



# CITY OF LONDON SCHOOL FOR GIRLS

## MEDICAL CONDITIONS, MEDICINE AND INFECTION CONTROL POLICY

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## 1. Introduction

1.1 The aim of the policy is to provide clear guidance and information on how the School ensures promotion of an inclusive community that supports and welcomes pupils with medical conditions, ensuring pupils with medical conditions have the same opportunities as other pupils at the School. Through it, the School aims to:

- ensure that reasonable adjustments are made to facilitate learning whilst supporting pupils with long term and/or serious medical conditions;
- promote, where possible, regular school attendance by those requiring medication and assist in use and administration, where necessary;
- ensure that the health needs are appropriately managed for those requiring medication, are met as much as possible;
- provide a safe environment in which everybody can work or learn.

The policy also aims to provide clear guidance and information on the use and storage of medication in School, as well as our processes for dealing with infection control.

1.2 This policy has been devised for use by School Staff, Pupils and Parents. The policy adheres to the guidance given in the Department of Education's *Supporting pupils at school with medical conditions*, the Department of Health's *guidance on the use of emergency inhalers in schools* and *guidance on the use of Adrenaline Auto-Injectors (AAI) in schools*, *Allergy guidance for schools* and to the principles set out in the Royal Pharmaceutical Society's *Professional guidance on the safe and secure handling of medicines* and *Professional guidance on the administration of medicines in healthcare settings*.

1.3 This policy should be read in conjunction with:

- The Health and Safety Policy
- The First Aid Policy
- The Educational Visits Policy
- Pupil's Mental Health Policy
- Complaints Policy
- Government *advice on Pandemic Flu* and *Coronavirus*

1.4 This policy has regard to Part 3 (Welfare, health and safety of pupils), Paragraphs 11 (Health and Safety) and 13 (First Aid) of the Independent School Standards Regulations.

## 2. Acquiring and sharing information about medical conditions

2.1 On entrance to the School, a Medical Form (see Annex 1) must be completed by parents and uploaded to the school system as directed by Admissions. This provides the opportunity for parents to share information about their child's medical conditions. Should the need arise, this information is followed up by the School Nurse and Individual

Healthcare Plans (see the *Individual Healthcare Plans* section below) are completed for each pupil who has specific needs in relation to their condition (i.e. asthma, diabetes, epilepsy, anaphylaxis or any other serious medical condition). This need will be reviewed on an annual basis or at any other time if a child's needs have changed.

- 2.2 Should a medical condition be diagnosed or should the management of an existing condition change during the course of a pupil's time at the School, it is the responsibility of parents to update the School about the change. This should be via submission of the Medical Form found in Appendix 1. and/or by informing the School Nurse (who may be contacted at [schoolnurse@clsg.org.uk](mailto:schoolnurse@clsg.org.uk)).
- 2.3 The School understands that certain medical conditions can be serious or potentially life threatening, particularly if badly -managed or misunderstood. Though information is held confidentially, it may be shared, at the discretion of the School Nurse and pastoral team, when deemed necessary, in order to promote the welfare of a pupil. This includes sharing with appropriate staff at City of London School or City Junior School, if your child is attending these sites for offsite learning or events.

### 3. Individual Healthcare Plans

- 3.1 Individual Healthcare Plans (IHPs) are devised in conjunction with the pupil, their parents and the School Nurse in order to give a pupil the most effective care possible. Where necessary, additional information will be sought from external healthcare professionals who assist in managing the pupil's condition(s).
- 3.2 IHPs will consider the following (as per the DfE's guidance *Supporting pupils at school with medical conditions*):
  - **The medical condition:** triggers, signs and symptoms
  - **Resulting needs:** medication (dose, side effects and storage), other treatments, time, facilities, equipment, testing, access to food and water, dietary requirements and environmental issues
  - **Support for the pupil:** taking into consideration the pupil's educational, social and emotional needs
  - **Written permission from parents for medication to be administered:** Written permission from parents for medication to be administered by staff or self-administered by the pupil during school hours may be provided using the Permission for Medication form (see Annex 2)
  - **What to do should an emergency arise:** whom to contact and the steps needed to be taken to manage the pupil's situation effectively.
- 3.3 IHPs will be stored electronically on the school's management of information software, and hard copies can be found in the medical room. Pupils that have been recognised as being at risk of anaphylaxis will carry a copy of their treatment plan together with their personal emergency medication.

- 3.4 A list of pupils with the above conditions is provided to appropriate staff to view on the staff intranet, on the staffroom noticeboard and provided to the catering team to ensure their safety whilst attending school.

## **4. Information about medication required by pupils or staff**

- 4.1 It is likely that pupils may at some point throughout their time at the School require medication. It is important for the School to be made aware of any medication (regular, or **as required**) that a pupil may be taking, regardless of the length of time for which it is to be taken, or of any medication prescribed to be taken in the event of a deterioration of a **medical** condition (i.e. Emergency Medication).
- 4.2 Provision for making the School aware of medication required is initially made by using the Medical Form completed on entrance to the School (see Annex 1). Subsequently, the information provided at entry (which may no longer be current) may be updated or amended at any time by resubmitting the Medical Form to the School Nurse.
- 4.3 It is the sole responsibility of those pupils requiring medication, or of those with parental responsibility for such children, to ensure that the School is made aware of this information in a timely fashion.
- 4.4 Staff medication: staff should ensure that any personal medication bought into school is kept securely and not accessible to pupils. Any missing, mislaid or lost personal medication must be reported immediately to the Senior Deputy Head in person or by email; and by completing the Health and Safety report form on the intranet.

## **5. Different categories of medication within School**

- 5.1 **CONTROLLED DRUGS (CDs)**  
Controlled drugs are medications that have been prescribed by a medical professional for the use of a named individual and which, under the *Misuse of Drugs Regulations (2001)*<sup>1</sup>, must be locked away in a non-portable container which is only accessible to named staff, and stored securely in the medical room drugs cupboard. This container will then be strictly monitored, and all uses of the medication will be recorded in a dedicated CD book. The prescription will determine dosage, frequency and method of administration.
- 5.2 **PRESCRIPTION MEDICATION (PM)**  
Prescription medication is medication which has been prescribed by a medical professional for use by a named individual. The prescription will determine dosage, frequency and method of administration and all PMs will be stored securely in the medical room.
- 5.3 **EMERGENCY MEDICATION (EM)**

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<sup>1</sup> See [http://www.legislation.gov.uk/uksi/2001/3998/pdfs/uksi\\_20013998\\_en.pdf](http://www.legislation.gov.uk/uksi/2001/3998/pdfs/uksi_20013998_en.pdf)

Emergency medication is medication prescribed by a medical professional to treat a named individual for a potentially life-threatening condition. There are specific recognised circumstances when this medication **must** be administered. Only trained staff may administer this medication in line with the pupil's Individual Healthcare Plan.

