Administering medicines in school: guidance

Guidance from the Department for Education on administering medicines in schools and the early years.

The Children and Families Act 2014 placed a duty on the governing bodies of maintained schools, the proprietors of academies, and the management committees of pupil referral units to make arrangements for supporting pupils with medical conditions.

Note: the DfE Guidance does not apply to maintained nursery schools,16 – 19 academies and independent schools.

Administering Medicines in Schools

Some important Do's and Don'ts's

A quick reference list which staff can refer to when administering medicines to pupils in schools based on the DfE statutory guidance on supporting pupils at school with medical conditions.

Do	Do not
✓ Understand that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so	✘ Give prescription medicines or undertake healthcare procedures without appropriate training
✓ Check the maximum dosage and when the previous dosage was taken before administering medicine	✘ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
✓ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it	✘ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
✓ Inform parents if their child has received medicine or been unwell at school	✘ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
✓ Store medicine safely	✘ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately	✘ Force a child to take their medicine. If the child refuses, follow the procedure in the individual healthcare plan and inform their parents

The Duty to support pupils with medical conditions

The DfE guidance says,

- Schools have a legal duty to "make arrangements for supporting pupils at their school with medical conditions".
- All schools should develop a policy for supporting pupils with medical conditions.

Individual healthcare plans

DfE says that parents and the school should work together to develop an individual healthcare plan for a pupil with a medical condition, which outlines who is responsible for administering medicine to the pupil.

Managing medicines

Advice on managing medicines on school premises is set out in the DfE document. It includes the following points:

- No child under 16 should be given prescription or non-prescription medicines without written consent from parents
- Schools should set out the circumstances in which non-prescription medicines may be administered
- A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor
- Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist, and include instructions for administration, dosage and storage
- Schools should keep a record of all medicines administered to individual children

Staff responsibilities

The DfE guidance states;

Any member of school staff may be asked to administer medicines, although they cannot be required to do so

Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.

Although administering medicines is not part of teachers' professional duties, they should consider the needs of pupils with medical conditions that they teach.

Staff should receive suitable training and achieve the necessary level of competency before taking on responsibility for supporting pupils with medical conditions.

The suitability of training depends on the individual pupil's medical needs. Identifying what these needs are will enable you to determine what staff training would be "sufficient and suitable".

The training would be based on the individual needs of the child.

Parental responsibilities

Parents are required to provide up-to-date information on their child's medical needs to the school. They should also carry out any actions agreed to as part of the implementation of the individual healthcare plan, including providing medicines and equipment.

Pupil responsibilities

Pupils who are competent should be encouraged to take responsibility for managing their own medicines

- Pupils who are competent should be encouraged to take responsibility for managing their own medicines
- Wherever possible, pupils should be allowed to carry their own medicines and relevant devices, or should be able to access their medicines for self-medication quickly and easily
- If a pupil refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the individual healthcare plan. Parents should be informed so that alternative options can be considered

Storing medicines

The DfE advises that all medicines should be stored safely:

Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should always be readily available to children and not locked away.

Refrigeration of medicine

Public Health England (PHE) say that medicine should always be kept in its own refrigerator. This refrigerator should have an uninterrupted power supply in a safe and secure location. If possible this refrigerator should be in the same location as other non-refrigerated medicines. It would not be safe to store medicine alongside food in any circumstances.

School trips

DfE advice

The DfE's policy team say that schools may provide non-prescription medicines for school trips. This must be in line with the DfE's statutory guidance on supporting pupils with medical conditions, which also applies in the context of a school trip.

Non-prescription medicines should only be given to a pupil on a trip if specific prior written consent has been received …

Non-prescription medicines should only be given to a pupil on a trip if:

- Specific prior written consent has been received from the pupil's parents
- It is in accordance with the school policy
- Staff have checked, and received parental confirmation, that the medicine has previously been use by the pupil without any negative effect

If a non-prescribed medicine is used, staff should:

- Make a record for each child explaining what medicine has been administered and when
- Inform the pupil's parents

Schools should clearly set out the circumstances when non-prescription medicines may be administered.

Providing non-prescription medicine for trips. – Expert views

A school may provide non-prescription medicines if it feels that they are an appropriate part of the first aid supplies required for a trip. However, schools should ensure that they:

- Purchase medicines from a reliable source
- Check medicines for allergens
- Get prior written consent from parents to administer medicines
- Use appropriate funding

Schools could ask parents to supply their own non-prescription medicine for a pupil. The reasons and arrangements for this could be explained to parents in a meeting well in advance of the trip taking place. However, a school may choose to provide non-prescription medicine itself, if it feels that parents will provide a large amount of the same medicine.

Any medicine should be provided by parents in its original container and labelled with clear instructions on when and how it should be taken. Parents should complete a written consent form giving permission for their child to take the medicine. Before agreeing to administer any medicine, the school should confirm that the pupil has taken it before and did not have any adverse reactions to it.

The medicine and consent forms should be given to the school before the day of the trip, to avoid confusion. This also allows the school time to make any necessary arrangements for staff training in how to administer the medicine.

When on the trip, all medicine should be stored away from pupils in a room occupied by staff, preferably in a locked container. It is recommended that one member of staff is assigned responsibility for managing all medicines and being aware of which pupils they belong to. A second member of staff should also be prepared to take on this responsibility if the first

member of staff becomes unavailable for any reason, and the pupil taking the medication should be made aware of which members of staff are assigned this responsibility.

Unacceptable practice

Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.

It is not generally acceptable practice to require parents to attend school to administer medication or provide medical support

The document explains, for example, that it is not generally acceptable practice to:

- Prevent children from easily accessing their inhalers and medication, and from administering their medication when and where necessary
- Require parents to attend school to administer medication or provide medical support to their child, or make them feel obliged to do so

Medicines in the EYFS

The 2017 Early Years Foundation Stage (EYFS) framework, in effect from 3 April 2017, says:

- Prescription medicines must not be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist
- Medicines containing aspirin should only be given if prescribed by a doctor
- Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer
- Providers must keep a written record each time a medicine is administered to a child and inform the child's parents

Should EYFS settings stock non-prescription medicine?

If children need medicine in nursery, staff should ask parents to provide it rather than stocking their own. A policy should set out how medicines will be handled in the EYFS.

The LA may say that schools should not have their own stocks of Calpol or other pain relief, but can administer it if the medicine is supplied by parents in accordance with a policy on supporting pupils at school with medical conditions and with the parents written permission.

If children need medicine in nursery or school, it is advisable to have a risk assessment in place and some advice from a GP or nurse.

If a pupil is regularly utilizing non-prescribed medication, then consideration should be given to whether an individual healthcare plan is required.

Notes on Prescribing non-prescription (over the counter) medication in nurseries and schools

BMA Guidance Last updated: 15 December 2016

Non-prescription /over the counter (OTC) medication does not need a GP signature/authorization in order for the school/nursery/childminder to give it.

The revised The Early Years Foundation Stage Statutory Framework', which governs the standards of institutions looking after and educating children, includes a paragraph under specific legal requirements - medicines that states:

'Medicines should only be taken to a setting when this is essential and settings should only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist.'

We are aware that in some areas, this is resulting in parents making unnecessary appointments to seek a prescription for an OTC medicine so that it can be taken in nurseries or schools. We would like to remind practices that the MHRA licenses medicines and classifies them when appropriate as OTC (P or GSL). This is to enable access to those medicines without recourse to a GP.

It is appropriate for OTC medicines to be given by parents, as they consider necessary, in the home or nursery environment. It is a misuse of GP time to take up an appointment just to acquire a prescription for a medicine wholly to satisfy the needs of a nursery/school.

In 2015, the GPC wrote to the Department of Children, Schools and Families seeking an amendment to this paragraph in the EYFS Statutory Framework, who confirmed in a letter that an FP10 is not required, and that they would update the guidance to stay consistent with current national standards for day care and child minding, whereby non-prescription medication can be administered where there is parents' prior written consent.

If any practice find that this continues to be a problem in their area, Wessex LMC have produced a template letter which can be downloaded and sent to the Nursery/School.

The Statutory Framework for the EYFS (Early Years Foundation Stage) outlines the policy for administering medicines to children in nurseries/preschools 0-5 years:

"The provider must promote the good health of children attending the setting. They must have a procedure, discussed with parents and/or carers, for responding to children who are ill or infectious, take necessary steps to prevent the spread of infection, and take appropriate action if children are ill.

Providers must have and implement a policy, and procedures, for administering medicines. It must include systems for obtaining information about a child's needs for medicines, and for keeping this information up-to-date.

Training must be provided for staff where the administration of medicine requires medical or technical knowledge. Medicines must not usually be administered unless they have been prescribed for a child by a doctor, dentist, nurse or pharmacist (medicines containing aspirin should only be given if prescribed by a doctor).

Medicine (both prescription and non-prescription) must only be administered to a child where written permission for that particular medicine has been obtained from the child's parent and/or carer. Providers must keep a written record each time a medicine is administered to a child, and inform the child's parents and/or carers on the same day, or as soon as reasonably practicable".

Further guidance for pupils at schools with medical conditions, including templates, is available on the Gov.uk website.

Responsibility of school staff for administering medicines

Asking staff to administer medicines

Any member of school staff may be asked to administer medicines ... but cannot be required to do so

Teachers should consider the medical needs of their pupils

The School Teachers' Pay and Conditions Document (STPCD) set out the professional responsibilities of teachers. The duties listed do not mention responsibility for medical care or administering medicines.

