



# **Whitworth Community High School**

## Allergen and Anaphylaxis Policy

<b>Date effective from:</b>	January 2026
<b>Prepared by:</b>	Clare Jones
<b>Date of next review:</b>	January 2027

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## **Statement of intent**

**Whitworth Community High School** strives to ensure the safety and wellbeing of all members of the school community. For this reason, this policy is to be adhered to by all staff members, parents and students, with the intention of minimising the risk of anaphylaxis occurring whilst at school.

In order to effectively implement this policy and ensure the necessary control measures are in place, parents are responsible for working alongside the school in identifying allergens and potential risks, in order to ensure the health and safety of their children.

The school does not guarantee a completely allergen-free environment; however, this policy will be utilised to minimise the risk of exposure to allergens, encourage self-responsibility, and plan for an effective response to possible emergencies.

## 1. Legal framework

- 1.1. This policy has due regard to legislation and government guidance including, but not limited to, the following:
  - The Human Medicines (Amendment) Regulations 2017
  - Department of Health (2017) 'Guidance on the use of adrenaline auto-injectors in schools'
  - DofE (2015) 'Supporting students at school with medical conditions'
- 1.2. This policy will be implemented in conjunction with the following school policies and documents:
  - Health and Safety Policy
  - Whole-School Food Policy
  - Administering Medication Policy
  - Supporting students with Medical Conditions Policy
  - Animals in School Policy
  - Educational Visits and School Trips Policy
  - Register of AAls
  - AAI Record

## 2. Definitions

### For the purpose of this policy:

- 2.1. **Allergy** – is a condition in which the body has an exaggerated response to a substance. This is also known as hypersensitivity.
- 2.2. **Allergen** – is a normally harmless substance that triggers an allergic reaction for a susceptible person.
- 2.3. **Allergic reaction** – is the body's reaction to an allergen and can be identified by, but not limited to, the following symptoms:
  - Hives
  - Generalised flushing of the skin
  - Itching and tingling of the skin
  - Tingling in and around the mouth
  - Burning sensation in the mouth
  - Swelling of the throat, mouth or face
  - Feeling wheezy
  - Abdominal pain
  - Rising anxiety
  - Nausea and vomiting
  - Alterations in heart rate
  - Feeling of weakness

2.4. **Anaphylaxis** – is also referred to as anaphylactic shock, which is a sudden, severe and potentially life-threatening allergic reaction. This kind of reaction may include the following symptoms:

- Difficulty breathing
- Feeling faint
- Reduced level of consciousness
- Lips turning blue
- Collapsing
- Becoming unresponsive

2.5. Appropriate forms can be found in appendix 3 of this policy.

## 1. Roles and responsibilities

2.6. The headteacher is responsible for:

- The development, implementation and monitoring of the Allergen and Anaphylaxis Policy.
- Ensuring that parents are informed of their responsibilities in relation to their child's allergies.
- Ensuring that all school trips are planned in accordance with the **Educational Visits and School Trips Policy**, taking into account any potential risks the activities involved pose to students with known allergies.
- Ensuring that the **Whole-School Food Policy** and the associated protocols are effectively implemented, including those in relation to labelling foods that may contain common allergens, e.g. nuts.
- Ensuring that all designated first aiders are trained in the use of adrenaline auto-injectors (AAIs) and the management of anaphylaxis.
- Ensuring that all staff members are provided with information regarding anaphylaxis, as well as the necessary precautions and action to take.
- Ensuring that catering staff are aware of, and act in accordance with, the school's policies regarding food and hygiene, including this policy.
- Ensuring that catering staff are aware of any students' allergies which may affect the school meals provided.

2.7. The school nurse is responsible for:

- Ensuring that there are effective processes in place for medical information to be regularly updated and disseminated to relevant staff members, including supply and temporary staff.
- Seeking up-to-date medical information about each student via a medical form sent to parents on an annual basis, including information regarding any allergies.

- Contacting parents for required medical documentation regarding a child's allergy.
- Ensuring that the necessary staff members are informed about students' allergies.
- Understanding the action to take and processes to follow in the event of a student going into anaphylactic shock, and ensuring that this information is passed onto staff members.