#### 5.4 **OVER-THE-COUNTER (OTC) MEDICATION**

Over-the-counter medication can be bought without a prescription and, therefore, comes with generic directions for use and not specific directions for use by an identified person.

## **6. Storage and carriage of medication at the School or during School activities**

6.1 If possible, the administration of any medication should be scheduled outside of school hours. If, however, the medication is required at school, the storage of PM will only be accommodated in school if a Permission for Medication Form (see Annex 2), or a signed IHP, has been provided to the School Nurse and if the medication complies with the following criteria:

- Medication is in the original container in which it was dispensed
- The original dispensing label is intact, and all necessary instructions are clearly visible
- The name of the person for whom the medication was prescribed is clearly visible on the label
- The dosage and frequency of the medication is clearly displayed on the label
- The route of administration is clearly displayed on the label
- The expiry date is clearly displayed on the medication

6.3 Pupils can carry and administer their own PM for conditions where a treatment plan is in place, but they must:

- do so in a responsible manner
- ensure that it is solely for their own personal use and do not share with others
- follow the directions on the packet.

Any lost or found medication should be reported and handed over, as soon as possible, to Reception or, where found during an activity outside of the School, the Trip Leader.

6.4 The School Nurse stores a supply of OTC medication in a wall-mounted, locked, medicine cabinet in the Medical Room. The stock of medication in this cabinet is limited in accordance with guidelines on the amount of medication which should be stored in schools at any one time. The School Nurse may offer analgesia such as: paracetamol, ibuprofen; anti-histamines etc. to treat minor ailments but only if parents have given consent on the Medical Forms.

#### 6.5 **School trips**

- When planning and preparing for school trips, staff can request OTC medication from the School Nurse who will supply what is necessary. Medication will be provided in a small bag which should be kept separate from first aid kits and be accessible only to staff. Should PM other than EM e.g. antibiotics, be required during a school trip, the Nurse will ensure all relevant information has been communicated to the Trip Leader prior to the trip departure. Responsibility for the administration of the medication should be negotiated between the pupil and Trip Leader before the trip commences so that both are clearly aware of the arrangements.

6.6 **The School cannot be held responsible for any problems experienced related to medication about which the School Nurse has not been notified and which pupils self-administer.**

6.7 The school has obtained EM which will be stored in 'School Trip Emergency Medication Kits' (STEMKs) within the medical room. The School's policy on the use of STEMKs for pupils with allergies is given in *Annex 5: Emergency Medication (AAls) for off-site activity*. All pupils prescribed emergency medication by a medical professional to treat a severe allergic reaction should carry a 'Personal Emergency Medication Kit' (PEMK) on their person at all times.

6.8 The school has acquired spare generic emergency medication for anaphylaxis for use in an emergency. These can be found in a clearly labelled box in the following locations:

- The Medical Room
- Dining Hall (C Floor)

Spare generic Ventolin inhalers are held in the medical room.

6.9 **Maintenance of EM at School:** the cold chain medication which needs to be kept refrigerated, is stored in a refrigerator dedicated to the keeping of medication located within the Medical Room. The refrigerator temperature is checked daily during term time to ensure the stability of the medication retained within. Pupils will be advised to take their medication home during school holidays.

6.10 **Maintenance of EM at School: checking expiry dates**

It is the responsibility of the parent / carer to note the expiry date of any prescribed EM provided to the School and held in the medical room medication cupboard and to ensure it is replaced before that expiry date has passed. The School Nurse will send an email reminder to parents when the expiry date is approaching.

Pupils should be encouraged to regularly check the expiry dates of EM held on their person and to inform their parent / carer if the expiry date is approaching so that replacements can be obtained in a timely fashion.

6.11 **Disposal of medication**

Disposal of expired medication provided to the School for the use of an individual pupil is the responsibility of the person who supplied it to the school; such medication will be returned to the named pupil when it has expired.

## **7. Parental consent and administration of medication by School staff, including over-the-counter (OTC) medication**

- 7.1 No medication will be given to a pupil in Yr7 through to Y11 by any member of staff without the prior written consent of parents / carers. This consent is provided on the Medical Form when the pupil begins at the School and remains valid throughout the time at the School. Any decision to change consent status during the school year, including withdrawing consent, should be provided to the School Nurse on a new 'Consent for Over the Counter Medication Form' (see Annex 3).
- 7.2 The School has a small supply of extra emergency salbutamol inhalers. These are only for use by pupils who have been diagnosed as asthmatic or prescribed a reliever inhaler, and only if the School has received written parental consent for their use (see Annex 4). These will be stored in the Medical Room, available for emergency use.
- 7.3 The School Nurse will only administer medication once the following has been checked:
- The name of the recipient
  - Correct medication
  - Correct time – time of any medication already taken
  - Correct dose
  - Correct route of administration
  - Correct indication for use
  - Expiry date of the medication
  - Any allergies or existing medical conditions of the recipient contraindicating the medication
  - Side-effects (referring to medication leaflet)
  - Parental consent has been obtained for OTC medication (Y7 to Y11 only)
  - PM have been supplied in line with the details above and instructions are followed
  - EM have been supplied in line with the details above and instructions are followed
- 7.4 Any member of staff may administer PM or OTC medication whilst on a school trip in accordance with this policy. Should staff wish to receive further training on administration of medication they should consult the School Nurse (see also the *Staff Training* section).
- 7.5 Only those members of staff who have undergone training with the School Nurse or through INSET, or who have been identified as being qualified through training undertaken before joining the School, and which is still valid, may administer EM. The

School Nurse will provide basic refresher training to staff regarding medical conditions and how to provide treatment during INSET days through the year. There must be at least one member of staff who is trained in administering EM on all off-site school activities.