Although administering medicines is not part of teachers' professional duties, the DfE's guidance on supporting pupils with medical conditions says that teachers who teach pupils with medical conditions should take into account the needs of those pupils.

Staff must receive training to administer medicines

The DfE's medical conditions guidance says that staff must not give prescription medicines or undertake healthcare procedures without appropriate training.

Staff must not give prescription medicines ... without appropriate training

The guidance says that school staff should receive "sufficient and suitable" training and "achieve the necessary level of competency" before they take on responsibility to support children with medical conditions.

Governing bodies should ensure that the school's policy sets out clearly how staff will be supported in carrying out their role to support pupils with medical conditions, and how this will be reviewed.

This should specify how training needs are assessed, and how and by whom training will be commissioned and provided.

The school's policy should be clear that any member of school staff providing support to a pupil with medical needs should have received suitable training.

'Competent' pupils may manage their own medical needs

The DfE's guidance on supporting pupils with medical conditions also covers pupils' role in managing their own medical needs.

It says that children who are 'competent' should be encouraged to manage their own medicines, following discussion with parents. The child's responsibility for managing his/her medicines should also be reflected within individual healthcare plans.

The statutory content of the guidance, says:

Governing bodies should ensure that the school's policy covers arrangements for children who are competent to manage their own health needs and medicines.

What if staff do not volunteer to administer medicines?

The Association of School and College Leaders said that schools, even in this instance, cannot force staff to administer any medicine. However, schools still have a 'fundamental responsibility' to look after students. The school needs to have risk assessments and contingency plans in place that cover the medical needs of pupils. This must include what to do if the trained members of staff are not available to administer medicines.

Where possible, this could include emergency contact numbers for a parent or doctor who would be able to come to school to administer the medicine. The details of what to do and who to contact should be shared with all staff, not just those who teach a pupil with a known medical condition.

When assessing the risks for this situation, it should factor in having staff who are trained and comfortable administering medicines on site at all times. This might mean providing training to more members of staff to cover absences/illness.

The charity Diabetes UK has guidance on the responsibilities of trained staff in schools supporting children with diabetes. This advises that there should be at least two trained members of staff in a school with a child with diabetes. It also says that the school should be prepared for absences and staff turnover, so there will always be a trained member of staff available.

School policies referring to staff administering medicines: examples

Any staff administering medicines will be doing so voluntarily and given training where needed

Primary Academy S says in its administration of medicine policy that there is no legal duty requiring school staff to administer medicines, but that anyone caring for children has a common law duty of care towards those children.

It explains that any staff administering medicines will be doing so voluntarily and given training where needed. The school ensures that sufficient members of staff are appropriately trained to manage medicines as part of their duties.

Supporting pupils with medical conditions: funding

Funding for pupils with medical conditions

The special educational needs (SEN) and disability team at the Department for Education (DfE) described how schools are expected to fund provision for pupils with medical conditions.

Schools are expected to fund at least part of this provision from their delegated budgets

Whether a school receives additional funding to help it meet the costs of supporting a pupil will depend on arrangements in its local authority (LA).

However, if the cost of providing for a pupil is over £6,000 per year, the school is entitled to apply to its LA for high needs top-up funding.

Top-up funding for pupils with medical needs is the same as for pupils with other SEN, and is allocated via the same process.

While notional SEN budgets are allocated with pupils with learning difficulties (or more severe or complex needs) in mind, schools are not limited to spending this budget on pupils with education, health and care (EHC) plans. Schools can spend funds allocated through notional budgets on pupils with medical conditions.

Funding to support pupils with medical conditions: examples from LAs

Council C

Council C's documentation explains that schools can request additional funding from the council to support pupils with medical or health needs. It says that funding is generally awarded for 12 months, and that schools may need to review provision and reapply for funding annually.

Administration of medicines: template letters to parents

Northamptonshire National Health Service (NHS) Foundation Trust has a protocol for the administration of medicines in schools.

Appendix 6, on pages 15-17 of the document, features templates for letters to parents. The first letter informs parents that their child was given paracetamol, and leaves space to record the:

The letter ... leaves space to record the effect of the medication

- Child's name
- Dosage amount
- Date and time of administration
- Reason for administration
- Effect of the medication

The second letter informs parents that their child had to use his/her inhaler at school. The letter has space to record:

- The child's name
- How many puffs of the inhaler were taken
- Which inhaler was used
- The date and time of the inhaler use
- Further comments and advice

Schools must have the permission of parent to administer medication to pupils under 16, except in "exceptional circumstances".

Medicine notification letters from schools

Notification of administration of medicine

The letter has space to record the dosage amount

A policy on supporting pupils with medical conditions from Academy H has a template letter to inform parents that their child was given medication at school.

The letter has space to record the:

- Pupil's name and class
- Type of medication administered
- Dosage amount
- Time and date of administration
- Name of the staff member who administered it

Notification of use of inhaler

One of these informs parents that their child used his/her inhaler at school, or that he/she has been using it more frequently. The letter says the school hopes this information will help parents monitor their child's condition.

Administration of medicine to a pupil: DfE form

DfE has published a series of template letters and forms to assist schools in supporting pupils with medical conditions.

Pages 8-9 of the document feature a form to record medicine administered to a child.

The form must be signed by the parent

The form has spaces to record the pupil's name and form group, as well as information about:

- The medicine administered
- The dosage given
- When the medicine was taken

The form should be signed and dated by a member of office staff, as well as the pupil's parent.

Administering medicines: DfE guidance

The current statutory guidance for schools on supporting pupils with medical conditions outlines information about administering medicines

Schools should keep a record of all medicines administered to individual children.

With respect to involving parents in the school's administration of medicines to their child, it makes clear that:

- No child under 16 should be given medicines without written parental consent (except in 'exceptional circumstances' where medicine has been prescribed without a parent's knowledge)
- Parents should be informed when pain relief medication is administered
- Schools should keep a record of all medicines administered to individual children, stating what was administered and how, the dosage given, and when and by whom it was administered

Administering medicines: do we need parental consent?

Schools need written consent to administer medicines

The DfE's latest guidance says:

No child under 16 should be given prescription or non-prescription medicines without their parents' written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.

It goes on to say that schools should set out the circumstances in which non-prescription medicines may be administered to pupils.

It adds that pain relief medication should never be administered without first checking maximum dosages and when the previous dose was taken. The school should also make sure to inform parents that the medication was taken.

Obtaining consent at the start of a pupil's time at school

Schools can ask for permission to administer medication once at the start of a child's time in the school

Schools can ask for permission to administer non-prescription medicine once at the start of a child's time in the school. This could cover the duration of the pupil's time at the school, and may include medicines such as paracetamol.

However, schools should make it clear on the request form that the consent will last for the duration of the pupil's time at the school. Consent will usually be valid until it is withdrawn. Schools should be aware that pupils' circumstances might change within this time period.

The DfE said that the Department does not offer guidance on this. She said that it is up to the school to decide whether it needs to renew permission to administer medicines on a regular basis.

However, that there are risks to assuming consent will last for the duration of a pupil's time in the school. For example, a child may develop allergies over time.

Explaining to parents why consent is required

If a parent refuses to sign a consent form allowing the school to administer medicine to a child.

The DfE said that the school should first write to the parent explaining why it needs parental consent to administer medicine.

The school should explain that it is trying to put in place reasonable procedures to ensure it is covered for any eventuality.

The school could emphasize that in an emergency every minute is valuable, and that the parent may not always be contactable – in the event of an accident, for example, or the parent's phone not working.

The representative added that if the parent still withholds consent, the school may consider seeking legal advice.

Schools are not required to administer over-the-counter medicines

There is no requirement on schools to administer medication bought over the counter, and whether to do so is at the discretion of the head.

Metropolitan Borough Council S's policy on administering medicines in its schools says,

- Over the counter medicines, e.g. hay fever treatments or cough/cold remedies, should only be accepted in exceptional circumstances, and be treated in the same way as prescription medication ...
- Staff should check that the medicine has been administered without adverse effect in the past and that parents have certified that this is the case

The document notes that the use of non-prescribed medication should be limited to a 24-hour period, and should never exceed 48 hours. It adds that there is a risk that non-prescription medication could interfere with prescribed medication being taken by pupils, and says that schools should consider seeking approval from a child's doctor before agreeing to administer medicines bought over the counter.

Check whether your own local authority has a policy on administering non-prescription medication.

Letters requesting consent to administer medicines

The government's previous guidance on medical treatment, Managing Medicines in Schools and Early Years Settings, is dated from 2005. It was produced by the Department for Education and Skills, a predecessor to the DfE, in collaboration with the Department of Health.

It includes two template forms for requesting parental consent to administer medicine, which you may find useful. The forms can be found on pages 52-54.

The guidance has now been archived but is available on The National Archives website.

The ... form explains that medicines "must be in the original container as dispensed by the pharmacy" ...

Letter from community primary HH

Primary School HH has a parental consent form for administering medication. The top of the form explains that medicines "must be in the original container as dispensed by the pharmacy", and the school will only give the child medicine if the form is filled in and signed.

The form asks for information about the medication, such as dosage, possible side effects and any special precautions. It also has space to fill in the procedures to follow in an emergency.

Letter from voluntary aided primary VV

School VV has a letter requesting parental consent for the administration of paracetamol. It says:

For a child to be given the medicine written permission is needed in advance to be held on file at school and then verbal permission obtained on the day.

It also says that in the event of paracetamol being administered, doses will be recorded and a slip will be sent home to parents, notifying them of the dose and time of administration.