2.8. All staff members are responsible for:

- Acting in accordance with the school's policies and procedures at all times.
- Attending relevant training regarding allergens and anaphylaxis.
- Being familiar with and implementing students' individual healthcare plans (IHCPs) as appropriate.
- Responding immediately and appropriately in the event of a medical emergency.
- Reinforcing effective hygiene practices, including those in relation to the management of food.
- Ensuring that any necessary medications are out of the reach of students but still easily accessible to staff members.
- Liaising with the school nurse and students' parents to ensure the necessary control measures are in place.

2.9. All parents are responsible for:

- Notifying the school nurse of the following information:
  - Their child's allergens
  - The nature of the allergic reaction
  - What medication to administer
  - Specified control measures and what can be done to prevent the occurrence of an allergic reaction
- Keeping the school up-to-date with their child's medical information.
- Providing written consent for the use of a spare AAI.
- Providing the school with up-to-date emergency contact information.
- Providing the school with written medical documentation, including instructions for administering medication as directed by the child's doctor.
- Providing the school with any necessary medication, in line with the procedures outlined in the **Supporting students with Medical Conditions Policy**.

- Communicating to the school any specific control measures which can be implemented in order to prevent the child from coming into contact with the allergen.
- Providing the school, in writing, any details regarding the child's allergies.
- Working alongside the school to develop an IHCP to accommodate the child's needs, as well as undertaking the necessary risk assessments.
- Signing their child's IHCP, where required.
- Acting in accordance with any allergy-related requests made by the school, such as not providing nut-containing items in their child's packed lunch.
- Ensuring their child is aware of allergy self-management, including being able to identify their allergy triggers and how to react.
- Providing a supply of 'safe' snacks for any individual attending school events.
- Raising any concerns they may have about the management of their child's allergies with the classroom teacher.
- Ensuring that any food their child brings to school is safe for them to consume.
- Liaising with staff members, including those running breakfast and afterschool clubs, regarding the appropriateness of any food or drink provided.

2.10. All students are responsible for:

- Avoiding food which they know they are allergic to, as well as any food with unknown ingredients.
- Being proactive in the care and management of their allergies.
- Notifying a member of staff immediately in the event they believe they are having an allergic reaction, even if the cause is unknown.
- Notifying a member of staff when they believe they may have come into contact with something containing an allergen.
- Learning to recognise personal symptoms of an allergic reaction.
- Keeping necessary medications in an agreed location which members of staff are aware of.
- Developing greater independence in keeping themselves safe from allergens.
- Notifying a staff member if they themselves or another student are being bullied or harassed as a result of their allergies.

2.11. Appropriate forms can be found in appendix 1, 2, 3, 4, 7, 8 & 10 of this policy.

### **3. Food allergies**

- 3.1. Parents will provide the school with a written list of any foods that their child may have an adverse reaction to, as well as the necessary action to be taken in the event of an allergic reaction, such as any medication required.
- 3.2. Information regarding all students' food allergies will be collated, indicating whether they consume a school dinner or a packed lunch, and this will be passed on to the school's catering service.
- 3.3. Where a student who attends the school has a nut allergy, the school's catering service will be requested to eliminate nuts, and food items with nuts as ingredients, from meals as far as possible.
- 3.4. All food tables will be disinfected before and after being used.
- 3.5. Anti-bacterial wipes and cleaning fluid will be used.
- 3.6. Boards and knives used for fruit and vegetables will be a different colour to the rest of the kitchen knives in order to remind kitchen staff to keep them separate.
- 3.7. There will be a set of kitchen utensils that are only for use with the food and drink of the students at risk.
- 3.8. Food items containing nuts will not be served at, or be bought onto, school premises.
- 3.9. The chosen catering service of the school is responsible for ensuring that the school's policies are adhered to at all times, including those in relation to the preparation of food, taking into account any allergens.
- 3.10. Learning activities which involve the use of food, such as food technology lessons, will be planned in accordance with students' IHPs, taking into account any known allergies of the students involved.
- 3.11. Appropriate forms can be found in appendix 1 of this policy.

### **4. Animal allergies**

- 4.1. The **Animals in School Policy** will be adhered to at all times.
- 4.2. Students with known allergies to specific animals will have restricted access to those that may trigger a response.
- 4.3. In the event of an animal on the school site, staff members will be made aware of any students who this may pose a risk to and will be responsible for ensuring that the student does not come into contact with the specified allergen.

