepam would be required if ever we received a child that needed such treatment. Staying with the child afterwards is important as Diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution Midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal Diazepam. Instructions for use must come from the prescribing Doctor

Children and young people requiring rectal Diazepam will vary in age, background and ethnicity, and will have differing levels of need, ability and communication skills. If possible arrangements should be made for two adults, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the child as far as possible, even in emergencies.

Diabetes

The Diabetes of the majority of children is controlled by injections of insulin each day. Most younger children will be on a twice a day insulin regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection. Older children may be on multiple injections and others may be controlled on an insulin pump. Most children can manage their own injections, but if doses are required at school supervision may be required, and also a suitable, private place to carry it out.

Increasingly, older children are taught to count their carbohydrate intake and adjust their insulin accordingly. This means that they have a daily dose of long-acting insulin at home, usually at bedtime; and then insulin with breakfast, lunch and the evening meal, and before substantial snacks. The child is taught how much insulin to give with each meal, depending on the amount of carbohydrate eaten. They may or may not need to test blood sugar prior to the meal and to decide how much insulin to give. Diabetic Specialists would only implement this type of regime when they were confident that the child

was competent. The child is then responsible for the injections and the regime would be set out in the individual Care Plan.

Children with Diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting. An adult must supervise and support the child to carry out the test and/or interpret test results.

When staff agree to administer blood glucose tests or insulin injections, they should be trained by an appropriate health professional.

Children with Diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class-time or prior to exercise. If a meal or snack is missed, or after strenuous activity, the child may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity sessions should be aware of the need for children with diabetes to have glucose tablets, snack or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar - a hypoglycaemic reaction (hypo) in a child with diabetes:

- hunger
- sweating
- drowsiness
- pallor
- glazed eyes
- shaking or trembling
- lack of concentration
- irritability
- headache
- mood changes, especially angry or aggressive behaviour.

Each child may experience different symptoms and this should be discussed when drawing up a health care plan.

If a child has a hypo, it is very important that the child is not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel, or a sugary drink is brought to the child and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the child has recovered, some 10-15 minutes later.

An ambulance should be called if:

- the child's recovery takes longer than 10-15minutes
- the child becomes unconscious.

Some children may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor Diabetic control, and staff will naturally wish to draw any such signs to the parents' attention. If the child is unwell, vomiting or has diarrhoea this can lead to dehydration. If the child is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the child will need urgent medical attention.

Such information should be an integral part of the School Emergency Procedures.

Allergy Records and Care Plans

Children with diagnosed allergies will have an Individual Healthcare Plan (IHP) or Medical Care Plan in place. The plan will include:

- Details of the child's allergy and known triggers.
- Signs and symptoms of an allergic reaction.
- Emergency procedures.
- Details of prescribed medication.
- Emergency contact information.

Care plans will be reviewed annually or sooner if medical needs change. Relevant staff will be informed of children with severe allergies on a need-to-know basis, and allergy information will be displayed securely in agreed locations throughout the school

Auto-Injector Pens (Adrenaline Auto-Injectors) and Anaphylaxis Management

Some children require adrenaline auto-injectors (AAIs) to treat severe allergic reactions and anaphylaxis.

All pupils diagnosed with severe allergies will have an Individual Healthcare Plan detailing:

- Known allergens.
- Signs and symptoms.
- Emergency procedures.
- Medication requirements.
- Emergency contacts.

The child's prescribed adrenaline auto-injectors should be readily accessible and accompany the pupil whenever they move around school or attend educational visits.

The school also maintains spare emergency adrenaline auto-injectors in accordance with Department for Education guidance.

Current spare emergency medication includes:

- 2 × EpiPen Junior 150 microgram auto-injectors for pupils aged 6 months to 6 years old
- 2 × EpiPen 300 microgram auto-injector for pupils 7 to 11 years old

All emergency medication will be monitored regularly to ensure it remains in date and fit for use.

A termly audit of emergency medication will be undertaken by the school's Allergy Lead.

