

Broom Valley Community School



We dare to dream big

Policy

**Managing
Medical Needs**

Sept 2017

Managing Medical Needs Policy			
Review Frequency	Annually	Review Date	October 2018
GB Committee Responsible	Full Governing Body	Staff Responsible	Kim Reaney
GB Ratification Date	17 October 2017	Website	Yes

Aims

To outline the policy and procedures for managing medicines in schools so it is understood by staff, parents and children and so that all children, including those with medical needs receive proper care and support in our school.

Objectives

- To encourage and support inclusive practice
- To ensure regular attendance by all children

Important procedures

- Procedures for managing prescription medicines which need to be taken during a school day
- Procedures for managing prescription medicines on trips and outings
- Statement of roles and responsibilities for staff managing and administering medicines
- Statement of parental responsibilities in respect of their child's medical needs
- The need for prior written agreement from parents and carers for any medicines to be given to a child
- Circumstances in which a child may take nonprescription medicines
- Policy on assisting children with long term or complex medical needs
- Policy on children carrying and taking their medicine themselves
- Staff training
- Record keeping
- Safe storage of medicines

As an inclusive setting, we recognise that there may be times when medication needs to be administered to ensure a child's participation in our school. We will therefore administer medication and supervise children taking their own medication according to the procedures in this policy.

- We ask parents and carers to ask their doctor wherever possible to prescribe medication which can be taken outside of the school day.
- We are prepared, however, to take responsibility for those occasions when a child needs to take medication during the school day in strict accordance with the procedures in this policy and following the guidance in the DfE

document: 'Supporting Pupils at School with Medical Conditions (2015)'
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

- We will usually only administer prescribed medication.

Children with Special Medical Needs and Disabilities

- Should we be asked to admit a child to the school with special medical needs we will, in partnership with the parents/carers discuss their individual needs and write a Personal Care Plan. We will also involve other outside agencies as appropriate to the needs of the child and family.
- Care Plans will be shared with staff as necessary and copies will be available in the school office, in classrooms, the staffroom and kitchen.
- Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required.

Procedures

1. On Admission

All parents and carers are asked to complete a family record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These details are updated every 12 months.

2. Emergency Medication

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies eg. EpiPen, emergency treatment for epilepsy, emergency treatment for diabetes.

3. Administration of Prescribed Medication

3.1 Should a child need to receive medication during the school day for a short period parents or carers will be asked to come into school and personally give the child medication when required.

3.2 If a child requires ongoing medication and holds a medical care plan, medication can be administered by school staff.

3.3 On receipt of medication, a 'Medicine Record Sheet' should be completed and signed by the Parent/Carer (a separate form should be completed for each medication). Completed forms will be kept with medications in the School Office.

3.4 The medication should be in the original container as dispensed clearly labelled with the instructions for administration including:

- The child's name

- Name of medication
- Strength of medication
- How much to be given
- When to be given
- Date dispensed and/or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)
- Any other instructions NB A label 'to be taken as directed' does not provide sufficient information.

3.5 Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason.

3.6 A record of the administration of each dose will be kept and signed by School Office staff.

3.7 Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the school should be notified in writing by the parent/carer. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.

3.8 Should the supply need to be replenished this should be done in person by the parent or carer.

4. Application of Creams and Lotions

4.1 Non-prescribed creams and lotions should be applied before school if required.

4.2 If a child has ongoing needs and has a Medical Care Plan, prescribed cream or lotion can be applied. The child should apply the cream or lotion if able, but in the event of this not being possible, it will be applied by a member of staff and in the presence of another member of staff.

4.3 Parents and carers are responsible for sending in the prescribed cream, clearly labelled with the child's name, then name of the medication, the strength of the medication and when to apply it. It must also include the expiry date.

4.4 Steroid creams are usually applied twice daily only – we would usually expect these to be applied at home.

4.5 Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sun block in the morning before coming to school.

Children may bring in their own creams but parents and carers must ensure it is in date and of at least SPF 30 or above. It should be labelled clearly and is the child's responsibility.

5. Alternative Medication

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

6. Simple Analgesics (Pain Relief)

These will only be given if there is an on-going medical condition i.e. febrile convulsions and it has been prescribed by a GP/consultant.

7. Refusing Medication

7.1 If a child refuses medication staff will not force them to take it.

7.2 The refusal will be noted and parents contacted by telephone.

7.3 In the event of a child refusing emergency medication parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately and a member of school staff will accompany the child to hospital to allow parents time to arrive.