### **5. Seasonal allergies**

- 5.1. The term 'seasonal allergies' refers to common outdoor allergies, including hay fever and insect bites.
- 5.2. Precautions regarding the prevention of seasonal allergies include ensuring that the school field is not mown whilst students are outside.
- 5.3. Students with severe seasonal allergies will be provided with an indoor supervised space to spend their break and lunchtimes in, avoiding contact with outside allergens.
- 5.4. Staff members will monitor pollen counts, making a professional judgement as to whether the student should stay indoors.
- 5.5. Students will be encouraged to wash their hands after playing outside.
- 5.6. Students with known seasonal allergies are encouraged to bring an additional set of clothing to school to change into after playing outside, with the aim of reducing contact with outdoor allergens, such as pollen.
- 5.7. Staff members will be diligent in the management of wasp, bee and ant nests on school grounds and in the schools nearby proximity, reporting any concerns to the site manager.
- 5.8. The site manager is responsible for ensuring the appropriate removal of wasp, bee and ant nests on and around the school premises.
- 5.9. Where a student with a known allergy is stung or bitten by an insect, medical attention will be given immediately.

## **6. Adrenaline auto-injectors (AAIs)**

- 6.1. Students who suffer from severe allergic reactions may be prescribed an AAI for use in the event of an emergency.
- 6.2. Under The Human Medicines (Amendment) Regulations 2017 the schools is able to purchase AAI devices without a prescription, for emergency use on students who are at risk of anaphylaxis, but whose device is not available or is not working.
- 6.3. The school will purchase spare AAIs from a pharmaceutical supplier, such as the local pharmacy.
- 6.4. The school will submit a request, signed by the headteacher, to the pharmaceutical supplier when purchasing AAIs, which outlines:
  - The name of the school.
  - The purposes for which the product is required.
  - The total quantity required.
- 6.5. The headteacher, in conjunction with the school nurse, will decide which brands of AAI to purchase.

- 6.6. Where possible, the school will hold one brand of AAI to avoid confusion with administration and training; however, subject to the brands students are prescribed, the school may decide to purchase multiple brands.
- 6.7. The school will purchase AAIs in accordance with age-based criteria, relevant to the age of students at risk of anaphylaxis, to ensure the correct dosage requirements are adhered to. These are as follows:
- **For students aged 6-12: 0.3 milligrams of adrenaline**
  - **For students aged 12+: 0.3 or 0.5 milligrams of adrenaline**
- 6.8. Spare AAIs are stored as part of an emergency anaphylaxis kit, which includes the following:
- One or more AAIs
  - Instructions on how to use the device(s)
  - Instructions on the storage of the device(s)
  - Manufacturer's information
  - A checklist of injectors, identified by the batch number and expiry date, alongside records of monthly checks
  - A note of the arrangements for replacing the injectors
  - A list of students to whom the AAI can be administered
  - An administration record
- 6.9. Students who have prescribed AAI devices are able to keep their device in their possession.
- 6.10. Spare AAIs are not located more than **five** minutes away from where they may be required. The emergency anaphylaxis kit(s) can be found at the following location:
- **Medical Room**
- 6.11. All staff have access to AAI devices, but these are out of reach and inaccessible to students – AAI devices are not locked away where access is restricted.
- 6.12. All spare AAI devices will be clearly labelled to avoid confusion with any device prescribed to a named student.
- 6.13. In line with manufacturer's guidelines, all AAI devices are stored at room temperature in line with manufacturer's guidelines, protected from direct sunlight and extreme temperature.
- 6.14. The following staff members are responsible for maintaining the emergency anaphylaxis kit(s):
- **Mrs Nadia Uddin**
  - **Mr Dan Crook**

- **Miss Louise Rawstron**

- 6.15. The above staff members conduct a monthly check of the emergency anaphylaxis kit(s) to ensure that:
- Spare AAI devices are present and have not expired.
  - Replacement AAIs are obtained when expiry dates are approaching.
- 6.16. The following staff members are responsible for overseeing the protocol for the use of spare AAIs, its monitoring and implementation, and for maintaining the **Register of AAIs: Mrs Nadia Uddin, Mr Dan Crook and Miss Louise Rawstron.**
- 6.17. Any used or expired AAIs are disposed of after use in accordance with manufacturer's instructions.
- 6.18. Used AAIs may also be given to paramedics upon arrival, in the event of a severe allergic reaction, in accordance with section 12 of this policy.
- 6.19. A sharps bin is utilised where used or expired AAIs are disposed of on the school premises.
- 6.20. Where any AAIs are used, the following information will be recorded on the AAI Record:
- Where and when the reaction took place
  - How much medication was given and by whom
- 6.21. Appropriate forms can be found in appendix 3, 8, 9, 13 & 14 of this policy.