Recognising Anaphylaxis

Symptoms may include:

- Difficulty breathing or wheezing.
- Persistent coughing.
- Swelling of the lips, tongue or throat.
- Difficulty speaking or swallowing.
- Sudden collapse.
- Pale or clammy skin.
- Loss of consciousness.

Any pupil experiencing a mild or moderate allergic reaction will be monitored closely for a minimum of 60 minutes as symptoms can progress to anaphylaxis.

Emergency Procedure

If in doubt, staff should treat the reaction as anaphylaxis and administer adrenaline.

Adrenaline should always be given before asthma medication if anaphylaxis is suspected.

A pupil experiencing suspected anaphylaxis should not be required to walk to a medical room or office. Emergency medication and assistance must be brought to the pupil.

If anaphylaxis is suspected:

1. Administer the prescribed adrenaline auto-injector immediately, or a spare school device where appropriate.
2. Call 999 and state:

"Anaphylaxis."

"Adrenaline has been administered."

3. Inform the Head Teacher or senior member of staff.
4. Contact parents or carers.
5. Administer a second injector if symptoms persist and clinical guidance indicates this is necessary.
6. The child must be taken to hospital by ambulance even if symptoms improve.

All incidents involving the administration of an adrenaline auto-injector will be recorded and reported to parents/carers and reviewed by the Allergy Lead and Head Teacher

Allergies on Educational Visits

Specific allergy risk assessments will be completed for pupils with severe allergies before educational visits.

Prescribed adrenaline auto-injectors, Healthcare Plans, Allergy Action Plans and emergency contact details must accompany the pupil.

At least one member of staff attending the visit must be familiar with the pupil's allergy management arrangements and emergency procedures.

Pupils with allergies will be enabled to participate fully in educational visits wherever it is safe to do so

Food and Allergen Management Expectations

Staff planning activities involving food, craft materials, science activities, animals or cooking activities must consider allergy risks.

Food sharing between pupils is discouraged.

Parents providing food for celebrations or events should notify school staff in advance.

Allergen information provided by catering services will be made available to parents where required.

Allergy Incidents and Near Misses

All allergy-related incidents and near misses will be recorded and reviewed.

Examples of near misses may include:

- A pupil being served food containing a known allergen before the error is identified.
- Emergency medication not being immediately accessible.
- Incorrect allergen information being provided.

Following any serious incident or near miss, the Allergy Lead will:

- Review the circumstances.
- Identify lessons learned.
- Consider whether amendments are required to risk assessments, Healthcare Plans or this policy.
- Share relevant findings with staff.

Parents will be informed of all significant allergy incidents and near misses involving their child.

Headlice

Staff do not touch children and examine them for headlice. If we suspect a child has headlice we will inform parents. When we are informed of a case of headlice in school, we send a note to the class where the case has been identified.

Vomiting and Diarrhoea

If a child vomits or has diarrhoea in school, they will be sent home immediately. Children with these conditions will not be accepted back into school until 48 hours after the last symptom has elapsed.

Conjunctivitis

If a child has conjunctivitis, no action is required and they can continue to attend school.

Chicken Pox and Other Diseases and Rashes

If a child is suspected of having chicken pox etc, we will look at their arms or legs. To look at a child's back or chest would only be done if we were concerned about infection to other children. In this case, another adult would be present and we would seek the permission from the child.

Specialist Medication

All children requiring specialist medication such as RITOLIN, auto-injectors, etc will be subject to a medical care plan, which will be signed off by consultants through the school nurse.