7.6 All pupils are entitled to privacy for the administration of any medication especially where invasive techniques are required. Privacy will be maintained as far as possible, thereby allowing the pupil an opportunity to discuss any confidential matters as necessary with the School Nurse / staff involved (in accordance with the Child Protection guidelines).

7.7 **Informing parents /carers**

Parents / carers will be provided with details, where necessary, when OTC medicine has been administered by the School Nurse.

As pupils are entitled to confidentiality when visiting the School Nurse, not all medications administered will necessarily be reported to parents.

## **8. Procedure to be followed in the event of a medication error**

8.1 The School Nurse will keep a record (in the pupil's medical notes section of the School's Information Management System) of every occasion where any medication is administered to a pupil. These records will include all relevant details of the medicine, dosage and the reason for administration. Only the School Nurse will have access to such records.

8.2 In the unlikely event that a pupil is given the wrong medication, the wrong dose or at the wrong time, the School Nurse (or other member of staff administering the medication) will:

- Ensure that any necessary first aid is promptly administered
- Ensure that, if necessary, the pupil is transferred to hospital for further treatment / investigation
- Inform a parent / carer of the situation and provide any relevant information and / or advice as soon as is possible
- Record all necessary information and keep it securely with the pupil's medical records.

The Senior Deputy Head must also be informed, who will consider what other actions (e.g. further staff training) may be necessary and appropriate.

## **9. Staff training regarding common medical conditions**

9.1 There are certain medical conditions which the School believes necessitate training for all staff to ensure that they feel confident in encouraging and managing pupils with medical conditions. These conditions include Anaphylaxis, Asthma, Diabetes and Epilepsy, though this is not an exhaustive list. The School aims to provide regular basic



training on recognition and management of these conditions for relevant staff, both during staff training days and also as the need arises.

- 9.2 Notices produced by the School Nurse giving information about medical conditions are displayed in the Staff Room as appropriate. Staff are also expected to access reference material provided on the intranet or in the medical room to ensure their knowledge is kept up to date, thereby ensuring that **all** staff are aware of common medical conditions and how they may affect the pupils in their care.

Having accessed such information, staff are required to ensure that they make any necessary adjustments to ensure that pupils with a medical condition are appropriately cared for, and not hindered from participation by the classroom environment or by activities associated with lessons.

- 9.3 Staff intending to take pupils with specific conditions on trips or visits away from the main School site should ensure that they, or another member of staff accompanying them on the trip, feel confident and competent to manage the condition(s) before the trip departs. Should this not be the case, alternative arrangements should be investigated with the School Nurse and, if reasonable, action taken to ensure all pupils are able to participate safely. This should form part of the education trips risk assessment process. [For further guidance, please see the Educational Visits Policy.]

- 9.4 Should staff wish to learn more about a specific medical condition, they are encouraged to arrange a meeting with the School Nurse.

## **10. Pupils with complex medical needs**

- 10.1 Parents and current or prospective pupils can feel confident that the School is aware of and adheres to the *Equality Act 2010* legislation.

- 10.2 The School recognises the duty to ensure that pupils with complex medical needs do not experience discrimination because of their condition and will make reasonable adjustments as necessary.

- 10.3 The School seeks to alleviate disadvantages experienced or anticipated by pupils. The School aims to meet the particular needs of pupils, once identified, within the pupil's Individual Healthcare Plan (IHP), which will be completed in consultation with parents, pupils, and the pupils' health care professionals involved. Where indicated and required, collaboration and additional support will be provided by the Head of SENDCo in the completion of the IHP.

## 11. Infection Control

- 11.1 If your child is infectious, please do not send your child into school. If you are unsure, please contact the School Nurse for advice or refer to the guidelines in the link below. The school will follow any instructions and guidelines set out by Public Health England and local Health Protection Teams.
- 11.2 In the event of vomiting and / or diarrhoea, as advised by Public Health England, your child should not attend school until 48 hours after the last episode of diarrhoea or vomiting and be symptom free. This is for 2 reasons: to ensure full recovery from illness and feeling well enough to return; and to prevent spread of D & V to other pupils.  
[Guidance on infection control in schools](#)
- 11.3 Please inform the School Nurse as soon as possible if your child contracts chickenpox, shingles, measles or any other infectious illness that could cause problems for those who have a reduced immunity or who are pregnant. [Guidance on infection control in schools](#)

## 12. Contingency Plan for dealing with Infection outbreaks including Pandemic Influenza, Reportable Infections and Coronavirus

- 12.1 In the event of an incident of pandemic influenza, reportable infections and/or pandemics, the school will respond in line with its Critical Incident Plan. This will be informed by the London Resilience Partnership's [Pandemic Influenza Framework](#) guidance and the Government's [Pandemic Flu](#) guidance.
- 12.2 **Coronavirus / COVID-19 (2023 update)**  
The school continues to follow advice and guidance from the following organisations as part of the government's 'Living with Covid' strategy:
- [UKHSA general guidance](#)
  - [Public Health England](#)
  - Gov.uk [Coronavirus](#)
  - [Covid symptoms in children](#)
  - [Covid symptoms in adults](#)
  - [NHS guidelines](#)
- 12.3 Further guidance about controlling the spread of infections is given in the City of London Corporation's *Infection Control Guidance* (see Annex 10).
- 12.4 Staff and pupils continue to engage with health protection measures, including encouraging participation in national vaccinations programmes.