8. Storage and Disposal of Medication

8.1 All medication (with the exception of any requiring refrigeration) will be kept in each classroom in a locked medical cabinet. Children prescribed with an Epi-pen will need to have TWO pens in school – one to be kept with them in a locked medical cabinet in the classroom and the other as a 'back up' to be kept in the School Reception Office. Epi-pens should be kept in a clearly labelled box in the classroom; this must travel with the children at all times including PE lessons and off-site visits. Parents are responsible for ensuring that Epi-pens they supply to school are 'in date'.

8.2 Medication requiring refrigeration will be stored in the fridge in the staff room inside a plastic closed container clearly labelled MEDICATION. It will not be accessible to children and medicine should always be placed in the storage space within the fridge door.

8.3 Emergency medication will be stored out of the reach of children, in the same room as the child wherever possible and easily accessible to staff. All members of staff working in the school will need to be made aware of the location of the emergency medication.

8.4 A regular check of all medicines in school (Reception Office and classrooms) will be made every 6 weeks and will be completed by Kim Reaney or Lyndsey Taylor. Parents and carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled.

8.5 Any medication which is not collected by parents and carers and is no longer required will be disposed of safely at a community pharmacy. No medication should be disposed of into the sewage system or refuse.

8.6 Asthma medication: please refer to: Appendix A – 'Policy on Responding to Asthma'

9. Offsite Activities and Educational Visits

9.1 The named leader of the activity must ensure that all children have their medication, including any emergency medication available. The medication will be carried by a named member of staff. This also include asthma inhalers and other relief medication. Record forms are also taken to ensure normal administration procedures are followed.

9.2 For residential visits parents and carers are required to complete a consent form for all forms of medication. This includes over the counter medication such as travel sickness.

10. Insurance

All staff are covered by AON Rotherham Metropolitan Borough Council - QBE Insurance (Europe) Limited 'public liability' insurance.

11. Training

Training needs are reviewed annually according to the needs of our children. This policy is part of our staff induction programme and is reviewed annually. Training needs are identified for individual staff through annual performance and appraisal meetings. Training for specific conditions eg. Asthma is provided for the whole staff at least every two years. Appendix A Policy on Responding to Asthma General The charity, Asthma UK, estimates that on average there are 3 pupils with asthma in every classroom in the UK. School staff are not required to administer asthma medicines to pupils (except in an emergency), but where staff are happy to administer asthma medicines the school will ensure that they are covered by insurance and will receive any necessary training. All staff should understand that immediate access to reliever medicines (usually inhalers) is essential. All inhalers must be stored in the locked first aid cabinet in each child's classroom. These are then accessible to all first aid trained staff in case of need. On visits out of school the group leader must carry the inhalers for any child in their group who requires one.

APPENDIX A – Helping children with Asthma

This policy sets out the school's response to the problems posed by asthma, taking into account its responsibility for ensuring as far as is reasonably practicable the health and safety of employees and pupils.

Aim

The policy sets out the system for ensuring that:

- Staff and pupils with asthma are known;
- Appropriate training is given to staff and pupils;
- All staff know their roles in ensuring that asthma attacks are dealt with quickly and effectively; and
- Governors, staff, pupils and parents know what the system is and the part they have to play.

Responsibilities

The Headteacher is responsible for:

- Ensuring that a system is in place and is properly managed and reviewed;
- Ensuring that a system is in place for recording asthma sufferers;
- Ensuring that a system is in place for training staff; and

- Reporting annually to the Local Governing Board on any incidents and the general working of the system.

The Inclusion Leader is responsible for:

- The management of the system;
- Ensuring that asthma sufferers are known and records and register kept appropriately;
- Ensuring that appropriate training is given;
- Obtaining and circulating appropriate guidance;
- Reviewing the system periodically;
- Ensuring that appropriate storage for medicines is provided, where necessary;
- Liaising with medical staff as necessary;
- Communicating with teaching and support staff, and parents; and
- Reporting to the Headteacher.

All Staff will:

- Know which of their pupils is on the medical register – including asthma; (this information will be accessible via the Inclusion and SEND files in the classrooms.
- Allow pupils to take their own medicines when they need to;
- Know what to do in the event of an asthma attack in school;
- Ensure that an asthma inhaler is clearly labelled with the child's name and kept in a locked medical box in the classroom (this must travel with the children at all times including PE lessons and off site visits). However, all children with a respiratory condition such as asthma must have TWO inhalers in school – one to be kept in the classroom/with them at all times and another as a 'back-up' to be kept in the School Reception Office.
- Make a note in the medical book when a pupil has had to use the inhaler.