School Accident Report Form**Ryhope Infant School Academy**

Shaftesbury Ave, Ryhope, Sunderland SR2 0RT

Tel: 0191 917 1910

Email: info@ryhopeinfantschool.org.uk

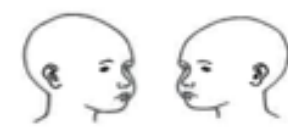
www.ryhopeinfantschool.org.uk

Head Teacher: Mrs T Allen

Date of Incident: _____

Time of Incident: _____

Child's Name: _____ Class: _____

Nature of Injury (please tick all that apply):☐ Bump to HeadArea affected marked with an X☐ Burn / Scald☐ Bruise / Bump☐ Bite / Sting☐ Headache☐ Cut / Graze☐ Sprain / Twist☐ Nosebleed☐ Mouth / Tooth Injury☐ Other (please explain): _____**Treatment & Action Taken**☐ Wound Cleaned☐ Wound Dressed☐ Cold Compress Applied☐ TLC Given

Additional comments: _____

Action Taken (please tick):☐ Parent / Carer asked to collect child☐ Child well enough to remain in school

Signature of First Aider: _____

**Important Notice for Parents/Carers:*****Please consult a medical professional if your child suffers any drowsiness, vomiting, excessive pain or impaired vision after returning home***

Ryhope Infant School Academy is an exempt charity. It is a company limited by guarantee in England and Wales under company registration number 09161532, Registered Office Address is the address above.



Ryhope Infant School Academy is a

Schools North East

Partner School

Sunderland

School 2014-15





Medication Care Plan

Date: _____

Staff: _____

Child's Name: _____

Diagnosed Condition / Illness: _____

Child's Name:	Medication Name:
Date of Birth: Class:	Date Dispensed:
Allergies:	Expiry Date:
Emergency Contact Name:	Storage Requirements:
Emergency Contact Number:	Dosage:
Prescriber's Name:	Dispensing Times:
Prescriber's Surgery Name:	Method of Administration:
Prescriber's Phone Number:	
Special Precautions / Instructions:	
Any Side Effects:	
I give my consent for school staff to administer Medication to my child as indicated above. The Medication provided is in-date, clearly labelled with my child's name and has been prescribed to my child specifically for the condition / illness noted above I understand that it is my responsibility to ensure the medication is collected by an Adult at the end of each school day	
Signed.....	Print Name.....
Relationship to child.....	Date.....
Head Teacher's Consent for Medication to be administered: Signature: Date:	

Form 2

Administering Medication Consent Form

School Staff will not administer any medication unless you complete the Medication Care Plan and sign this Medication Administration Consent Form.

We will not administer any 'new' medication until the child has taken it for at least 24 hours.

Medication will only be administered if it is required 4 times a day.

This is a service provided by the school and we are not obliged to undertake this responsibility

Child's Name: _____ Class: _____

1. I confirm that my child named above has been diagnosed with _____
2. My Child has been dispensed the following Medication for the above condition / illness

3. My child was last administered this Medication(s) by (adults name) _____
on (date) _____ at _____ am/pm
4. This Medication will be handed to a member of staff every morning and collected by an Adult at the end of every school day.

The above information is accurate to the best of my knowledge and I give consent to the school to administer the Medication listed on the Medication Care Plan in accordance with the First Aid and Supporting Pupils at School with Medical Conditions Policy. I will inform school in writing of any changes to the above information immediately.

Signed.....

Print Name.....

Relationship to Child.....

Date.....

Contact Address:

Contact Details:

.....

Mobile:

.....

Home:

.....

Work:

.....

Email:

Form 1



Record of Administration of Medication

Child's Name: _____ Class: _____ Date: _____

Dose: _____ Time to be Administered: _____

Date	Medication Name	Medication Description e.g. Liquid / Inhaler / Cream / Drops / Pill	Time Given	Dose Given	Signature of Staff	Witness Signature	Comments

Form 3



Record of Accepting & Returning Medication

Child's Name: _____ Class: _____ Date: _____

Date Medication Accepted into School	Medication Name	Medication Description & Amount e.g. Liquid / Inhaler / Cream / Drops / Pill	Medication Expiry Date	Name of Adult Bringing in Medication	Signature of Staff Accepting Medication	Date Medication Collected	Name of Adult Collecting Medication	Signature of Staff Handing Over Medication	Comments