Notifying parents of medication given

A further article from The Key refers to examples of letters notifying parents that their child has been administered medicine in school.

Obtaining written consent by email

It is up to the school whether an email constitutes written consent or not for administering paracetamol

Ford example does an email from a parent constitute written consent for administering paracetamol.

It is up to the school whether an email constitutes written consent or not for administering paracetamol. However, it is recommended that each case should be considered individually.

The school should consider:

- For what reason the paracetamol is required
- How frequently it is required
- Whether it is being administered by an authorized healthcare professional

Schools should ensure they have all the most recent medical information from a pupil's parents before administering paracetamol to a pupil. This is to ensure that the pupil's medical situation has not changed since consent was last sought.

Administering medicines: conflicts with parents

Example: A parent is insisting on being allowed into school every lunchtime for a week and a half in order to administer medication to her child. However, the parent is refusing to tell the school what she is administering.

Advice on managing this situation.

Requirements for administering medicines

The DfE guidance says that school governing bodies are required to ensure that written records are kept of all medicines administered to pupils.

The guidance also notes that parents should provide the school with as much information as possible about their child's medical needs. However, the guidance does not outline specific information that parents are required to pass on.

The DfE explained that this requirement applies to any medication administered on the school grounds, even if it is administered by a parent.

This is because schools need to have as much information available to them as possible in the event that a pupil has an adverse reaction to a medication, experiences side effects, or requires other medical attention where the school will be expected to inform medical practitioners about any medications the pupil has taken.

DfE advice

DfE advice on how the school might handle a situation where a parent won't tell the school the medication he or she is administering to their child.

Schools are free to set their own policies about whether, and how, parents are permitted into the school during the day to administer medications to their child. Schools are also responsible for keeping a record of the medications administered to pupils.

If a parent refuses to comply with a school's request for information about the medication being given, the school should seek legal advice about its position in relation to its duty of care to the pupil.

While the school could ban the parent from coming on site to administer the medicine, doing so may not be in the best interests of the pupil.

The Association of School and College Leaders agreed that schools should seek legal advice in situations where a parent refuses to tell the school about medications they are administering to their child on the school site.

Schools may also need to seek legal advice on:

- Whether parents are legally required to tell the school what medicine they are giving their child
- The impact on the school's duty of care to the pupil that may result from banning the parent from the premises

- The school's liability if it allows a parent to administer medication about which it has no information

The foremost consideration should be what is in the best interest of the pupil.

Resolving conflict with parents

ASCL said that parents requesting to come to school to administer medication to their child is a relatively rare occurrence.

However, there are a number of reasons this request may be made. For instance:

- Administration of the medicine is particularly intrusive or personal
- The child has additional needs that make it challenging for members of school staff to provide the appropriate care
- Parents may be afraid that telling the school about certain types of medication will prejudice the school against their child

Schools should try to understand why the parent wants to maintain secrecy, and have a meeting to discuss the importance for the school of having as much information about a pupil's medical needs as possible.

The school should already have a clear policy on when and how medications can be administered in school, and should point to this policy when discussing arrangements with parents.

Schools may wish to seek legal or HR advice before meeting with parents, so that they are absolutely clear about what the school's responsibilities are.

Drug and Medicines Classifications
Drug and Medicine Schedules

The 2001 Regulations determine in what circumstances it is lawful to possess, supply, produce, export and import controlled drugs. The authorized scope of activity will depend on the schedule to which the controlled drug is assigned. There are five schedules. Schedule 1 contains those drugs that are considered to have little or no therapeutic value and are subjected to the most restrictive control. Schedule 5 contains drugs that are considered to have therapeutic value and are commonly available as over the counter medicines.

Schedule 1

Drugs belonging to this schedule are thought to have no therapeutic value and therefore cannot be lawfully possessed or prescribed. These include LSD, MDMA (ecstasy) and cannabis. Schedule 1 drugs may be used for the purposes of research but a Home Office license is required.

Schedule 2 & 3

The drugs in these schedules can be prescribed and therefore legally possessed and supplied by pharmacists and doctors. They can also be possessed lawfully by anyone who has a prescription. It is an offence contrary to the 1971 Act to possess any drug belonging to Schedule 2 or 3 without prescription or lawful authority. Examples of schedule 2 drugs are methadone and diamorphine (heroin). Schedule 3 drugs include subutex and most of the barbiturate family.

The difference between Schedule 2 and Schedule 3 drugs is limited to the application of the 2001 Regulations concerning record keeping and storage requirements in respect of schedule 2 drugs.

Schedule 4 (i) & (ii)

Schedule 4 was divided into two parts by the 2001 Regulations [as amended by the Misuse of Drugs (Amendment No. 2) Regulations 2012]

Schedule 4(i) controls most of the benzodiazepines. Schedule 4(i) drugs can only be lawfully possessed under prescription. Otherwise, possession is an offence under the 1971 Act.

Schedule 4(ii) drugs can be possessed as long as they are clearly for personal use. Drugs in this schedule can also be imported or exported for personal use where a person himself carries out that importation or exportation. The most common example of a schedule 4(ii) drug is steroids.

Schedule 5

Schedule 5 drugs are sold over the counter and can be legally possessed without a prescription.

Non-Scheduled Medicines

There are three legal categories described here.

Prescription-only medicines

Medicine packs classified ‘prescription only’ can be obtained only against a valid prescription issued by an authorized health professional. The prescription needs to be taken to a pharmacy where the medicine is prepared under the supervision of a pharmacist. Sometimes the prescription is filled at a dispensing doctor’s surgery. A member of the public cannot buy a prescription-only medicine (POM).

In general, prescription-only medicines are used for conditions that are best diagnosed and managed by health professionals. Examples of prescription-only medicines include virtually all antibiotics and medicines for treating high blood pressure.

Pharmacy medicines

People can buy products classified as ‘pharmacy medicines’ (P) but only from a pharmacy and in the presence of a pharmacist. These medicines, also called ‘pharmacy-only medicines’, are not usually displayed on open shelves. A rectangular box enclosing the letter P appears on the packaging of pharmacy medicines.

Pharmacy medicine packs are generally for short term treatment of medical conditions that can be identified readily and are not likely to persist, although they may sometimes be available for the management of long term conditions. Pharmacy medicines need to be used more carefully than medicines sold in other retail outlets and people may require special advice on treatment.

General sale medicines

People can buy general sale medicine packs from retail outlets such as corner shops and supermarkets. The medicines—also called ‘general sales list (GSL) medicines’—are also available for self-selection in pharmacies. General sale medicines are taken for common, easily recognized ailments which usually last around 2–3 days. These medicines cause few troublesome side effects in normal use.

Over-the-counter medicines

‘Over-the-counter (OTC) medicines’ covers all general sale medicines and pharmacy medicines. The description conveniently distinguishes medicines that can be bought from those that must be prescribed. *The term ‘over the counter medicines’ is informal and is not used in the UK medicines regulations.*

Supporting pupils with medical conditions: developing a policy

Duty to support pupils with medical conditions

The Children and Families Act 2014 placed a duty on the governing bodies of maintained schools, the proprietors of academies, and the management committees of pupil referral units to make arrangements for supporting pupils with medical conditions.

This duty came into force on 1 September 2014, and is set out in section 100 of the Act:

Developing a policy: what to include

The Department for Education (DfE) guidance on supporting pupils with medical conditions says:

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff.

In developing their policy, schools may wish to seek advice from any relevant healthcare professional.

The policy should cover:

- Procedures to be followed whenever a school is notified that a pupil has a medical condition
- The role of individual healthcare plans, and who is responsible for their development, in supporting pupils with medical conditions
- The roles and responsibilities of all those involved in the arrangements made to support pupils with medical conditions
- How staff will be supported in carrying out their role to support pupils with medical conditions and how this will be reviewed
- How staff training needs will be assessed
- Arrangements for children who are competent to manage their own health needs and medicines
- Procedures for managing medicines
- What should happen in an emergency
- Arrangements for school trips and sports activities
- What practice is not acceptable
- Insurance arrangements that cover staff for providing support to pupils with medical conditions
- How complaints may be made concerning support provided to pupils with medical conditions, and how the complaints will be handled

Roles and responsibilities: working in partnership

A school's policy should identify “collaborative working arrangements” between all these people ...

The guidance sets out the roles and responsibilities of the people and agencies involved in supporting pupils with medical conditions, including:

- Governing bodies
- Headteachers
- School staff
- Pupils
- Parents
- Local authorities

A school's policy should identify “collaborative working arrangements” between all those involved in supporting the pupil, showing how they will work together to ensure that the needs of pupils with medical conditions are met effectively.

Other issues schools may choose to include

The DfE guidance suggests that schools may also want their policy to cover:

- Home to school transport
- Defibrillators
- Asthma inhalers

Updates to the DfE guidance in December 2015

The guidance originally came into effect in September 2014 and was then updated in December 2015. Significant changes include:

- Page 3: an explanation that the advice shown in text boxes in the document is good practice advice and non-statutory
- Page 6: a brief definition of the SEND Code of Practice
- Pages 16-17: advice on the role of clinical commissioning groups (CCGs)

Implementing the policy

The DfE guidance says:

Governing bodies should ensure that the arrangements they set up include details on how the school’s policy will be implemented effectively, including a named person who has overall responsibility for policy implementation.