## **7. Access to spare AAIs**

- 7.1. A spare AAI can be administered as a substitute for a student's own prescribed AAI, if this cannot be administered correctly, without delay.
- 7.2. Spare AAIs are only accessible to students for whom medical authorisation and written parental consent has been provided – this includes students at risk of anaphylaxis who have been provided with a medical plan confirming their risk, but who have not been prescribed an AAI.
- 7.3. Consent will be obtained as part of the introduction or development of a student's IHCP.
- 7.4. If consent has been given to administer a spare AAI to a student, this will be recorded in their IHCP.
- 7.5. The school uses a register of students (Register of AAIs) to whom spare AAIs can be administered – this includes the following:
- Name of student
  - Form
  - Known allergens

- Whether medical authorisation has been received
  - Whether written parental consent has been received
  - Dosage requirements
- 7.6. Parents are required to provide consent on an annual basis to ensure the register remains up-to-date.
- 7.7. Parents can withdraw their consent at any time. To do so, they must write to the headteacher.
- 7.8. Mrs Clare Jones checks the register is up-to-date on an annual basis.
- 7.9. Mrs Clare Jones will also update the register relevant to any changes in consent or a student's requirements.
- 7.10. Copies of the register are held electronically and shared with all staff members, as well as a copy in the medical room, which is also accessible to all staff members.

## **8. Medical attention and required support**

- 8.1. All medical attention, including that in relation to administering medication, will be conducted in accordance with the **Supporting students with Medical Conditions Policy**.
- 8.2. Parents will provide the school with any necessary medication, ensuring that this is clearly labelled with the student's name, class, expiration date and instructions for administering it.
- 8.3. Students will not be able to attend school or educational visits without any life-saving medication that they may have, such as AAls.
- 8.4. All members of staff involved with a student with a known allergy are aware of the location of emergency medication and the necessary action to take in the event of an allergic reaction.
- 8.5. Any specified support which the student may require is outlined in their IHCP.
- 8.6. All staff members providing support to a student with a known medical condition, including those in relation to allergens, will be familiar with the student's IHCP.
- 8.7. Mrs Nadia Uddin is responsible for working alongside relevant staff members and parents in order to develop IHCPs for students with allergies, ensuring that any necessary support is provided and the required documentation is completed, including risk assessments being undertaken.
- 8.8. Mrs Nadia Uddin has overall responsibility for ensuring that IHCPs are implemented, monitored and communicated to the relevant members of the school community.

## 9. Staff training

- 9.1. Designated staff members will be trained in how to administer an AAI, and the sequence of events to follow when doing so.
- 9.2. In accordance with the **Supporting students with Medical Conditions Policy**, staff members will receive appropriate training and support relevant to their level of responsibility, in order to assist students with managing their allergies.
- 9.3. The school will arrange specialist training on a yearly basis where a student in the school has been diagnosed as being at risk of anaphylaxis.
- 9.4. Designated staff members will be taught to:
  - Recognise the range of signs and symptoms of severe allergic reactions.
  - Respond appropriately to a request for help from another member of staff.
  - Recognise when emergency action is necessary.
  - Administer AAIs according to the manufacturer's instructions.
  - Make appropriate records of allergic reactions.
- 9.5. All staff members will:
  - Be trained to recognise the range of signs and symptoms of an allergic reaction.
  - Understand how quickly anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis can occur with prior mild-moderate symptoms.
  - Understand that AAIs should be administered without delay as soon as anaphylaxis occurs.
  - Understand how to check if a student is on the Register of AAIs.
  - Understand how to access AAIs.
  - Understand who the designated members of staff are, and how to access their help.
  - Understand that it may be necessary for staff members other than designated staff members to administer AAIs, e.g. in the event of a delay in response from the designated staff members, or a life-threatening situation.
  - Be aware of how to administer an AAI should it be necessary.
  - Be aware of the provisions of this Allergen and Anaphylaxis Policy.
- 9.6. Appropriate forms can be found in appendix 3, 8 & 10 of this policy.