Form 4



Asthma Care Plan

Date: _____

Staff: _____

Child's Name: Date of Birth: Class: Allergies: Emergency Contact Name: Emergency Contact Number: Prescriber's Name: Prescriber's Surgery Name: Prescriber's Phone Number:	Medication Name: Date Dispensed: Expiry Date: Storage Requirements: Dosage: Dispensing Times: Special Precautions / Instructions: Any Side Effects:									
What are the signs that your child may be having an asthma attack? Are there any key words that your child may use to express their asthma symptoms? What are your/your child's known asthma triggers?										
<table style="width: 100%;"> <tr> <td style="width: 60%;">Does your child need help using their inhaler? (please circle)</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td>Does your child have a spacer device? (please circle)</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td>Does your child need to take their reliever medicine before exercise? (please circle)</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table> If YES – we will administer 2 puffs (1 at a time) of the reliever inhaler 15 minutes before any exercise unless otherwise indicated below:		Does your child need help using their inhaler? (please circle)	Yes	No	Does your child have a spacer device? (please circle)	Yes	No	Does your child need to take their reliever medicine before exercise? (please circle)	Yes	No
Does your child need help using their inhaler? (please circle)	Yes	No								
Does your child have a spacer device? (please circle)	Yes	No								
Does your child need to take their reliever medicine before exercise? (please circle)	Yes	No								
I give my consent for school staff to administer /assist my child with their own reliever inhaler as required. I confirm that their inhaler is clearly labelled and in date. I understand that it is my responsibility to ensure the medication is collected by an Adult at the end of each school day Signed..... Print Name..... Relationship to child..... Date.....										
Head Teacher's Consent for Medication to be administered: Signature: Date:										



Use of Asthma Medication Consent Form

School staff will **only** administer medication once the Asthma Care Plan has been fully completed and this Consent Form has been signed.

Please note that **any new medication must have been taken by your child for at least 24 hours prior to being administered in school**, to ensure there are no adverse reactions.

This is a **voluntary service** provided by the school, and staff are **not required** to undertake this responsibility

Child's Name: _____ Class: _____

- * I confirm that my child (named above) has been diagnosed with asthma and/or has been prescribed an inhaler *Please delete as appropriate.*
- * My child has a working, in-date inhaler that is clearly labelled with their name. This inhaler will either be brought to school daily or kept at school *lease delete as appropriate.*
- * I confirm that my child has been using this medication for over 24 hours without any adverse reactions
- * In the event that my child displays asthma symptoms and their personal inhaler is unavailable or not working, I give consent for them to receive Salbutamol from the emergency inhaler kept at school for such situations

I confirm that the medication will be handed directly to a member of staff. If the medication is required to be taken home each day, it will be collected by an adult at the end of the school day.

I declare that the information provided above is accurate to the best of my knowledge, and I give consent for the school to administer the medication listed in the Asthma Care Plan, in line with the school's *First Aid* and Administering Medication in School Policy. I understand that it is my responsibility to notify the school in writing of any changes to this information without delay.

Signed.....

Print Name.....

Relationship to Child.....

Date.....

Contact Address:

Contact Details:

.....

Mobile:

.....

Home:

.....

Work:

.....

Email:



Epilepsy Care Plan

This Epilepsy Care Plan is an essential document designed to help school staff support your child effectively, respond appropriately in the event of a seizure, and collaborate closely with parents/carers and healthcare professionals. It must remain clear, easily accessible, and be kept up to date. Any changes to your child's condition, treatment, or care needs should be communicated promptly by parents/carers and relevant medical professionals so the plan can be updated accordingly