Arrangements should include details on how the school’s policy will be implemented effectively

These arrangements should include information about:

- Who is responsible for ensuring that sufficient staff are suitably trained
- A commitment that all relevant staff will be made aware of the pupil’s condition

- Arrangements in case of staff absence or staff turnover to ensure someone is always available
- Briefings for supply teachers
- Risk assessments for school visits, holidays, and other school activities outside the normal timetable
- Monitoring of individual healthcare plans

Policies on supporting pupils with medical conditions: FAQs

What counts as a 'medical condition'?

Are autism and attention deficit hyperactivity disorder (ADHD) considered medical conditions.

The Department does not provide a definition of 'medical conditions', or a list of conditions that would be classified as such

The DfE guidance says:

Schools do not have to wait for a formal diagnosis before providing support to pupils. In cases where a pupil's medical condition is unclear, or where there is a difference of opinion, judgements will be needed about what support to provide based on the available evidence.

This would normally involve some form of medical evidence and consultation with parents.

- Where a child has a special educational need (SEN) identified in a statement or an education, health and care (EHC) plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan
- Where a child has SEN, but does not have a statement or EHC plan, his/her special educational needs should be mentioned in his/her individual healthcare plan

Must independent schools have this policy?

The DfE has published a list of policies and documents that schools are required to have. Independent schools are not required to have a policy on supporting pupils with medical conditions.

Independent schools are required to adhere to the independent school standards, set out in the schedule to The Education (Independent School Standards) Regulations 2014. The standards set out the policies independent schools are required to have.

Must children's homes have this policy?

Children's homes must adhere to the National Minimum Standards (NMS) for Children's Homes and the Children's Homes Regulations 2001. Neither of these requires children's homes to write a policy on supporting pupils with medical conditions.

The regulations do, however, require children's homes to make arrangements for the recording, handling, safekeeping, safe administration and disposal of any medicines in the home.

Administering medicines: template record forms

Record of medicine administered to all pupils

The Department for Education (DfE) has published a series of templates in relation to its guidance on supporting pupils with medical conditions.

Template D, is for recording all medicine administered to pupils. It allows you to note the following information on each occasion medicine is administered:

- Date
- Pupil's name
- Time
- Name of medicine
- Dose given
- Any reactions
- Staff signature
- Staff name

Record of medicine administered to an individual child

The DfE has also created a template for recording the medicine administered to an individual child. You will find this as template C in this document.

The form has space to record the following information about the medication held by the school and the pupil for whom it is provided:

- Name of the school
- Name of the child
- Date the medicine was provided by the parent
- Pupil's group, class or form
- Quantity of medicine received
- Name and strength of medicine
- Expiry date
- Quantity returned
- Dose and frequency of medicine

It then provides multiple spaces to record information each time the medication is administered. The information to be recorded is:

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

DfE Template C: record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
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			

C: Record of medicine administered to an individual child (Continued)

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			

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

Template D: record of medicine administered to all children

Name of school/setting

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Individual healthcare plans: when should pupils have one?

Purpose of IHPs

The Department for Education (DfE) has guidance on supporting pupils with medical conditions, which includes information about individual healthcare plans (IHPs).

IHPs can help to ensure that schools effectively support pupils with medical conditions

Individual healthcare plans can help to ensure that schools effectively support pupils with medical conditions. They provide clarity about what needs to be done, when and by whom.

Deciding who should have an IHP

The DfE guidance explains that IHPs will often be essential, for example in cases where a pupil's condition fluctuates, or there is a high risk that emergency intervention will be needed.

It adds that IHPs are likely to be helpful in the majority of other cases where pupils have medical conditions, especially where medical conditions are long-term and complex.

Annex A of the guidance contains a flowchart that models the process for developing an IHP.

Not all pupils with medical conditions require an IHP

The DfE guidance says that while IHPs will be useful with the majority of pupils who have medical conditions, not all pupils will require one. It says:

The school, healthcare professional and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

The guidance adds that if there is no consensus on whether an IHP is needed, the headteacher is best placed to make the final decision.

Temporary medical conditions

Some children with temporary medical conditions may need an IHP

Some children with temporary medical conditions may also need an IHP, depending on the nature of their needs. For example, if a child’s condition requires him/her to take medicine during school hours, then a written plan should be put in place.

The school’s priority should always be to ascertain what the child’s needs are and then to work out what the school must do to meet them.

Individual healthcare plans: guidance, templates and examples

There is no set format, as IHPs will vary based on individual needs.

The Department for Education (DfE) has published guidance on supporting pupils with medical conditions. It is intended to help governing bodies of maintained schools and proprietors of academies meet their duty to ensure that pupils with medical conditions, whether physical or mental, are properly supported in school.

The level of detail within plans will depend on the complexity of the child's condition

The format of individual healthcare plans (IHPs) may vary according the specific needs of each pupil.

The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

An IHP should capture the key information and actions that are required to support the pupil effectively. It should be confidential, but easily accessible to everyone who needs to refer to it.

It is ultimately down to schools to decide whether all the necessary information is recorded on one form, however, that including all the information in one accessible document is likely to be the best way to meet a child's needs.

Creating IHPs

What should IHPs include?

The DfE's guidance on supporting pupils with medical conditions, lists examples of points for the governing body to consider when deciding what information to record in IHPs. These include:

- The medical condition (and its triggers, signs, symptoms and treatments)
- The pupil's needs resulting from the condition (such as medication and other treatments, time, facilities, equipment, testing, access to food and drink, dietary requirements, and environmental issues)
- Specific support for the pupil's educational, social and emotional needs
- The level of support needed
- Who will provide the support?
- Who in the school needs to be aware of the child's condition
- What to do in an emergency

Plans should be created in partnership between schools, parents, and relevant healthcare professionals

Who should create IHPs?

Where necessary, an Individual Healthcare Plan (IHCP) will be developed by the Headteacher/Assnt Head/Business Manager

- Pupil if appropriate
- Parents/carer,
- Special Educational Needs Coordinator (SENDCO)
- Relevant Medical professionals

Staff training requirements for IHP preparation

There is no central guidance on whether people involved in creating a care plan should receive specific training. Schools should contact their local authorities to find out whether such support is available within their area.

Template IHP from the DfE

The DfE has produced templates to go alongside the guidance linked to above, including a template for an IHP.

The plan has space to record

- Pupil details
- Contact information for the pupil's family and clinic/hospital,
- The pupil's GP
- The pupil's needs and requirements.

The form also has blank boxes to record:

- A description of the pupil's medical needs
- Details of the pupil's medication
- Daily care requirements
- What constitutes an emergency and the action to be taken if this occurs
- Any staff training needed or undertaken

IHPs for pupils with mental health needs

A pupil with a mental health condition may also require an IHP if the condition requires some form of healthcare provision.

The school's approach to the IHP would be no different from that for a pupil with a physical condition. The plan should be developed according to the specific needs of the pupil.

IHPs for pupils with specific medical conditions

IHP for a pupil with diabetes

Diabetes UK has produced an outline IHP for a child with diabetes. It has sections covering:

- The child's information (including the child's details, the family's details, and the child's health needs)

- Monitoring blood glucose levels
- Insulin administration with meals
- Suggested daily routine
- Hypoglycemia and hyperglycaemia

IHP for a pupil with epilepsy

Epilepsy Action has published a template IHP for a pupil with epilepsy. On page 2, it asks for information such as:

- Details of the epilepsy condition
- Action to be taken following a seizure
- Emergency procedure if a seizure lasts more than a set number of minutes
- Details about emergency medication

Page 3 includes space for details about specific support or equipment required, activities requiring special precautions and arrangements for school trips.

IHPs for temporary medical conditions

IHP for a pupil with temporary medical needs.

Some children with temporary medical conditions may also need an IHP, depending on the nature of their needs. For example, if a child's condition requires him/her to take medicine during school hours, then a written plan should be put in place.

The Royal College of Pediatrics and Child Health (RCPCH) said:

Whether an IHP is needed in this scenario, and what its contents should be, will depend on the nature of the condition. The school should talk to the child and their family, and consult the child's GP or pediatrician about the child's needs. The school should then make a decision with these parties about whether an IHP is needed to manage the condition.

Whether an IHP is needed depends on the nature of the condition

The contents of an IHP for a temporary medical condition would be similar to those for a long-term condition, and that schools should follow the DfE's statutory guidance on supporting children with medical needs.

If the child's condition requires them to take medicine during school hours, a written plan should be put in place to set out the dosage and timings for its administration, and who is responsible for storing and administering it.

The school's priority should always be to ascertain what the child's needs are and then to work out what the school must do to meet them. This is the case whether or not a school decides to create an IHP for the child.

Supporting pupils with EHC plans and medical conditions

DfE advice for pupils with SEN and medical needs

DfE has published statutory guidance on supporting pupils with medical conditions.

Page 11 of the document contains information about pupils with both a medical condition and a statement or education, health and care (EHC) plan. It explains:

Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan [IHP] should be linked to or become part of that statement or EHC plan.

Pages 5 and 6 of the document explain that when a pupil has special educational needs (SEN) and a medical condition, the DfE's medical guidance should be read alongside the special educational needs and disabilities (SEND) Code of Practice 2014.

Pupils with EHC plans and IHC plans: should plans be combined?

Schools could combine plans into an EHC plan, depending on the pupil's needs

A pupil's medical requirements can be addressed in section C of the EHC plan. This section is about the pupil's health care needs relating to their SEN. If the health needs do not relate to their SEN, then the IHP and the EHC plan can sit alongside each other.