## 10. In the event of a mild-moderate allergic reaction

- 10.1. Mild-moderate symptoms of an allergic reaction include the following:
  - Swollen lips, face or eyes
  - Itchy/tingling mouth
  - Hives or itchy skin rash

- Abdominal pain or vomiting
  - Sudden change in behaviour
- 10.2. If any of the above symptoms occur in a student, the nearest adult will stay with the student and send for help from the designated staff members able to administer AAIs.
  - 10.3. The student's prescribed AAI will be administered by the designated staff member. Spare AAIs will only be administered where appropriate consent has been received.
  - 10.4. Where there is any delay in contacting designated staff members, or where delay could cause a fatality, the nearest staff member will administer the AAI.
  - 10.5. A copy of the Register of AAIs will be held electronically which will be shared with all staff members, a copy will also be held in the medical room for easy access in the event of an allergic reaction.
  - 10.6. If necessary, other staff members may assist the designated staff members with administering AAIs.
  - 10.7. The student's parents will be contacted immediately if a student suffers a mild-moderate allergic reaction, and if an AAI has been administered.
  - 10.8. In the event that a student without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.
  - 10.9. For mild-moderate allergy symptoms, the AAI will usually be sufficient for the reaction; however, the student will be monitored closely to ensure the reaction does not progress into anaphylaxis.
  - 10.10. Should the reaction progress into anaphylaxis, the school will act in accordance with [section 12](#) of this policy.
  - 10.11. The staff member will refer any student who has been administered an AAI to the hospital for further monitoring.
  - 10.12. The headteacher will ensure that any designated staff member required to administer an AAI has appropriate cover in place, e.g. if they were teaching a class at the time of the reaction.
  - 10.13. Appropriate forms can be found in appendix 3 & 10 of this policy.

## **11. In the event of anaphylaxis**

- 11.1. Anaphylaxis symptoms include the following:
  - Persistent cough
  - Hoarse voice

- Difficulty swallowing, or swollen tongue
  - Difficult or noisy breathing
  - Persistent dizziness
  - Becoming pale or floppy
  - Suddenly becoming sleepy, unconscious or collapsing
- 11.2. In the event of anaphylaxis, the nearest adult will lay the student flat on the floor with their legs raised, and send for help from a designated staff member.
- 11.3. The designated staff member will administer an AAI to the student. Spare AAIs will only be administered if appropriate consent has been received.
- 11.4. Where there is any delay in contacting designated staff members, the nearest staff member will administer the AAI.
- 11.5. A copy of the Register of AAIs will be held electronically which will be shared with all staff members, a copy will also be held in the medical room for easy access in the event of an allergic reaction.
- 11.6. If necessary, other staff members may assist the designated staff members with administering AAIs.
- 11.7. The emergency services will be contacted immediately.
- 11.8. A member of staff will stay with the student until the emergency services arrive.
- 11.9. The headteacher will be contacted immediately, as well as a suitably trained individual, such as a first aider.
- 11.10. If the student stops breathing, a suitably trained member of staff will administer CPR.
- 11.11. If there is no improvement after five minutes, a further dose of adrenaline will be administered using another AAI, if available.
- 11.12. In the event that a student without a prescribed AAI, or who has not been medically diagnosed as being at risk of anaphylaxis, suffers an allergic reaction, a designated staff member will contact the emergency services and seek advice as to whether an AAI should be administered. An AAI will not be administered in these situations without contacting the emergency services.
- 11.13. A designated staff member will contact the student's parents as soon as is possible.
- 11.14. Upon arrival of the emergency services, the following information will be provided:
- Any known allergens the student has
  - The possible causes of the reaction, e.g. certain food
  - The time the AAI was administered – including the time of the second dose, if this was administered

- 11.15. Any used AAls will be given to paramedics.
- 11.16. Staff members will ensure that the student is given plenty of space, moving other students to a different room where necessary.
- 11.17. Staff members will remain calm, ensuring that the student feels comfortable and is appropriately supported.
- 11.18. A member of staff will accompany the student to hospital in the absence of their parents.
- 11.19. If a student is taken to hospital by car, **two** members of staff will accompany them.
- 11.20. Following the occurrence of an allergic reaction, the **senior leadership team**, in conjunction with the **school nurse**, will review the adequacy of the school's response and will consider the need for any additional support, training or other corrective action.
- 11.21. Appropriate forms can be found in appendix 1, 2, 3, 4, 7, 8 & 10 of this policy.