## Annex 1: Medical Form



# City of London School for Girls Medical Form

STRICTLY CONFIDENTIAL					
<p>Please ensure that you have addressed <b>ALL</b> the areas on this form <b>before returning it</b>. This information will be held confidentially by the School Nurse but may be shared with other relevant professionals or City of London School for Girls staff, only <b>when deemed necessary</b> and at the discretion of the School Nurse.</p>					
<b>Name:</b>		<b>Date of Birth:</b>			
<b>GP name &amp; Surgery:</b>		<b>GP Telephone:</b>			

Mark the appropriate boxes on the left with an <b>X</b> and provide details in the box on the right		
		Please give details here:
<input type="checkbox"/>	Hearing Difficulties	
<input type="checkbox"/>	Eyesight Issues (significant problems only)	
<input type="checkbox"/>	Physical Disability	
<input type="checkbox"/>	Epilepsy / Seizures	
<input type="checkbox"/>	Diabetes	
<input type="checkbox"/>	Asthma (please also complete Annex 4)	
<input type="checkbox"/>	Anaphylaxis (Adrenaline injector required)	
<input type="checkbox"/>	Allergies, other than above	
<input type="checkbox"/>	Skin Conditions	
<input type="checkbox"/>	Migraines	
<input type="checkbox"/>	Mobility problems	
<input type="checkbox"/>	Gastro-intestinal problems	
<input type="checkbox"/>	My child has a medical condition not listed above and/or previous surgical procedure the school needs to be aware of as it may affect her during her time at CLSG.	
	<i>Please give details:</i>	

<input type="checkbox"/>	My child is unable to take part in some school activities on medical grounds.
	Please give details:

<b>MEDICATION</b>	
<i>Mark the appropriate boxes with an X or leave blank</i>	
<input type="checkbox"/>	My child requires prescribed medication.
	Please state drug, strength, dosage, frequency and purpose:
<input type="checkbox"/>	This medication is required during school hours.
	<i>If you wish any of these drugs to be held in School for your child's sole use, please contact the School Nurse to request a permission form for the administration of this medication at school. Medication must be provided in the <b>original box</b> containing the medication with the <b>expiry date, name of pupil and prescription instructions.</b></i>
<input type="checkbox"/>	I consent to CLSG staff administering appropriate ' <b>over the counter medication</b> ' to my child to treat minor ailments while she is in their care provided, they adhere to information provided in this form and literature contained in medication packets.
	<i>[Over the counter medication is readily available from a pharmacy without a prescription and may be used to treat mild ailments including a headache or sore throat. <b>Without written consent pupils below the 6<sup>th</sup> Form will not be given any such medication.</b>] Paracetamol &amp; Ibuprofen (pain relief), anti-histamines, Throat Lozenges</i>
	<b>Please note this consent remains valid throughout your child's time at CLSG. However, you may withdraw consent at any time by contacting the School Nurse at: <a href="mailto:schoolnurse@clsg.org.uk">schoolnurse@clsg.org.uk</a></b>
<input type="checkbox"/>	My child should <b>NOT</b> be given the following over the counter medication under any circumstances.
	Please give details:

<b>VACCINATIONS</b>	
<i>Mark <b>only one</b> box with an X</i>	
<input type="checkbox"/>	<b>ALL</b> pre-school vaccinations have been administered in accordance with UK Childhood Immunisation Programme.
<input type="checkbox"/>	<b>SOME</b> but <b>NOT ALL</b> pre-school vaccinations have been administered ( <i>include details below</i> ).
<input type="checkbox"/>	<b>NO</b> vaccinations have been administered.

	<i>Please give details:</i>
	<i>If you are unsure as to the immunisations received by your child, you may find it helpful to check her 'Red Book'.</i>

The School Vaccination programme for CLSG is run by City and Hackney Vaccination Team.

School Vaccination programme:

- Year 8: Human Papillomavirus (HPV).
- Year 9: Tetanus, Diphtheria & Polio (Td/IPV), Meningococcal ACWY (MenACWY).  
If necessary: Measles, Mumps & Rubella (MMR) catch-up

Parental consent will be requested prior to the vaccination dates.

<b>UPDATES and CHANGES IN MEDICAL DETAILS</b>
<p>The information provided on this medical form is accurate as of the time of writing.</p> <p>I will fully update the SCHOOL NURSE as soon as possible</p> <ul style="list-style-type: none"> <li>• should any of this information change, and / or</li> <li>• my child has a new medical condition</li> </ul> <p>by sending <u>written</u> details via email to <a href="mailto:schoolnurse@clsg.org.uk">schoolnurse@clsg.org.uk</a>.</p>

<b>PARENT EMERGENCY CONTACT DETAILS</b>					
<p>As a condition of entry to CLSG, staff are permitted to act 'in loco parentis' in emergency situations in the absence of those with parental responsibility. Please provide contact numbers for those with <b>PARENTAL RESPONSIBILITY</b> for use by the emergency services in the event of such an emergency.</p>					
<b>Emergency Contact Number 1:</b>		<b>Contact Name:</b>		<b>Relation:</b>	
<b>Emergency Contact Number 2:</b>		<b>Contact Name:</b>		<b>Relation:</b>	
<p>The information provided on this medical form is accurate as of the time of writing. I understand that it is my responsibility to update the <b>SCHOOL NURSE</b> (at <a href="mailto:schoolnurse@clsg.org.uk">schoolnurse@clsg.org.uk</a>) should any of this information change.</p>					
<b>Signed:</b>		<b>Print:</b>		<b>Date:</b>	

## Annex 2: Permission for Medication Form



# City of London School for Girls Permission for Medication Form

Please use a separate form for each medication and ensure that **ALL** white areas are completed.

The School Nurse/ Staff will only be able to administer medicine once this form has been fully completed and signed.

This form can be sent to the nurse for:

- drugs to be held in School medical room for your child's sole use
- short courses of medication e.g. oral antibiotics.

Please provide details of the prescription medication below.

Pupil's Name:							DOB:		
Medical condition:	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	Hearing Difficulties	<input type="checkbox"/>	Epilepsy / Seizures	
	<input type="checkbox"/>	Anaphylaxis (adrenaline injector required)	<input type="checkbox"/>	Eyesight Issues (significant conditions only)	<input type="checkbox"/>	Migraines	<input type="checkbox"/>	Skin Conditions	
	<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Other			
<i>Please give details:</i>									
Medication:									
Reason for medication:									
Dose to be given (mg/ml):									
Times to be given whilst at school:									
Date commenced and additional instruction i.e. course length.									
Refrigeration:	Yes / No								
Common side effects of which to be aware:									
<p><i>Having provided the above medication in the original container in which it was dispensed and having ensured that the original dispensing label is intact with all necessary instructions clearly visible, I consent to the above prescription medication being administered to my child by CLSG Staff in accordance with instructions on the label.</i></p>									
<b>Signature of Parent / Guardian:</b>				<b>Print name (of Parent/ Guardian):</b>				<b>Date:</b>	