It may be easier for schools to combine plans and review one overall document for the pupil. This document would give a holistic view of the pupil's requirements. It would also enable all professionals to meet when the plan is written and reviewed, and build a full perspective of the pupil's developing needs.

The needs of a pupil often impact on one another, and that this kind of meeting would allow professionals to identify this and make further provision for the pupil.

Invite all professionals to evaluate plans

If it is not appropriate to combine plans into one document or into an EHC plan, the school should schedule reviews of a pupil's IHP and EHC plan take place one after another, on the same day. In this way, all professionals can attend both reviews and be updated on the pupil's current stage of development in all areas.

If all professionals attend meetings to review a pupil's IHP and/or EHC plan, they can agree targets or alterations together.

The pupil's parents should also attend. Pupils themselves should be invited if they are old enough. Pupils over the age of 12 would be old enough to contribute to their meeting, as long as the nature of their needs allows them to follow the discussion.

Organize meetings to accommodate external professionals as far as possible

If several professionals are attending a meeting, it can be both expensive and difficult to schedule.

The professionals should ideally be in school for the reviews of several pupils over the course of one day

Schools should plan the reviews far in advance, from the start of the academic year for the full year ahead. This will help external professionals anticipate when they will be needed, giving them time to plan around other commitments.

If it is impossible for all professionals working with a pupil to attend the review of their IHP or EHC plan, the medical professionals could have their own meeting in advance of the review. Then one of the medical professionals could report back in the review about what was discussed.

Responsibility for reviewing IHPs

Are external medical professionals responsible for reviewing a pupil's IHP, or whether the school is responsible.

The DfE's guidance on supporting pupils with medical conditions, says that IHPs should be initially drawn up in partnership between the school, parents and a relevant healthcare professional, e.g. school nurse, specialist or children's community nurse or pediatrician who can best advise on the pupil's needs. It goes on to say:

- Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalized and implemented rests with the school.
- It is the school's responsibility to co-ordinate the review of the IHP.

It is the school's responsibility to co-ordinate the review of the IHP

Co-ordinate the school plan with medical professionals in advance to clarify who is responsible for updating each part of the plan, or for each part of the process.

For example, the medical professionals could be responsible for reviewing the daily care requirements on the IHP and noting any necessary updates, and the school could be responsible for officially recording these changes and reporting them to parents.

If a pupil has an IHP, the school should arrange for healthcare professionals to review the content, due to their specialist medical knowledge.

However, if it is an EHC plan with medical elements included, healthcare professionals should be invited to the review of the EHC plan. Any changes in provision should be decided upon, and the plan should be amended accordingly.

The school should be involved with planning and reviewing the IHP provision as far as possible. This is so that staff are fully equipped to support the pupil during the school day, when external healthcare professionals are not on site.

Pupils with EHC plans and medical conditions: school examples

Separate EHC plan and IHP

Primary School J, has published its SEND policy on the school website. The policy says:

Where a pupil with a medical condition also has a disability or SEN, the IHP will be closely linked to provision to support accessibility and additional educational needs, so that there is a coordinated approach. Some children may have an IHP alongside an EHC plan.

The policy goes on to say that staff are trained to support a pupil with medical needs, following the advice of medical agencies working with the pupil. This is planned on an individual basis.

Combining SEN and medical needs on an EHC plan

School N, a foundation special school for pupils aged 11-16, supports pupils with a range of needs including moderate or severe learning difficulties, social emotional and behavioral difficulties and autistic spectrum disorders.

The school has published its SEND policy, which explains the school's use of either EHC plans or IHPs .

In a section about meeting medical needs of pupils, it says:

Where children and young people also have SEN, their provision should be planned and delivered in a coordinated way through an EHC plan as it brings together health and social care needs, as well as their special educational provision.

Supporting pupils with asthma

Supporting pupils with asthma: DfE guidance

The DfE Guidance states that specialist local health teams may be able to provide support for pupils with certain conditions, including asthma.

Regarding the storage of medicines. It says:

Asthma inhalers ... should be always readily available to children and not locked away

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately.

Medicines and devices such as asthma inhalers should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.

Guidance on the use of emergency inhalers

The Department of Health has published non-statutory guidance on the use of emergency salbutamol inhalers in schools.

It explains that, since 1 October 2014, schools have been allowed to keep a salbutamol inhaler on the premises for use in emergencies. However, schools are not required to hold an inhaler if they do not want to.

Emergency inhalers in school policies

The DoH guidance says:

Any school which chooses to hold an emergency inhaler may wish to consider including a cross-reference to the asthma policy in the school's policy for supporting pupils with medical conditions.

The use of an emergency asthma inhaler should also be specified in a pupil's individual healthcare plan where appropriate.

A school's medical policy or asthma policy may already cover, for example, storage, care and disposal of medication, and could simply be expanded to cover emergency inhalers.

Supply, storage, care and disposal of inhalers

An emergency asthma inhaler kit should include:

- A salbutamol metered dose inhaler
- At least two plastic spacers compatible with the inhaler
- Instructions on using the inhaler and spacer
- Instructions on cleaning and storing the inhaler
- Manufacturer's information
- A checklist of inhalers identified by their batch number and expiry date, with monthly checks recorded
- A note of the arrangements for replacing the inhaler and spacers

- A list of children permitted to use the emergency inhaler, as detailed in their individual healthcare plans
- A record of when the inhaler has been used

A school's asthma policy should outline staff responsibilities for maintaining the emergency inhaler kit

It also adds:

To avoid possible risk of cross-infection, the plastic spacer should not be reused. It can be given to the child to take home for future personal use.

The inhaler itself however can usually be reused, provided it is cleaned after use.

Children who can use an inhaler

According to the DH's guidance, an emergency salbutamol inhaler should only be used by children who have been diagnosed with asthma and prescribed a reliever inhaler, or children who have been prescribed a reliever inhaler. Parental consent must be given.

Staff

The DH guidance says that whilst a staff member may volunteer to take on responsibilities related to asthma, it would be reasonable for all staff to be:

- Trained to recognize the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms
- Aware of the asthma policy
- Aware of how to access the inhaler
- Aware of who the designated members of staff are and the policy on how to access their help

It would be reasonable for all staff to be aware of how to access the inhaler

Responding to an asthma attack

Pages 15-16 of the DH's guidance list some symptoms of asthma and signs of an asthma attack.

It also gives advice on how to respond to signs of an asthma attack, such as:

- Encourage the child to sit up and slightly forward
- Help the child to take two separate puffs of his/her inhaler or the emergency salbutamol inhaler via the spacer
- If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve
- Stay calm and reassure the child

However, it notes that schools should also call an ambulance immediately if a child:

- Appears exhausted
- Has a blue/white tinge around his/her lips
- Is going blue

- Has collapsed

Example of an asthma policy

School J has an asthma policy, which includes sections on:

- Asthma in the classroom
- Asthma symptoms
- Types of treatment
- Access to reliever medication
- Pupils with special education needs (SEN)
- Training

It explains that, wherever possible, asthmatic pupils should carry their own inhalers but notes that this is not practical for younger children. Therefore, it says that there should be a system in place that teachers, parents and pupils know about to allow for safe and ready access.

The policy also says that inhalers and spacer devices should have pupils' names clearly marked.

Pupils with catheters: guidance

Catheterization guidance

What is it?

Clean intermittent catheterization is a method used to empty urine from the bladder at regular intervals during the day. This is carried out by passing a fine flexible catheter (soft plastic tube) into the bladder along the urethra.

Some children require this when they have no bladder control, or to prevent repeated urine infections.

Who can carry out intermittent catheterization in schools?

- 2 or 3 school staff members need to be trained to carry out the procedure
- Teaching assistants usually carry out the procedure, but it can be done by any permanent member of school staff

Council K has multi-agency guidance on managing children's health needs. It sets out who can carry out certain types of procedure, and says that intermittent catheterization and catheter care is classed as a task that:

- Need[s] to be carried out regularly, require[s] a small amount of time, privacy, some degree of skill and the use of generic equipment. Specific training will be required in accordance with local guidelines.
- It says it may be safely taught and delegated to non-health qualified staff following a child-specific assessment of clinical risk.

Catheter care may be safely taught and delegated to non-health qualified staff

Arrangements in schools

Council W has guidance for its schools on administering invasive medical care. It includes a section on catheterization, and provides some instructions for schools to manage this:

- Ensure the child has access at prescribed times to a toilet with good hand-washing facilities, preferably en suite
- It could be agreed that the child can use an adult toilet at the agreed times
- Children under 6 will require staff to carry out the procedure, children over 6 will be taught to do it themselves but may still need support
- 2 people should be present during the procedure, but only 1 should carry it out
- Male staff should not catheterize female pupils, or support them to self-catheterize
- The process will take about 15 minutes, 3 times per day
- Time should be agreed and set aside during school breaks

The procedure

An NHS trust booklet linked to above sets out a step-by-step process for how schools should carry out clean intermittent catheterization.

There are six steps:

1. Wash your hands and open the catheter package without touching the tip, and prepare according to instructions
2. Wash the child's private parts
3. Wash your hands again
4. Insert the catheter safely and correctly, according to how you have been trained
5. Hold the catheter in place until the urine has stopped draining
6. Wash your hands again

It adds that most catheters are single use only and should be disposed of in accordance with school policy.

Great Ormond Street Hospital for Children also has a guide to catheterization, with detailed step-by-step instructions on how to carry out the procedure

School policies

The DfE guidance does not require schools to set out procedures for each type of medical condition in a policy. However, some schools refer to catheterization in their policies on managing complex health care needs and intimate care. Examples below.