## **12. Monitoring and review**

- 12.1. The headteacher is responsible for reviewing this policy annually.
- 12.2. The effectiveness of this policy will be monitored and evaluated by all members of staff. Any concerns will be reported to the headteacher immediately.
- 12.3. Following each occurrence of an allergic reaction, this policy and students' IHCPs will be updated and amended as necessary.

### Appendix 1 - Allergy Declaration Form

<b>Name of student:</b>			
<b>Date of birth:</b>		<b>Year group:</b>	
<b>Name of GP:</b>			
<b>Address of GP:</b>			

<b>Nature of allergy:</b>	
<b>Severity of allergy:</b>	
<b>Symptoms of an adverse reaction:</b>	
<b>Details of required medical attention:</b>	
<b>Instructions for administering medication:</b>	

<b>Control measures to avoid an adverse reaction:</b>	
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**Appendix 2 - Parent/carer consent to administer emergency AAI**

I understand that the school may purchase spare AAIs to be used in the event of an emergency allergic reaction. I also understand that, in the event of my child's prescribed AAI not working, it may be necessary for the school to administer a spare AAI, but this is only possible with medical authorisation and my written consent.

In light of the above, I provide consent for the school to administer a spare AAI to my child.

Name of child: .....

Date of Birth: .....

<b>Yes</b>	<input type="checkbox"/>	<b>No</b>	<input type="checkbox"/>
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<b>Name of parent:</b>	
<b>Relationship to child:</b>	
<b>Contact details of parent:</b>	
<b>Parental signature:</b>	

## **Appendix 3 - Management of Anaphylaxis**

### **What is Anaphylaxis?**

Anaphylaxis is a severe, potentially, life-threatening generalised allergic reaction characterised by:

- Skin changes such as redness and itching
- Falling blood pressure
- Oedema (swelling below the skin surface)
- Swallowing and breathing difficulties
- Rapid breathing
- Rapid heart rate

There are varying degrees of allergic reaction however Anaphylaxis is at the extreme end of the allergic spectrum.

The whole body is affected usually within minutes of exposure to the allergen however some reactions can develop after several hours.

### **Signs and Symptoms**

Signs and symptoms can include:

- Mouth or throat oedema (swelling)
- Reduced ability to speak or swallow
- Allergic type rash (hives) on any area of the body
- Stomach cramps/vomiting
- Feeling faint/weak

- Breathing difficulties
- Collapse/unconscious

## **Types of reactions**

**Uni-phasic** – rapidly developing severe reaction involving the airway or circulation.

**Bi-phasic** – early symptoms as above, then a symptom-free period of 1–2 hours, followed by increasing symptoms involving breathing and circulation.

## **Different types of Allergens**

Peanuts	Eggs	Fish	Kiwi	Penicillin
Tree nuts	Cow's Milk	Wasp	Lupin	Drugs
Sesame	Shellfish	Latex	Bee	

## **Crisis Management**

- Stay calm
- Assess the child's reaction
- Call for help
- Give emergency treatment
- Monitor closely until the ambulance arrives
- Do not move the child and consider the immediate environment

## **Treatments**

### **Adrenaline auto injector devices:**

- Reverses swelling

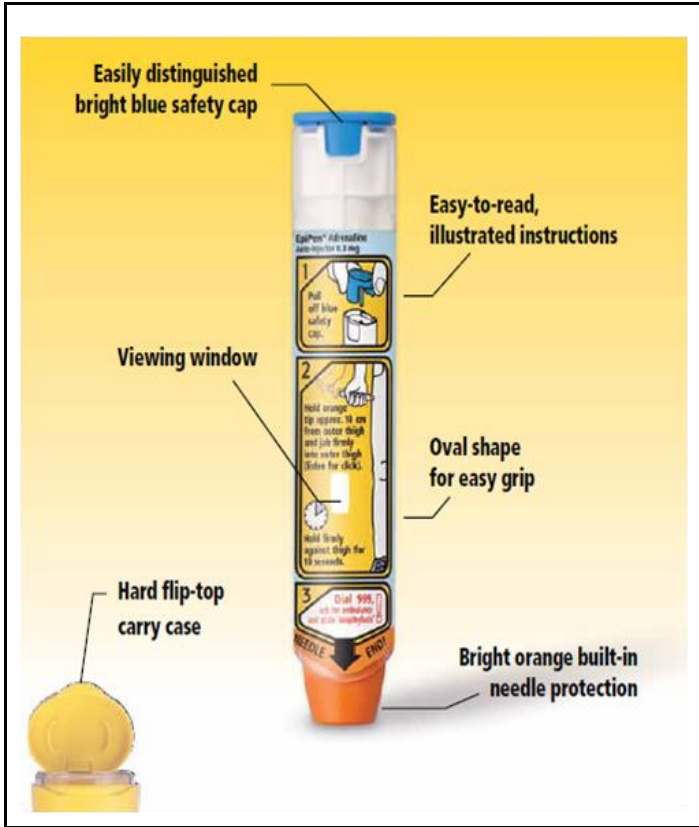
- Relieves asthma
- Constricts the blood vessels
- Stimulates the heart