Parents/Carers of asthma sufferers are responsible for:

- Completing medical needs information to the school
- Ensuring that the inhalers are in date.
- Providing the school with two inhalers, labelled with the pupil's details.

Record Keeping

Parents will be asked to complete a medical questionnaire on admission (which will include asthma); these will be updated annually. The names of sufferers will be kept on the school register managed by Lyndsey Taylor.

PE and Games

Taking part in PE activities is an essential part of school life for all pupils including those with asthma. They will be encouraged to take a full part in PE activities. All staff will know who has asthma from information in their Inclusion and SEND folders. Before each lesson staff will remind pupils whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson. The same applies to class teachers (and

where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

School Environment

The school will do all it can to make the environment favourable to pupils with asthma. There is a rigorous no smoking policy. The school will as far as possible not use chemicals in the school that are potential triggers for asthma. Pupils with asthma will be told to leave the teaching area and to go to a designated area if particular fumes trigger asthma.

Dealing with the Effects of Asthma

When it is known that a pupil has to miss a lot of school time or is always tired through the effects of asthma, or the asthma disturbs their sleep at night, the pupil's teacher will talk to parents/carers to determine how best to ensure that the pupil does not fall behind.

If appropriate the teacher will also talk to the SENDCo about the pupil's needs.

Appendix B - HELPING PUPILS WITH EPILEPSY

Contents

1. What is epilepsy?
2. What causes epilepsy?
3. Triggers
4. Medication
5. What the School should do
6. Sporting and Off-site activities
7. Disability and epilepsy
8. References

This section provides some basic information about epilepsy but it is beyond its scope to provide more detailed medical advice. It is important that the particular needs of pupils are assessed and treated on an individual basis.

What is epilepsy?

Pupils with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five per cent of people with epilepsy have their first seizure before the age of 20. Epilepsy is the second most common medical condition that teachers will encounter. It affects around one in 130 pupils in the UK. Eighty per cent of pupils with epilepsy attend mainstream schools. Most pupils with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to

have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted. An epileptic seizure can take a number of different forms – it can cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. A seizure or 'fit' is a brief disruption to normal brain functioning

What causes epilepsy?

Some pupils have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other pupils there is no known or identifiable cause, they have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy. Some develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy. Depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

Triggers

If the pupil has had seizures for some time the parents, or indeed the pupil if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur. These are often called 'triggers'. The most common are:

- Tiredness;
- Lack of sleep;
- Lack of food;
- Stress;
- Photosensitivity.

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual pupil. Schools should obtain detailed information from parents and health care professionals. The information should be recorded in an individual health care plan, setting out the particular pattern of an individual pupil's epilepsy.

Medication

Pupils with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well controlled. Most pupils need to take medicine to control their seizures. Medicine is usually taken twice each day, outside of school hours, which means that there are no issues about storage or administration for school staff. There are some pupils who require medicine three times daily but even then it is usually taken before the school day, after the school day and before going to sleep. The only time medicine may be urgently required during the school day is when seizures fail to stop after the usual time or the pupil goes into 'status epilepticus'. Status epilepticus is

defined as a prolonged seizure or a series of seizures without regaining consciousness in between. This is a medical emergency and is potentially life threatening. If this happens, an emergency sedative needs to be administered by a trained member of staff. The sedative is either the drug diazepam, which is administered rectally, or midazolam that is administered through the mouth. Schools with pupils who require rectal diazepam should have an Intimate Care Policy. Two adults should be present when intimate or invasive procedures take place, at least one of whom should be of the same gender as the pupil.

For more information go to:

http://partner.ncb.org.uk/dotpdf/open_access_2/including_me.pdf

What the school should do

Most teachers during their careers will have several pupils with epilepsy in their class. Therefore all staff should be aware that any of the pupils in their care could have a seizure at any time and therefore should know what to do. It is important that cover teachers and new staff are also kept informed and up-to-date. All individual pupils with epilepsy should have a health care plan that details the specifics of their care. The Headteacher should ensure that all class and subject teachers know what to do if the pupil has a seizure. The health care plan should identify clearly the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required. If a pupil does experience a seizure in the school, the details should be recorded and communicated to parents and/or the specialist nurse for epilepsy. This will help parents to give more accurate information on seizures and seizure frequency to the pupil's specialist. Pupils with epilepsy should be included in all activities though extra care may be needed in some areas such as swimming and undertaking gymnastic activities at a height. Concerns about safety should be discussed with the pupil and parents as part of the health care plan.