Child's Name: _____ Type of Epilepsy: _____

Child's D.O.B:	Class:	Diagnosis Date:								
Emergency Contact Name 1 : Relationship to child: Emergency Contact Number 1: Emergency Contact Name 2 : Relationship to child: Emergency Contact Number 2:		Doctors Name: Doctors Surgery Doctors Phone No: Diagnosed Allergies:								
Is there anything specific which may trigger a seizure? Describe Warning Signs & Symptoms of a seizure – what are we likely to see ? How long does a typical seizure last ? Step by Step guidance on treatment to be given		Can child participate in the following (if applicable) <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">School Trips</td> <td style="width: 33%;">Yes / No</td> <td style="width: 33%;">PE</td> <td style="width: 33%;">Yes / No</td> </tr> <tr> <td>Swimming</td> <td>Yes / No</td> <td>Climbing</td> <td>Yes / No</td> </tr> </table> Medication Name: Date Dispensed: Expiry Date: Storage Requirements: Dosage: Dispensing Times: Dispensing Instructions: Special Precautions: Any Side Effects	School Trips	Yes / No	PE	Yes / No	Swimming	Yes / No	Climbing	Yes / No
School Trips	Yes / No	PE	Yes / No							
Swimming	Yes / No	Climbing	Yes / No							

Any further information which could help us support your child:

When do you wish the emergency contact listed above to be contacted ?

When seizure starts When seizure ends Other preference - explain:

(circle preference)

Staff Declaration

I confirm that I have completed this Epilepsy Care Plan with _____

Staff Signature: _____ Date Completed: _____

Parental Consent Statement

I give consent for the school to take the following actions in relation to the care and management of my child's Epilepsy while they are in school or participating in school-related activities:

I give consent for the school to:

1. Administer emergency medication detailed in Epilepsy Care Plan
2. Provide first aid and emergency response in the event of a seizure, including placing my child in the recovery position and calling emergency services when necessary.
3. Store and access my child's medication securely and safely, ensuring it is available when needed.
4. Record details of any seizure episodes occurring in school on my child's Epilepsy Record Sheet
5. Send home an Epilepsy Notification Slip after any seizure or related incident.
6. Share relevant medical information with school staff involved in my child's care.
7. Support my child's participation in school activities, including school trips PE, climbing and swimming, in accordance with their Epilepsy Care Plan.
8. Contact me or the emergency contact listed if my child has a seizure or health concern at school.

I will contact the school immediately to request a Review of this Epilepsy Care Plan if there are any changes to my child's condition or medication

I understand that it is my responsibility to ensure the medication is collected by an Adult at the end of each school day

Signed: _____ Print Name: _____

Relationship to child: _____ Date: _____

Head Teacher's Consent for Epilepsy Medication to be administered:

Signature: _____ Date: _____



Epilepsy Medication Consent Form

School staff will **only** administer medication once the Epilepsy Care Plan has been fully completed and this Consent Form has been signed.

Please note that any new medication must have been taken by your child for at least 24 hours prior to being administered in school, to ensure there are no adverse reactions.

This is a **voluntary** service provided by the school, and staff are not required to undertake this responsibility

Child's Name: _____ Class: _____

* I confirm that my child (named above) has been diagnosed with Epilepsy and has been prescribed the following medication which needs to be taken during the school day as outlined in their Epilepsy Care Plan:

* I confirm that my child has been using this medication for over 24 hours without any adverse reactions

I confirm that the medication listed above will be handed directly to a member of staff. If the medication is required to be taken home each day, it will be collected by an adult at the end of the school day.

I declare that the information provided is accurate to the best of my knowledge, and I give consent for the school to administer this medication (as listed in the Epilepsy Care Plan) in line with the school's *First Aid* and *Administering Medication in School Policy*. I understand that it is my responsibility to notify the school in writing of any changes to this information without delay.

Signed..... Print Name.....

Relationship to Child..... Date.....

Contact Address: Contact Details:

..... Mobile:

..... Home:

..... Work:

..... Email:

Form 1



Epilepsy Record Sheet

Child's Name: _____

Class: _____

Date	Time	Seizure or possible seizure	Duration (minutes/seconds)	Description	Action Taken & <u>Parents</u> Contacted Yes / No	Staff Signature
					Parents Contacted Yes / No	
					Parents Contacted Yes / No	
					Parents Contacted Yes / No	
					Parents Contacted Yes / No	
					Parents Contacted Yes / No	
					Parents Contacted Yes / No	
					Parents Contacted Yes / No	