## Annex 3: Consent For Over the Counter Medication Update Form



# City of London School for Girls Consent Form for Over-the-Counter medication Update Form

This consent form is required for the School to be able to provide Over the Counter Medication to a pupil.				
Pupil's Name:				
DOB:				
<b>Place 'X' in box if in agreement with the statement</b>				
<input type="checkbox"/>		I consent to School staff administering appropriate ' <i>over the counter medication</i> ' to my child to treat minor ailments while she is in their care provided they adhere to information provided in this form and literature contained in medication packets.		
		<b>[Over the Counter Medication includes, but is not restricted to:</b> <i>Paracetamol &amp; Ibuprofen (pain relief), Throat Lozenges, Antihistamines,</i>		
<input type="checkbox"/>		My child should <b>NOT</b> be given the following over the counter medication <b>under any circumstances:</b> <i>Please give details:</i>		
<input type="checkbox"/>		<b>I understand that failure to complete and return this form will result in over the counter medication not being offered to my child.</b>		
Please note that this form will be valid throughout your child's time at the School. However you can withdraw consent at any time by emailing the School Nurse at: <a href="mailto:schoolnurse@clsg.org.uk">schoolnurse@clsg.org.uk</a>				
Signature of Parent / Guardian:		Print name (of Parent/ Guardian):		Date:

## Annex 4: Use of Emergency Salbutamol (Ventolin) Inhaler Consent Form



# City of London School for Girls Consent Form for use of Emergency (Ventolin) Salbutamol

This consent form is required for the School to be able to administer emergency Salbutamol inhaler in the event of a pupil who <i>already</i> carries an inhaler showing symptoms of asthma.	
Pupil's Name: DoB:	
<b>Place 'X' in box if in agreement with the statement</b>	
<input type="checkbox"/>	I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler. [Please delete as appropriate].
<input type="checkbox"/>	My child carries an in-date inhaler, clearly labelled with her name, which she will bring with her to school every day.
<input type="checkbox"/>	In the event of my child displaying symptoms of asthma, and if the inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the School.
<input type="checkbox"/>	I will send my child's Asthma Care Plan to the school nurse.
<input type="checkbox"/>	I consent for my child to receive salbutamol from an emergency inhaler held by the School for such emergencies, in the event of my child displaying symptoms of asthma, and her own inhaler is not available or is unusable.

<b>Please provide parental contact details below:</b>					
<i>Telephone:</i>					
<b>Signature of Parent / Guardian:</b>					
		<b>Print name (of Parent / Guardian):</b>		<b>Date:</b>	



## **Annex 5: Emergency Medication (Adrenaline Auto-Injectors ) for off-site activity**

### **1. Introduction**

- 1.1 All pupils prescribed an adrenaline auto-injector (AAI) by a medical professional to treat a severe allergic reaction should carry a 'personal emergency medication kit' (PEMK) on their person at all times. This should consist of two AAIs.
- 1.2 In addition, the school has purchased generic AAIs which will be placed into 'School Trip Emergency Medication Kits' (STEMK). These kits will also contain antihistamine, a salbutamol inhaler and a list of pupils whose parents have signed consent in the use of this emergency medication.
- 1.3 STEMKs for trips are held in the medical room and the School Nurse will be notified in a timely manner when and by who they are required. The staff member leading the trip will be responsible for ensuring they have obtained the kit before departure and return them back to the School Nurse as soon as possible on their return. At times when the School Nurse may not be available alternative arrangements will be to obtain the STEMK from reception.

### **2. Travelling off-site**

- 2.1 At all times when in care of school staff, a pupil with an Individual Healthcare Plan should have access to the medication contained in the STEMK for emergency purposes.
- 2.2 **Off-site activities departing from School**  
When a pupil with a prescribed AAI is travelling off-site and **is departing** from the School during a regular school day, it is the responsibility of the pupil to have her Personal Emergency Medical Kit (PEMK) on her person. The member of staff responsible for the trip must ensure pupils are carrying their own, in date, PEMK. They will also need to check that pupils are carrying their PEMK when leaving school. The STEMK is carried at all times by staff / Trip Leader and is easily accessible if required in an emergency.
- 2.3 It will be the responsibility of the member of staff / Trip Leader taking the trip to collect any STEMKs from the School Nurse and return it back to the School Nurse on arrival back at school. If return is after school hours, it should be returned to reception for safe keeping and the School Nurse will retrieve the following morning.
- 2.4 In the event of a pupil not having her PEMK, the pupil will not be permitted to attend the trip / off-site activity. The School Nurse, Trip Leader and EVC should be informed.. Exceptions to this may only be granted by the Head, Senior Deputy Head, EVC Deputy Head (Co-curricular and Partnerships) or Deputy Head (Pastoral). The pupil will be required to remain at school.
- 2.5 **Off-site activities not departing from School**  
When a pupil with a prescribed AAI is travelling off-site and **is not departing** from the School during the regular school day, it is the responsibility of the pupil to have her PEMK on her person.

- 2.6 It is the responsibility of the member of staff leading the trip / off-site activity to:
- Collect the STEMK from the school nurse or reception. The STEMK should be taken on the trip and returned to the school nurse or reception at the first opportunity on arrival back from the trip / off-site activity.
  - Check the pupil has her own PEMK when registering the pupils on arrival.
- 2.7 In the event of a pupil not having her PEMK, the pupil will not be permitted to attend the trip / off-site activity and will be required to return home. The School Nurse and Head of Year should also be informed. Exceptions to this may only be granted by the Head, Senior Deputy Head, Deputy Head (Co-curricular and Partnership) or Deputy Head (Pastoral).

### **3. Residential and overseas trips**

- 3.1 For residential and overseas trips, the Visit Leader must consult with the School Nurse about the specific arrangements (for all elements of the trip) for all pupils with medical conditions and for those with prescribed medications including AAls.
- 3.2 Further information is provided in the Educational Visits Policy which will be followed.

## **Annex 6 – Management of Asthma Guidelines**

### **1.0 Introduction**

1.1 Asthma is a common lung condition that can cause breathing difficulties and affects 1 in 11 children. The main symptoms of asthma are wheezing, breathlessness, tight chest and coughing and is usually treated by using inhalers. There are two main types of inhalers:

- A reliever inhaler – used to relieve asthma symptoms for a short time
- A preventer inhaler – used daily to prevent asthma symptoms occurring.