Policies from schools

Community special school

School N has a policy on managing complex healthcare needs.

Page 1 explains that children's individual medical procedures for dealing with their complex needs, including invasive procedures such as catheterization, will be included in their healthcare plan.

Catheterization is listed as a procedure that may be safely taught and delegated to non-health qualified staff. These staff must have been trained by a qualified health professional and "assessed as competent on an individual child/young person basis".

Academy

The intimate care policy from Academy P says that the school agrees multi-agency individual education plans, healthcare plans or intimate care plans for pupils who need regular assistance with intimate care. It adds:

It is good practice for a written record to be kept in an agreed format every time a child has an invasive medical procedure e.g. support with catheter usage.

Pupils who are disabled might require assistance with invasive or non-invasive medical procedures such as the administration of rectal medication, managing catheters or colostomy bags.

These procedures will be discussed with parents/carers, documented in the health care plan or individual education plan and will only be carried out by staff who have been trained to do so.

It goes on to explain that staff members assisting with these procedures should:

- Follow appropriate infection control guidelines
- Dispose of medical items correctly
- Be trained in accordance with the local authority's requirements

Community special school

School X has an intimate care policy that refers to catheterization.

- Staff will teach pupils to be as independent as possible through continence training and self-catheterization where appropriate.
- If 2 staff are required for catheterization, 1 should be the school nurse unless she is unavailable.

Sources and further reading

The International Children's Continence Society has published guides to clean intermittent catheterization for children:

EpiPens: Risk Assessments

Anaphylaxis risk assessment

Difficulty of access as a hazard.

EpiPens will be stored in a small clear box inside a second clear box with the child's name and picture on it. This box will then be kept in the designated medication box of which all staff will be made aware.

EpiPens will be stored in a small clear box with the child's name and picture on it

An anaphylactic reaction can occur in response to an unforeseen trigger. In this instance:

- The deputy supervisor will take over the session and remove children to another place away from the child having the reaction
- The child having the reaction will not be moved
- The supervisor of the session will direct a member of staff to call an ambulance and then administer the EpiPen. A third member of staff will support as requested

Other risks considered in the risk assessment include:

- Contamination from chopping boards and knives, and snacks and food tables
- Staff not being sure how to administer children's medication
- Additional medication required by children

Risk assessments for administering medication

County Council A has a risk assessment for its schools on administering medication, which includes information on EpiPens.

The risks listed are:

- The wrong medication is administered
- The wrong dosage is given
- The wrong pupil is given medication

To help mitigate these risks, the document says:

Any specific training required by staff on the administration of medication e.g. EpiPen, will be provided by the school nurse.

The risk assessment also says that all emergency medicines, such as asthma inhalers and EpiPens, will be readily available and not locked away.

Other control measures included in both risk assessments are:

- A log will be kept of all medication administered
- Written agreements between parents and the school regarding medication will be reviewed periodically to ensure it remains accurate
- Pupils' medical needs will be catered for on educational visits and school trips

LA guidance

Council B's guidance on managing medicines looks specifically at EpiPens and explains that the types of allergic reactions that may require the use of an EpiPen include:

- Insect stings
- Foods
- Drugs
- Latex
- Exercise-induced anaphylaxis

The guidance advises:

- The EpiPen should be administered by the person who it has been prescribed to. Where this is not possible, the EpiPen can only be used by staff who have been trained in their use by a GP or nurse and who are competent to use it
- In all cases of anaphylaxis emergency services should be called. Where an EpiPen has been used emergency services should be called as a follow-up

The EpiPen should be administered by the person who it has been prescribed to

Expert opinion

The risk assessment should be written in reference to where the pupils are going to be at all points in the school day

The risk assessment should be written in reference to where the pupils with EpiPens are going to be at all points in the school day. This should include breaks and extracurricular activities, and also which staff will be responsible for administering EpiPens at each time and place.

The assessment should not only cover the provision of staff training, but also the impact and staff engagement in the training. Additionally, training plans in the risk assessment should include provision for staff who miss training sessions or who join the school after one of the sessions has been delivered.

It is beneficial to consult parents when writing the risk assessment to cover issues such as:

- Who is responsible for ensuring the EpiPen is up to date
- Whether the EpiPen has the correct dosage
- Whether the school is aware of any changes to medical conditions of relevant students

EpiPen training for school staff

Advice from Anaphylaxis Campaign

The Anaphylaxis Campaign confirmed that there is no specific requirement for all staff to have EpiPen training.

It would be good for all teachers who are willing, to receive this training, and to have it refreshed "regularly"

Schools should check their insurance policies, as they may require certain staff training arrangements for dealing with severe allergies

Key staff who work with pupils with EpiPens should receive this training, but also noted that staff cannot be required to administer medicines to pupils.

Ideally, the training would be refreshed every 12 months. This is because EpiPens do not tend to be used frequently, so staff may forget how to use them. This does not necessarily need to be formal training, but could be a "refresher" with a practice pen in staff meetings.

Guidance from the NUT on anaphylaxis in schools

The National Union of Teachers (NUT) has published guidance on anaphylaxis in schools. It says that teachers' conditions of service do not include any legal obligation to administer medicine.

It says that teachers who volunteer to administer medicine should be provided with "comprehensive training" from local health services. During this training, staff should have the opportunity to practice with trainer injection devices.

It also advises that there should be several people trained in using epi-pens, to ensure that someone is available at all times. The NUT says this would be even more important in large or split-site schools.

School policies and information referring to epi-pen training

Primary School A has information on training for staff to support pupils with additional needs in its special educational needs and disabilities (SEND) information report.

It says that all teachers have received up-to-date training on using EpiPens.

All teaching staff receive epi-pen training annually

School D says that all teaching staff receive EpiPen training annually.

Epi-pen and anaphylaxis training providers

St John Ambulance has an anaphylaxis first aid course for schools. It covers areas such as auto-injectors, resuscitation, and understanding and recognizing allergic reaction.

Sharing information about pupils' medical needs

Guidance on sharing sensitive personal data

The Information Commissioner's Office explained that pupils' medical details are sensitive personal data. As such, schools will need to be particularly careful in the way that they store and use this information.

Sharing or displaying sensitive personal data counts as 'processing' personal data. Therefore, before displaying or sharing this information, schools should consider the conditions for processing sensitive personal data, as outlined in the Data Protection Act 1998.

The ICO website explains that at least one condition for use of personal data, and at least one condition for use of sensitive personal data, must be met before data can be processed. Among the conditions for use of sensitive personal data are:

- The individual who the sensitive personal data is about has given explicit consent to the processing
- The processing is necessary to protect the vital interests of the individual (in a case where the individual's consent cannot be given or reasonably obtained)
- The individual has deliberately made the information public
- The processing is necessary for medical purposes and is undertaken by a health professional or by someone who is subject to an equivalent duty of confidentiality

The full lists of conditions for personal data and sensitive personal data, and more information about them, are available on the ICO's website.

Sharing pupils' medical information with staff

The ICO states that when considering whether to share information about a pupil's medical needs with staff, the school should assess who needs the information.

The school should get consent from either the pupil or his/her parent before sharing medical information

For instance, if a pupil has an allergy to a common food product which causes a severe allergic reaction, it may be appropriate to share this information widely to prevent unintentional harm to the pupil.

However, the school should always try to get consent from either the pupil or his/her parent before sharing this information.

A spokesperson from Nasen noted that, where possible, information about pupils' medical needs should be shared in a discreet manner, such as on a secure intranet or within a confidential file. However, where a child has a potentially life-threatening condition, it is important that all school staff are made aware of this.

Displaying pupils' medical information

Could schools put the details of pupils' medical conditions on display alongside photos to make staff aware of their needs in case of an emergency, such as an asthma attack.

The ICO say that the principles for data use apply in this situation. This is because displaying sensitive personal data counts as 'processing'.

This means that if the school has consent, displaying the information will not be an issue. Likewise, if the school can demonstrate that displaying the information is necessary to protect the pupil's health, they may display the information even where they cannot obtain consent.

Schools wishing to display pupils' photos and medical information should be careful about where they display the information, and recommended that it should not be in an area such as a staffroom, which is open to groups other than staff.

The ICO agree that a staffroom may not be a good place to display pupils' medical information, because anyone can enter. However, he explained that if the school could ensure that only people with a legitimate reason to see pupils' sensitive personal data enter the space, displaying medical information should not be problematic.

The Nasen spokesperson added that, once schools have taken the above into account, they might choose to display the following details:

- The child's condition
- How to treat the child
- Location of the child's medicine (if applicable)

Schools could display general posters about how to support pupils with specific conditions, such as diabetes and asthma.

Sharing pupils' medical information during school events

Sharing details of pupils' allergies with members of the parent-teacher association, so that they could avoid giving pupils foods to which they are allergic during a school event.

ICO stated that schools should gain consent from the pupil or his/her parents before sharing the information. Where this is not possible, the school should consider whether it is in the pupil's best interest to share the information.

For example, if a pupil is old enough to manage his or her own allergies, it may not be necessary to share that pupil's medical information if the pupil is aware of the ingredients in any food being served.

However, if the pupil is too young to manage his or her own condition, or needs support in this, it may be reasonable to share the information.

Where information is shared, the school should only share it with those individuals who strictly need to know.