**Other treatments include:**






- Anti-histamines
- Asthma inhalers

**Types of Auto Injector Pen**

This is an epi-pen. Every pen comes with a set of illustrated instructions on the outside of the pen.	This is a Jext epi-pen. Every pen comes with a set of illustrated instructions on the outside of the pen.
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How to use an Auto Injector Pen

	<p><b>Grasp the auto injector pen in your dominant hand (the one you use to write with).</b></p>
	<p><b>Pull off the yellow cap.</b></p>
	<p><b>Place the injector tip against the outer thigh, holding the injector at a right angle (approx 90) to the thigh.</b></p>
	<p><b>Push the tip firmly into the thigh until you hear a 'click' confirming the injection has started, hold, keeping it pushed in for 10 seconds (a slow count to 10) then remove.</b></p>
	<p><b>Massage the injection area for 10 seconds.</b> <b>Seek immediate medical help.</b></p>

<b>Name –</b>		<b>Health Care Plan</b>	
<b>D.O.B –</b>			<b>Date of Update:</b>
<b><u>Medical needs</u></b>			<b><u>Medication and Dosage</u></b>
<b><u>Year group</u></b>		<b><u>Medication kept and used in school</u></b>	<b>Review Date:</b> Year .....Parent's Evening or if anything changes with ..... condition.

<b><u>Care and Physical Needs</u></b>	<b><u>Arrangements in school to meet care needs</u></b>
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<b><u>GP Contact Details</u></b>	<b>EMERGENCY CONTACT 1</b>	<b>EMERGENCY CONTACT 2</b>
	Mum -	Dad -
	Home: Work: Mobile:	Home: Work: Mobile:
<b>Signed:</b>  <b>Date:</b>	<b>Other contact</b>	

## Appendix 5 - Year 7/new students IHCP assessment form

Could you please complete and return to school with any medical evidence (letters from hospital, doctors, etc).

If you have any concerns then please contact me on 01706 343218, leave a message and I will get back to you as soon as I can, or you can email me at [n.uddin@whitworth.lancs.sch.uk](mailto:n.uddin@whitworth.lancs.sch.uk)

Name of Student	
Year Group	

Medical Need	
Medication and Dosage	
Medication to be kept and used in school (if needed)	
Care and Physical Needs	

GP Contact Details	
Emergency Contact 1	
Emergency Contact 2	
How do you think we can help your child with their medical condition whilst they are at school? <b>This could be a toilet pass if they have bladder/bowel problems</b>	
Any other information you think school need to be aware about?	

--	--

Please sign, date and return to school

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 6 - Medical Assessment Form for new conditions**

Name of Student	
Year Group	

Medical Need - Please provide a brief description and the name of the condition that they have been diagnosed with. <b>(Could you also please provide any hospital letters which have the diagnosis on so we can keep a copy in your child's file).</b>	
---	--

Is your Child under the care of medical professionals? (If yes, please state)	
---	--

GP Contact Details	
--------------------	--

Is your child on any medication? (If yes, please state)	
Is your child receiving any medical treatment? (If yes, please state)	
Any other information you think school need to know? This could be how you think we could help in school	
Emergency Contact 1	
Emergency Contact 2	

**Please sign, date and return to Mrs N Uddin at school**

Signed \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

**Appendix 7 - Parental Agreement for the School to Administer Medicine**

Form for parents to complete if they wish the school to administer prescription medication. The school will not give your child medicine unless you complete and sign this form, and the Headteacher has agreed that school staff can administer the medication.