1.2 CLSG pupils who have been diagnosed with asthma should carry their own labelled reliever inhaler with them at all times.

1.3 CLSG also store a small number of salbutamol inhalers which have been ordered, without prescription, for use in emergencies. The emergency inhalers should only be used by pupils, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler or have been prescribed an inhaler as a reliever medication.

### **2.0 Use of inhalers for a minor asthma attack**

- 2.1
- Call the School Nurse or first aider if Nurse not available.
  - Keep calm and reassure the child. Do not leave the child alone.
  - Ensure tight clothing around the neck is loosened.
  - Encourage the child to sit up and slightly forward, to breathe slowly and deeply if they can.
  - Use the pupil's own inhaler, but if not available, use the schools' emergency inhaler.
  - Immediately help the pupil to take two separate puffs of salbutamol via the spacer.
  - If there is no immediate improvement, continue to give two puffs every two minutes, up to a maximum of 10 puffs.

### **3.0 After a minor asthma attack**

3.1 Minor asthma attacks should not interrupt a pupil's involvement in school. As soon as they feel better, they can return to normal school activities. Continue to monitor their condition. The pupil's parents must be informed about the minor asthma attack.

### **4.0 Serious asthma attack/emergency**

4.1 Call 999 for an ambulance urgently – following CLSG Guidelines for contacting emergency services if:

If you think the child is having an asthma attack, you should:

- Call the School Nurse or first aider if Nurse not available.
- Help the child to sit up straight
- Keep calm and reassure the child. Do not leave the child alone.

- Help the child to take one puff of their own reliever inhaler (usually blue) via a spacer every 30 to 60 seconds up to 10 puffs – if pupils own inhaler is not available, use the schools' emergency inhaler.

1. If the child does not feel better after 10 puffs, call 999 for an ambulance.
2. If the ambulance has not arrived after 10 minutes and the symptoms are not improving, repeat step 2.
3. If the symptoms are no better after repeating step 2, and the ambulance has still not arrived, contact 999 again immediately.

Never be frightened of calling for help in an emergency.

- The child does not feel better or you are worried at ANYTIME before you have reached 10 puffs
- The child is either distressed or unable to talk / appears exhausted
- Has a blue / white tinge around their lips / mouth
- Has collapsed.

A child should always be taken to hospital in an ambulance oxygen may be required. School staff should not take a child in a private car as the child's condition may deteriorate quickly.

Parents or emergency contacts must be informed as soon as possible.

# Annex 7 – Management of Anaphylaxis Guidelines

## 1.0 Introduction

- 1.1 Anaphylaxis is a severe and often sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly but can occur 2 - 3 hours later. It is potentially life threatening and always requires an emergency response.
- 1.2 Common allergens that can trigger anaphylaxis are:
- Foods (e.g. peanuts, tree nuts, milk/ dairy foods, eggs, wheat, fish/ seafood, sesame seeds and soya)
  - Insect stings (e.g. bee, wasp)
  - Medications (e.g. Antibiotics, pain relief such as ibuprofen)
  - Latex (e.g. rubber gloves, balloons, swimming caps).
- 1.3 All pupils must also carry their own personal emergency medical kit (PEMK) on their person at all times and must have this with them when they go offsite, including school trips and offsite sports events. The PEMK should contain 2x AAI's, a copy of the pupil's allergy action plan and any other medication that is listed on the action plan.

## 2.0 Signs and symptoms

2.1

Airway	Breathing	Consciousness/Circulation
Persistent cough	Difficult or noisy breathing	Feeling lightheaded or faint
Vocal changes (hoarse voice)	Wheezing (like an asthma attack)	Confusion
Difficulty in swallowing		Clammy skin
Swollen tongue		Unresponsive/unconscious

## 3.0 Treatment

- 3.1 If any of the above signs are present:
1. Lie child flat with legs raised: (If breathing is difficult, allow child to sit)
  2. Use Adrenaline injector without delay; allow the child to self-administer, if able, alternatively this can be done by the School Nurse or a first aider.
  3. Dial 999 to request an ambulance and say ANAPHYLAXIS.
- \*\* IF IN DOUBT, GIVE ADRENALINE\*\***
- 3.2 After giving adrenaline:
1. Stay with child until ambulance arrives. DO NOT stand the child up.
  2. If no improvement after 5 minutes, give a further dose of adrenaline using another auto injector, if available.
  3. Note times of administration of any medication. Place any used AAIs in a sealed box to take to hospital, with any other used medication and take to hospital with the pupil.
  4. Commence CPR if there are no signs of life
  5. Inform the parent / emergency contact as soon as possible.

3.3 Anaphylaxis may occur with initial mild signs: always use adrenaline auto injector FIRST in someone with a known food allergy who has **SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) - even if no skin symptoms are present.

3.4 AAI's can be used through clothes and should be injected in the upper outer thigh in line with the instructions provided by the manufacturer, examples include:

- Administration on the AAI – EpiPen – Follow instructions written on the device. Hold injector into the leg for **3** seconds.
- Administration on the AAI – Emerade – Follow instructions written on the device. Hold injector into the leg for **5** seconds.
- Administration on the AAI – Jext – Follow instructions written on the device. Hold injector into the leg for **10** seconds.

**If in doubt hold for 10 seconds.**

3.5 CLSG may administer a 'spare' adrenaline auto – injector (AAI), obtained, without prescription, for use in emergencies, but only to a pupil at risk of anaphylaxis where both medical authorisation and written parental consent for use of the spare AAI has been provided.

# Annex 8 – Management of Diabetes Guidelines

## 1.0 Introduction

- 1.1 **Diabetes is a condition that causes a person's blood sugar level to become too high.**  
There are 2 main types of diabetes:

- type 1 diabetes – a lifelong condition where the body's immune system attacks and destroys the cells that produce insulin
- type 2 diabetes – where the body does not produce enough insulin, or the body's cells do not react to insulin properly

Type 2 diabetes is far more common than type 1. In the UK, over 90% of all adults with diabetes have type 2.