Displaying information about pupils' medical needs: examples

Primary School L

This Primary and Nursery School has a medical needs policy, which says:

A photograph and brief description of the child's condition will be put on the staffroom noticeboard

Children who have a life-threatening condition (e.g. asthma or diabetes) are made known to staff and a photograph and brief description of the child's condition will be put on the staffroom noticeboard and in the medical room.

Storing medicines: what to include in a risk assessment

Identifying the risks and control measures: advice from ASCL

Clearly mark a pupil's name on his or her medicine, along with the dosage requirements

The Association of School and College Leaders said schools should think about the potential hazards involved. For example:

- Children gaining access to medicines unauthorized
- Children being unable to gain access to their medicine when necessary
- Medicine being given to the wrong child
- Children taking too high a dosage of medicine
- Correct procedures for administering medicine not being followed
- Medicines going out of date

The following control measures were suggested:

- Store medicines in a staff-only area and ensure the area is constantly staffed, or that keys are accessible to staff members in an emergency
- Keep medicines in a locked cupboard
- Inform pupils where their medicine is stored (so that they can gain access to it with staff assistance)
- Clearly mark a pupil's name on his or her medicine, along with the dosage requirements
- Ensure staff are able to correctly identify children when retrieving medicine. Each child could carry an identity card for this purpose, or the medicine could be marked with a photo of the child
- Note the expiry dates of all medicines and dispose of them accordingly. Require parents to provide new medicines where necessary (and in advance if possible)

Safe storage of medicines: tips from a sample policy

Controlled drugs are stored securely but accessibly

The Health Conditions in Schools Alliance has produced a sample policy on administering medicine in schools. Section 8 of the document refers to safe storage.

The guidelines in the document may be useful when considering the potential hazards of storing medicines on the premises, and how you might mitigate these risks. Control measures include, for instance:

- The school ensures that a child's emergency medicine or equipment is not locked away and is readily available wherever the child is, whether in the school or on off-site activities
- Controlled drugs are stored securely but accessibly, and only named staff have access

- Staff can administer a controlled drug to a pupil once they have had specialist training
- Medicines are stored in accordance with their instructions. They are in-date, labelled and in the original containers where possible
- Parents collect all medicines at the end of the school term, and provide new, in-date medicine at the start of each term

Storing and retaining records: guidance

How long must schools store records? The records management toolkit for schools from the Information and Records Management Society (IRMS) and guidance from the Department for Education and the Information Commissioner's Office on retaining, storing and disposing of records.

Retention schedule for school records: IRMS toolkit

The Information and Records Management Society (IRMS) is a professional association for those who work in records or information management. It has produced an information management toolkit for schools.

The toolkit shows the retention periods for different types of school records

The toolkit shows the retention periods for different types of school records, and the actions to take at the end of a record's administrative life.

For some records, there are statutory retention periods. For others, the table shows retention guidelines following best practice.

The document notes that managing records using these retention guidelines will be deemed as "normal processing" under the Data Protection Act 1998 and the Freedom of Information Act 2000. It adds that if record series are to be kept for longer or shorter periods of time than laid out in this document the reasons for this need to be documented.

Which schools does the toolkit apply to?

On page 5 the document explains that the toolkit has been created to:

... assist schools to manage their information in line with current legislative frameworks.

Module 1 consists of the base toolkit designed to assist schools under local authority control in their compliance with the Freedom of Information Act 2000.

Modules 2 and 3, which are designed to assist academies and independent schools, are in development.

Although module 1 is aimed at maintained schools, the toolkit also points out on page 13 that academies fall under the Freedom of Information Act and that academies and independent schools are data controllers in their own right, so these types of schools should also find the toolkit useful.

The IRMS also says that the toolkit has been designed as guidance and should “not be quoted to users as being a ‘standard’”.

Retaining records: ICO

The Information Commissioner's Office (ICO) said that the Data Protection Act 1998 does not specify how long records should be kept for. It simply requires all schools, including independent schools, not to keep records for longer than necessary.

He recommended that schools can follow the IRMS toolkit for guidance when deciding how long to retain specific documents.

The representative suggested that a school should have a written policy setting out for how long it keeps different types of records and the reasons why it keeps them.

Retaining pupil records from primary schools

How long should a secondary school keep the information transferred from pupils' primary schools.

Two types of record – the 'pupil record' and the common transfer file – need to be retained until the pupil turns 25

Secondary schools can receive many different files from primary schools and that two types of record – the 'pupil record' and the common transfer file – need to be retained until the pupil turns 25.

Pupil record

The pupil record is transferred from a pupil's primary to secondary school. Then that secondary school, or the school where the pupil goes on to complete his/her sixth form studies, is responsible for keeping that record until the pupil reaches the age of 25.

Schools must retain the record for this length of time in order to comply with the Limitation Act 1980.

The files that should be part of the pupil record are shown on pages 9-12 of the IRMS toolkit. They include, for example:

- Admission/application forms
- Privacy notices (if these are issued annually only the most recent need be on the file)
- Parental permission for photographs to be taken (or not)
- Annual written reports to parents
- Record sheets for the National Curriculum and the agreed religious education (RE) syllabus
- Any information relating to a major incident involving the child (either an accident or other incident)
- Any information about a special educational needs (SEN) statement and support offered in relation to the statement
- Any information relating to exclusions (fixed or permanent)
- Any correspondence with parents or outside agencies relating to major issues
- Details of any complaints made by the parents or the pupil

A primary school does not need to keep copies of any records in the pupil's record, unless there is an ongoing legal action when the pupil leaves the school.

Common transfer file

A secondary school (or the school where the pupil completes sixth form studies) is responsible for keeping the common transfer file until the pupil reaches the age of 25.

Other types of files

Advice is to keep other files, which are not referred to in the IRMS toolkit, for "as long as necessary" and taking a common-sense approach before disposing of them.

These other types of files could include non-statutory teacher assessment information, minor behavioural notes or information about the pupil's family.

Where possible, any information received from primary schools should be uploaded onto the school's information management system during the autumn term.

Retaining information on staff no longer at the school

The IRMS toolkit recommends that schools retain staff personal files for six years following the end of a staff member's employment, before 'secure disposal'. IRMS stated that while most ordinary personnel files need to be kept for only six years from the termination of employment this should be considered to be the minimum retention period before reviewing (rather than disposing of) the file.

The IRMS toolkit recommends that schools retain staff personal files for six years following the end of a staff member's employment

Some files may need to be kept for longer, for example if a staff member was involved in any child protection issues.

If pensionable information is kept on the personnel file, this will need to be retained until six years after the last pension payment has been made.

Different parts of the personal files of staff who have left the school may have different retention periods. They suggested gradually removing parts of the file in accordance with their retention periods, explaining that eventually the file will just contain the employee's start date, end date, tax and pension information and whether or not he/she was fired.

Safe storage of staff and pupil records

ICO guidance on the safe storage of staff and pupil records.

Schools should consider the seventh principle of the Data Protection Act, which states:

Appropriate technical and organizational measures shall be taken against unauthorized or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

The ICO has published an overview of the requirements of the seventh principle of the Data Protection Act. In a section headed 'What kind of security measures might be appropriate?', it looks at:

- What measures you may need to take at an organizational level
- How to ensure that staff are aware of their data protection responsibilities
- The security of premises and paper-based records
- Computer security

The ICO representative advised that hard copies of records should be safely secured in a lockable filing cabinet, and that electronic records should be password-encrypted.

Electronic records should be password-encrypted

Safe disposal of records

There is no official guidance on who can dispose of documents. It is the responsibility of the organization to dispose of its data in a secure manner, but there is no requirement for a particular member of staff to do so.

Guidance on disposing of records

Pages 26-27 of the IRMS toolkit covers the safe disposal of records. It says that where an external provider is used, all records should be shredded on-site in the presence of an employee. Staff working for the external provider "should have been trained in the handling of confidential documents".

Where records are destroyed internally, the toolkit says that a senior manager should authorize the destruction.

It also looks at:

- The disposal of records that have reached the end of their minimum retention period
- The transfer of records to archives
- The transfer of information to other media
- The recording of all archiving, destruction and digitization of records

Replacing hard-copy records with electronic records

DfE advise that while there is no legislation on whether electronic records should replace hard-copy records, maintained schools and academies could consult their local authority (LA) for guidance on this issue.

The IRMS toolkit suggests that schools may wish to convert paper records to other media, such as microform or digital media, if the information needs to be kept for a long time.

Consideration should also be given to the legal admissibility of records that have been converted from paper to electronic media.

It is essential to have procedures in place so that conversion is done in a standard way. This means that organizations can prove that the electronic version is a genuine original and could not have been tampered with in any way.

Can we dispose of hard copies?

Once information has been recorded electronically, it is a school's choice whether to dispose of hard copies or not. If someone were to query an electronic record, a school may be in a better position to confirm the accuracy of the electronic record if it were able to back it up with the original hard copy.

What should happen to records when a school closes?

The IRMS toolkit covers school closures and record keeping.

- If the school has been closed and the site is being sold or reallocated to another use, the LA should take responsibility for the records from the date the school closes
- If two schools have merged and function as one school, it will be necessary for the new school to retain any records originating from the two schools for the appropriate time
- If a school is converting to an academy, it should be treated as if the school has closed even though the academy may be reopening on the same site in the same buildings. The academy would be expected to take responsibility for the records relating to the pupils who have transferred to the academy and any records relating to the maintenance of buildings. The LA would take responsibility for all other records

Pupil medical records: what to include and retention periods

What medical records on pupils should be kept?