**DETAILS OF student**

Surname ..... M/F ..... Date of Birth .....  
Forename(s) ..... Class .....

Condition or illness .....  
.....

**MEDICATION**

Name/Type of Medication (as described on the container)  
.....  
.....

For how long will your child take this medication  
.....

Date dispensed .....

**Full directions for use. Dosage, method and timing**

.....  
.....

**Known side effects**

.....

**Procedure to take in an emergency**

.....  
.....

**CONTACT DETAILS**

**Name** ..... **Daytime Telephone No.** .....

**Relationship to student** .....

I understand that I must deliver the medicine personally to Mrs Uddin.

**Signature** ..... **Date** .....

**Relationship to student** .....

**Appendix 8 - Staff Training Record**

<b>Name of School</b>	Whitworth Community High School
<b>Staff Name</b>	
<b>Type of training received</b>	
<b>Date training was completed</b>	
<b>Training provided by</b>	
<b>Profession and title</b>	

I confirm that ..... has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated every year.

**Trainer's signature** .....

**Date** .....

**I CONFIRM THAT I HAVE RECEIVED THE TRAINING DETAILED ABOVE.**

**Staff signature** .....

**Print name** .....

**Date** .....

**Suggested review date** .....

**Appendix 9 - Medication Returns**

**Students Name** .....

**Medicine details**

<b>Name of medicine</b>	
<b>Quantity to be returned</b>	
<b>Reason for the return of medication</b>	

**Return details**

<b>Staff Name (WCHS)</b>	
<b>Signature</b>	
<b>Date</b>	

Complete the box below if handing medication to a parent/carer.

<b>Parent/Carers name</b>	
<b>Signature</b>	
<b>Date</b>	

Complete the box below if medication is being returned to a pharmacy.

Pharmacy name and address	
Staff name	
Signature	
Date	

#### Appendix 10 - Contacting Emergency Services

### **To be stored by phones in the school**

**Request an ambulance – dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

- The telephone number: **01706 343218**
- Your name.
- Your location as follows: **Whitworth Community High School, Hallfold, Whitworth, Rochdale, Lancashire, OL12 8TS**
- The satnav postcode: **OL12 8TS**
- The exact location of the patient within the school.
- The name of the child and a brief description of their symptoms.
- The best entrance to use and where the crew will be met and taken to the patient.

## **Appendix 11 - Letter Individual Healthcare Plan Year 7**

Date 2024

Dear Parent/Carer,

Firstly, I would like to take this opportunity to welcome your child to Whitworth Community High School.

As a school we record all medical information via Medical Tracker as well as an Individual Health Care Plan; this is in line with the school's medical policy.

To ensure that our records are fully up to date, please could you please take time to read over your child's Individual Health Care Plan, I would appreciate it if you could complete the following sections:

- Medicine and Dosage
- Medication kept and used in school
- GP Details
- Please feel free to add any other information you think is necessary or make any changes.

If you require any additional information or there are any other changes that you think are necessary for us to make, please don't hesitate to contact either myself or Mrs Uddin on 01706 343218 or [a.kewin@whitworth.lancs.sch.uk](mailto:a.kewin@whitworth.lancs.sch.uk) or [n.uddin@whitworth.lancs.sch.uk](mailto:n.uddin@whitworth.lancs.sch.uk)

## **Appendix 12 - Letter Individual Healthcare Plan - Review**

Date

Dear Parent/Carer,

As you are aware your child currently has an Individual Health Care Plan. All of their medical information is recorded via a secure online programme known as Medical Tracker; this is as per the school's medical policy.

To ensure that our records are fully up to date, please could you take time to read over your child's Individual Health Care Plan and make any amendments that may be needed. If possible, could you also provide any new medical information for their ongoing medical condition.

I would appreciate it if you could hand this in at the end of parents evening or send this back to school as soon as possible to ensure that your child's Individual Health Care Plan can be updated.

If you require any additional information or have any questions, please don't hesitate to contact either myself or Mrs Uddin on 01706 343218 or [a.kewin@whitworth.lancs.sch.uk](mailto:a.kewin@whitworth.lancs.sch.uk) or [n.uddin@whitworth.lancs.sch.uk](mailto:n.uddin@whitworth.lancs.sch.uk)