## 2.0 Diabetes Management

- 2.1 Although diabetes cannot be cured, it can be treated effectively. The aim of treatment is to keep the blood glucose levels close to normal range (4-7mmol/L). This involves:

- Usually at least 4 insulin injections a day or the use of an insulin pump.
- Regular meals containing carbohydrate and possibly snacks in between when required.
- Finger prick blood tests before each meal and at any other time when necessary or use of continuous glucose monitoring (CGM).

**Known pupils with diabetes should have an Individual Healthcare Plan which can be referred to when required.**

- 2.2 Any prescribed insulin and required equipment such as blood glucose testing kits, injector pens, and glucose tablets / glucose juice / glucogel must be carried by the pupil at all times. Each pupil will also keep spare insulin and required equipment in the medical room, which is always accessible. Glucose juice, glucose tablets and glucogel are all stored in the Medical Room for emergency use. .

- 2.3 There are two main short-term complications which can arise:
- **Hypoglycaemia** is caused by too much insulin, too little food or too much exercise. (blood sugar level below 4mmol/L)
  - **Hyperglycaemia** is caused by high blood glucose levels due to too little insulin or no insulin, or too much food (blood sugar level over 11 mmol/L).

## 3.0 Signs, Symptoms and Treatment

- 3.1 Signs and Symptoms of **Hypoglycaemia** include:
- Trembling and feeling shaky
  - Being anxious or irritable
  - Sweating
  - Restlessness
  - Feeling hungry

- Difficulty concentrating
- Blurred vision
- Cold and clammy
- Paleness
- Tiredness

3.2 Treatment for **Hypoglycaemia** include:

- Call for the School Nurse if hypoglycaemia is suspected.
- Do not leave the child / call for help if necessary.
- Give the child a quick acting carbohydrate – with 2 – 4 glucose tablets or a glucose juice or a sweet/ sugary drink immediately – no diet or low sugar drinks. (**only if the child is conscious and able to swallow**)
- Repeat a blood glucose check in 15 minutes – if the blood sugar remains below 4, repeat previous step.
- If awake and alert, follow with a long-acting carbohydrate such as a sandwich or a biscuit. Ensure that the child has recovered.
- Notify parents / emergency contact.
- \*If hypoglycaemia is suspected the child needs help to drink or is uncooperative but conscious use Glucogel.
- If the condition is deteriorating – dial 999 for an ambulance . Place in the recovery position and monitor closely. If unconscious the School Nurse can administer a Glucagon intramuscular injection (stored in Medical Room fridge).
- Notify parents / guardians.

3.3 Signs and symptoms of **Hyperglycaemia** include:

- Increased thirst
- Frequent urination
- Drowsiness and lethargy
- Loss of appetite
- Abdominal pains
- Weakness
- Generalised aches
- Heavy, laboured breathing
- Breath that smells fruity (ketotic).

3.4 Treatment for **Hyperglycaemia** include:

- Advise pupil to test blood glucose frequently. However if the pupil is unwell, the School Nurse will assist with blood glucose fingerpricks to ensure accuracy.
- Encourage oral fluids (water / sugar free drink)
- Dial 999 for an ambulance if no improvement.



## Annex 9 – Management of Epilepsy Guidelines

### 1.0 Introduction

- 1.1 An epileptic seizure is a transient occurrence of signs and symptoms caused by abnormal, excessive electrical activity in the brain. Pupils with epilepsy should have an Individual healthcare plan and if necessary may need emergency medication kept on site.

### 2.0 Symptoms of epilepsy

- 2.1 Seizures can affect people in different ways, depending on which part of the brain is involved. Possible symptoms include:
- Becoming stiff or rigid
  - Uncontrollable jerking and shaking”
  - Losing awareness and staring blankly into space
  - Strange sensations, unusual smells or tastes, and a tingling feeling in the arms or legs
  - Dropping to the floor suddenly – atonic seizures
  - smacking of lips
  - rubbing of hands
  - making random noises
  - moving arms around
  - picking at clothes or fiddling with objects
  - chewing or swallowing

### 3.0 Types of seizures and Management

- 3.1 **Tonic – Clonic (Convulsive) seizures** are the type of seizure most people recognise. Someone who is having a tonic – clonic seizure goes stiff, loses consciousness, falls to the floor and then has rhythmic jerking
- 3.2 The following steps should be followed:
- Call for assistance and call for the School Nurse
  - Keep calm
  - Protect the person from injury (move harmful objects nearby)
  - Cushion the head if possible
  - Gently place in the recovery position once the seizure is over
  - Reassurance child
  - Stay with the person until fully recovered – never leave a child alone
  - DO NOT move them unless they are in immediate danger
  - DO NOT try to restrain their movements
  - DO NOT give anything to eat or drink until they have fully recovered.
  - Inform parents / emergency contact
- 3.3 **Focal seizures** - Someone having a focal seizure has impaired awareness and therefore may not be fully aware of their surroundings or what they are doing. They may have

unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around.

3.4 The following steps should be followed:

- Do not leave the person and stay until recovery is complete
- Guide them away from any potential danger
- Give reassurance and remain calm
- Look for an epilepsy identity card or jewellery – it may give you information about their seizures and what to do.
- Reorientate them
- Contact School Nurse
- Inform parents / emergency contact.
- DO NOT try to restrain them
- DO NOT act in a way that could frighten the person, such as shouting or making abrupt movements.

**Status epilepticus** – A person with epilepsy can experience a longer seizure or a series of seizures without gaining consciousness. If this continues for more than 30 minutes, it is called **status epilepticus** and is a **medical emergency** as there is a risk of brain damage. Some pupils are prescribed emergency medication to deal with this, but it can only be administered by a properly trained member of staff. The local authority can provide training if a pupil is required to have this medication in school and this will be organised by the School Nurse.

## 4.0 Emergency situations

4.1 Call 999 for an ambulance if:

- if a seizure lasts longer than 3 minutes.
- Seizure lasts longer than usual for the person with epilepsy
- Repeated seizures without gaining consciousness
- Person has difficulty breathing after the seizure is over
- Injury occurs during seizure
- Seizure occurs in water
- It is the first fit for the person.

## **Annex 10: CoL guidance on Infection Control**

The City of London Corporation's guidance *HSG33: Infection Control Guidance* accompanies this policy as a standalone document. It can also be found on the City of London Corporation Staff Intranet (CoLNET).