The Department for Education (DfE) does not specify what health or medical records on pupils should be kept. In general, it is up to individual schools to decide which records to maintain.

The DfE has, however, issued guidance on keeping records of treatments administered in schools.

Records of medicines administered

DfE guidance on supporting pupils at school with medical conditions says:

Governing bodies should ensure that written records are kept of all medicines administered to children.

Records offer protection to staff and children and provide evidence that agreed procedures have been followed

Parents should be informed if their child has been unwell at school.

DfE said that the provision for records to be "written" does not mean that schools need to have hard copies. Schools can store these records electronically as long as they are readily accessible.

Records of first aid treatment

The Department for Education and Employment, a predecessor of the Department for Education (DfE), published guidance on first aid provision.

Page 12 of the guidance says that schools should keep a record of any first aid treatment given by first aiders and appointed persons, and sets out what the record should include.

The document is still in use, and is now hosted on GOV.UK.

How long should pupil medical records be kept?

The Information and Records Management Society (IRMS) has created an information management toolkit for schools, which includes guidance on record retention periods.

Records of accidents involving pupils should be kept for a period of 25 years from the pupil's date of birth

Pages 10 and 11 say that "relevant medical information" should be kept on a pupil's record.

Page 49 says that a primary school pupil's educational record should be kept for the duration of the pupil's time at the school, at which point they should be transferred to the pupil's new school. Secondary schools should then keep the files for a period of 25 years from the pupil's date of birth.

Page 44 also says that records of accidents involving children should be kept for a period of 25 years from the child's date of birth.

How long should records of medicines administered be kept?

DfE said that there is no set time frame for which records of medicines administered to pupils should be kept. However, he advised that schools retain them for as long as the child is a pupil at the school. He said that, once the pupil has left the school, there will be no need for the school to hold that information.

How long should records of minor accidents be kept?

Whether the school should keep records of minor accidents involving pupils, such as bumps and bruises, and records of when a pupil is sent home sick, for the same period as records of accidents. (25 years from the child's date of birth.

There is no legal definition of a minor injury

There is no legal definition of a minor injury, and seemingly minor injuries have the potential to develop into more serious injuries. The default position for records of this kind should be to retain them for the period of 25 years from the pupil's date of birth.

A school can analyze business risks and consider how much risk it is prepared to absorb. Part of this process should be to decide on a definition of a minor injury, and then to set retention periods for records accordingly.

How long should absence letters be kept?

The IRMS toolkit, linked to above, says on page 51 that correspondence relating to authorized absence and related issues should be kept for two years from the date of absence. It should then be disposed of securely.

Absence notes should be stored separately to the pupil record.

This is because they are subject to shorter retention periods, and if included in the pupil's main file then "a lot of unnecessary weeding of the files" will have to take place before they are transferred to the pupil's new school, or once the pupil leaves the school.

A 'no nuts' policy?

Should schools be nut-free zones?

The Anaphylaxis Campaign says:

Generally speaking the Anaphylaxis Campaign would not necessarily support 'peanut bans' in all schools.

Schools do however have a duty of care to all pupils, so need to have procedures in place to minimize the risk of a reaction occurring in a food-allergic child. Schools may wish to write to parents asking for their cooperation in making life safe for allergic children.

It is impossible to guarantee that a school is 100% nut free:

The Children's Food Trust has published advice on managing nut allergies. It says that some schools remove nuts from their menus altogether and ask pupils not to bring them in at all. It adds that this is common in primary schools where young pupils may not be mature enough to manage their condition.

Other schools work to teach everyone at school how to manage the risk of allergic reactions to nuts.

However, the trust says there is "no guarantee a nut ban will ensure there are no nuts on school premises". It notes that this approach may give a false sense of security to pupils with a nut allergy as they are not learning ways to avoid allergens.

Should schools ban staff from bringing in lunches containing nuts?

Anaphylaxis Campaign: a total ban is unnecessary

The Anaphylaxis Campaign emphasized that the campaign does not advocate a total nut ban in schools as this is extremely difficult to enforce as nuts, or nut traces, are present in a wide range of products from foods to hand creams, not all of which may be obvious.

Airborne allergic reactions are very rare. Usually, a person has to ingest or directly come into contact with the protein in order to suffer an allergic reaction. Being in the proximity of a person who has recently eaten nuts is therefore unlikely to trigger an allergic reaction.

It may be reasonable to ask staff to avoid bringing in packets of nuts, but asking them to not have nut-containing foods for their lunches may be unreasonable and unnecessary.

However, it would be wise to discuss this situation with the child's parents and the teachers involved. Staff may be willing to accommodate this, particularly if the child has suffered an airborne allergic reaction before, or there may be a good compromise all parties could come to.

ASCL advice: talk to staff and put reasonable precautions in place

The Association of School and College Leaders say that while you cannot force teachers to eat, or not eat, certain foods for lunch, school leaders could reasonably request that food containing nuts is only eaten in the staff room and is brought to school in a sealed container. This is particularly important if the school knows that a pupil is severely allergic and suffers airborne allergic reactions.

It is recommended to have a conversation with the staff member(s) and the child's parents to come to an agreement over what precautions would be necessary and reasonable.

The school should ensure its risk assessments and procedures for supporting pupils with allergies are up to date and staff know how to respond in the event of an incident.

Nut allergy policies from primary schools

Community school L

School L has a nut allergy awareness policy, which says:

It is impossible to provide an absolute guarantee that no nuts will be brought onto the premises, but we will strive to minimize this as much as we can.

The policy says that the school asks parents not to send food to school that contains nuts, and it asks ask pupils not to share food. In addition:

- Staff will be alert to any obvious signs of nuts being brought into school, but they will not inspect all food brought in
- If any nuts are found, they will be bagged up and sent home. The pupil will be asked to eat lunch away from other pupils and wash his/her hands before going out to play
- School dinner providers will ensure all cooked food is nut-free

Academy Q

Academy Q has a no nuts policy which highlights that a pupil at the school "suffers from a severe, airborne nut allergy". Therefore, the school does not want pupils to bring the following into school as a snack or in their packed lunches:

- Packs of nuts
- Peanut butter sandwiches
- Fruit and cereal bars that contain nuts
- Chocolate bars that contain nuts
- Sesame seed products, including rolls
- Nutella
- Muesli bars
- Cakes with nuts in them

The policy adds that if a food product says it "does contain nuts" or "may contain peanuts", the school does not want these products brought into school. However, products labelled "may contain nuts" are allowed.

Allergy policy from a secondary school

Academy BB

Academy BB has an allergy policy which identifies nuts as one of the common causes of allergies. It says:

As the school is not a completely allergen free environment, we aim to:

- Minimize the risk of exposure to allergens,

- ❖ Encourage self-responsibility of students, and
- ❖ Plan for an effective response to possible emergencies

It then sets out how parents will be expected to notify the school of a child's allergies, key strategies the school will take to prevent allergic reactions, and arrangements to ensure pupil with allergies are safe on school trips.

Nut-free schools: letters to parents

Nut-free school: letters to parents

Primary academy SS

In a letter to parents, Primary Academy SS writes:

As we have several pupils in school who suffer from a severe nut allergy please could I take this opportunity to remind everyone that our school has a ‘no nuts policy’.

The letter lists foods that should not be included in children’s lunch boxes, such as:

- Sesame seed rolls
- Nutella
- Muesli bars
- Biscuits

It also suggests nut-free foods that could be included in children's lunches, such as:

- Marmite or Vegemite sandwiches
- Yoghurt
- Chopped or tinned fruit

The letter informs parents that teachers will check children’s lunches to make sure the rules are being followed.

It adds: If your child has a nut allergy could you please inform the school and their teacher as soon as possible so that we can ensure your child does not come into contact with any triggers.

Expert advice: including a disclaimer

As is it impossible to guarantee that a school is 100% nut-free, schools may wish to avoid using the label ‘nut-free’.

If a school does decide to adopt a ‘nut-free’ or ‘no nuts’ policy, it should include a disclaimer such as:

Although we strive to be a nut-free school, it is impossible to provide an absolute guarantee that no nuts will be brought onto the premises.

This disclaimer should be clearly communicated in letters to parents, and in the policy itself.

Community primary school JJ

Community Primary School JJ has a letter to parents asking for their co-operation in ensuring the school is a 'nut/seed-free zone'. It says:

We have with us a child who is extremely and severely allergic to a variety of nut and seed related foods.

The letter explains that any food sent into school must not contain nuts or seeds of any kind. It also explains that the school has worked with the parents of the affected child to come up with a list of foods that "would definitely cause the most serious harm".

This list includes:

- Hummus
- Marzipan
- Cakes containing almond essence

Community secondary school KK

School KK has a note about nut allergies in the 'parent information' section of its website.

It reminds parents that the school is nut-free (including sesame seeds) and explains:

We have quite a number of students in school who have severe nut allergies and can be seriously affected by someone else who is eating – or may have recently eaten – nuts.

Advice on managing nut allergies in school

There is "no guarantee a nut ban will ensure there are no nuts on school premises"

The Children's Food Trust has published advice on managing nut allergies. It says that some schools remove nuts from their menus altogether and ask pupils not to bring them in at all. It adds that this is common in primary schools where young pupils may not be mature enough to manage their condition.

Other schools "work to teach everyone at school how to manage the risk of allergic reactions to nuts".

However, the trust says there is "no guarantee a nut ban will ensure there are no nuts on school premises". It notes that this approach may give a false sense of security to pupils with a nut allergy as they are not learning ways to avoid allergens.