## Annex 11: Food Allergen Protocol



# City of London School for Girls Food Allergen Protocol

## 1. Introduction

- 1.1 Anaphylaxis is a severe allergic reaction at the extreme end of the allergic spectrum, affecting the entire body, and can occur within minutes of exposure. The most common food allergens are nuts, seeds, tree nuts, milk / dairy, eggs, fish and shellfish, some fruit and vegetables, although many other foods have been known to trigger anaphylaxis. Non-food causes include wasp or bee stings.
- 1.2 This protocol has been devised for use by School Staff, Pupils and Parents. This document adheres to the guidance given on the [\*Anaphylaxis UK website and associated documents\*](#), The Department of Education's [\*Allergy guidance for schools\*](#) and the food standards Agency [\*Natasha's Law\*](#).
- 1.3 This document should be read in conjunction with:
  - The Health and Safety Policy
  - The First Aid policy.
- 1.4 City of London School for Girls does not claim to be an 'allergen-free school'. We have taken the decision to be 'allergen-aware' rather than 'allergen-free'. The reasons behind this decision are as follows:
  - It is impossible, given current food manufacturing processes, to guarantee that food products will be free from possible 'traces of nuts' and other allergens;
  - Our catering company, Holroyd Howe, does not use nuts, nut oils or products containing nuts within the school menu. However, there can be no absolute guarantee that cross contamination has not occurred somewhere in the food supply chain and therefore will advise 'may contain' as per product guidelines;
  - There is no evidence that food bans help reduce the risk of accident exposures;
  - Evidence suggests a food ban on, say, peanuts may lead to a false sense of security about the risk of accidental exposure;
  - Food bans often focus on nuts; however, many food allergies are caused by other foods such as cow's milk or wheat. In the UK, more fatal reactions in children are caused by milk than by peanut;

- It would be impossible to provide an absolute guarantee that the School is nut free. For example, pupils regularly bring in food from home or purchase food items on the way to School;
- There is a strong case to be argued that pupils with food allergies will develop a better awareness and understanding of how to manage their allergies if they grow up in an environment where allergens are regularly present;
- Any ban on a particular food is very difficult to enforce.

The Anaphylaxis Campaign advises that this is a pragmatic approach.

## **2. Minimising the risk of anaphylaxis and other allergenic reactions occurring**

2.1 On admission to the school all parents are required to complete the medical conditions form which informs the school of any requirements to complete an individual healthcare plan as set out in the Medical Conditions, Medicines and Infection Control Policy. This can be updated at anytime and ongoing changes will be overseen by the School Nurses to ensure that the risks are minimised and managed. Staff with severe allergies should inform their line manager, colleagues and the School Nurse, if they feel appropriate to do so.

- 2.1 The catering team are central to the management of allergies in schools therefore:
- The school provides to the catering department a list of names and photographs of pupils with severe medical conditions including severe allergies;
  - Catering staff never knowingly use any nuts (including tree nuts and peanuts). Any items containing seeds including sesame, poppy, pine nuts etc. will be clearly labelled;
  - Pupils who are known to have severe food allergies are introduced to key members of the catering team during the first week of the Autumn Term. They are encouraged to seek guidance from catering staff on a daily basis, on what they can have from the menu for lunch. Specific catering staff receive additional allergy training and are responsible for communicating allergy advice information. If you have any questions, ask to speak to an Allergy Champion;
  - Food preparation staff take precautions to reduce the risk of cross contamination;
  - All recipes are analysed, and allergens contained therein are highlighted and recorded;
  - The catering team produces a daily menu and the allergens contained in each dish are listed on the reverse. This is on display at the serving counter with posters asking diners to ask about allergy information;
  - When the school provides packed lunches for trips away, catering staff provide specially-labelled packed lunches;
  - Where required by Natasha's Law a full list of ingredients will be provided on the labelling on produces sold on site;

- Staff are discouraged from helping with food choices as they may be unaware of pupils' allergy requirements.

2.2 As mentioned above we cannot say we are allergen or nut free, but we will endeavour to educate and communicate the reasons why we are allergen aware. General information on how to minimise the risk of allergens/nuts in school include:

- Being aware that unlabelled food poses a greater risk of allergen exposure than prepacked foods with precautionary “may contain” labels;
- Pupils and staff will be asked to be sensitive when bringing food into school and told not to share any food which contains known allergens. Those pupils and staff with known severe food allergies will be told not to eat food or snacks offered to them by others unless the contents are known;
- If any pupil brings food into school to share for a birthday or a charity bake sale they must ask permission from a member of staff. They will be told that the food must not contain any nuts or nut products. In addition, all food offered to others must be accompanied by a clearly typed list of ingredients;
- The success of minimising anaphylaxis risk, and all other allergenic reactions, requires the cooperation of pupils, staff and parents. Parents are asked not to provide pupils with snacks and cakes that contain nuts and mixed seeds;
- Whilst most allergic reactions are the result of food ingestion, we recognise that severe allergic reactions can occur as a result of individuals being susceptible to airborne allergens. Allergic reactions can also be triggered by touching surfaces, such as computer or piano keyboards which may have been inadvertently contaminated. Pupils and staff who are severely allergic to airborne allergens should alert the School Nurse, who will ensure all members of the school community are aware of the issue.

### **3. Pupils’ and Staff Responsibility to Self-Manage their Allergies**

3.1 Whilst the school will exercise all due care and attention to minimise risk, pupils are expected to self-manage their allergy, too. They should have an understanding of:

- Foods which are safe or unsafe for them;
- When to ask the catering staff to change serving utensils if they think cross-contamination has taken place;
- Make themselves known to catering staff (School Nurse or Form Tutor to introduce pupil) and that they are aware of the allergen list provided at the server counter;
- Their specific symptoms, if an allergic reaction occurs;
- Their responsibility to carry two in date Adrenaline Auto Injectors with them at all times together with any other medication prescribed for allergic reaction;
- Who to advise, if and when an allergic reaction happens;
- Letting friends and staff know about their allergy, in case of emergency;

- When to seek guidance (and from whom) if in doubt;
- The need to see the School Nurse at start of new term to check AAIs are in date and to check that the pupil knows how to use them;
- Self-service salad bar is high risk of cross contamination due to students / staff using the same utensil for different salads. Therefore, speak to catering staff for advice if you have a specific allergen.