During a seizure it is important to make sure that:

- The pupil is in a safe position;
- The pupil's movements are not restricted; and
- The seizure is allowed to take its course

In a convulsive seizure something soft should be put under the pupil's head to help protect it. Nothing should ever be placed in the mouth. After a convulsive seizure has stopped, the pupil should be placed in the recovery position and stayed with, until he/she is fully recovered.

An ambulance should be called if:

- It is the pupil's first seizure;
- The pupil has injured him/herself badly;
- They have problems breathing after a seizure;
- A seizure lasts longer than the period set out in the pupil's health care plan;
- A seizure lasts for five minutes – (if you do not know how long they usually last for that pupil);

- There are repeated seizures - unless this is usual for the pupil as set out in the pupil's health care plan. This information should be an integral part of the school's general emergency procedures but also relate specifically to each pupil's individual health care plan.

Sporting and off-site activities

All schools should have agreed procedures about what to do when any pupil with a medical condition or disability takes part in PE and sports, or is on a school activity off-site or outside school hours. Such procedures should include details of each pupil's individual needs. All staff accompanying the group should ensure that they know the procedure and what is expected of them in relation to each pupil. The parents and pupil should be involved in drawing up the details for the individual and know exactly what the procedure is. The majority of pupils with epilepsy can participate in all physical activities and extra-curricular sport. There should be sufficient flexibility for all pupils to follow in ways appropriate to their own abilities. Physical activities can benefit their overall social, mental and physical health and well being. Any restrictions on a pupil's ability to participate in PE should be recorded in his/her individual health care plan.

Schools should encourage pupils with epilepsy to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable such pupils to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include the pupil and might also include risk assessments for such pupils. Staff supervising excursions should always be aware of individual needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Disability and epilepsy

Some pupils with medical needs are protected from discrimination under the Equality Act (2010) Epilepsy is a long-term medical condition and therefore pupils with the condition are usually considered disabled. Whether they also have special educational needs will depend on how the condition impacts on their access to education and their ability to make adequate progress. Schools must not discriminate against disabled pupils in relation to their access to education and associated services – a broad term that covers all aspects of school life including admissions, school trips and school clubs and activities. School should be making reasonable adjustments for disabled pupils including those with epilepsy at different levels of school life. Thus pupils with epilepsy should take part in all activities organised by the school, except any specifically agreed with the parents and/or relevant health adviser. Whether or not the epilepsy means that an individual pupil is disabled, the school must take responsibility for the administration of medicines and managing complex health needs during school time in accordance with government and local authority policies and guidelines.

References

Supporting pupils at school with medical conditions 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

A Policy Resource Pack has been compiled by the Medical Conditions at School Group to compliment the DCSF guidance. This free pack can be downloaded at <http://www.medicalconditionsatschool.org.uk/>

Epilepsy

Action www.epilepsy.org.uk

Epilepsy - A teacher's guide -

<http://www.epilepsy.org.uk/info/education/index.html>

This looks at classroom first aid, emergency care, and medication and school and school activities. Further information is available from a freephone helpline on 0808 800 5050 (MondayThursday, 9:00 am - 4.30 pm, Friday 9:00 am - 4:00 pm) The National Society for Epilepsy (NSE)

<http://www.epilepsysociety.org.uk/> has information on education and epilepsy which looks at epilepsy and learning, special needs, examinations, practical activities, medication, the Equality Act, and teaching pupils with epilepsy. Contact the UK Epilepsy helpline, telephone 01494 601 400 (Monday-Friday 10:00 am - 4:00 pm.)

Appendix C - ALLERGIC REACTIONS/ANAPHYLAXIS

Contents:

1. What is anaphylaxis?
2. Symptoms
3. Triggers
4. Medication
5. What the School should do
6. Sporting and off-site activities
7. References

This section provides some basic information about anaphylaxis (severe allergic reactions) but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils are assessed and treated on an individual basis.

What is anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours. Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune

system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life can continue as normal for all concerned.

Causes

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish, and certain fruits such as kiwifruit. Whilst non-food causes include penicillin or any other drug or injection, latex (rubber) and the venom of stinging insects (such as bees, wasps or hornets) are other causes of anaphylaxis. In some people, exercise can trigger a severe reaction - either on its own or in combination with other factors such as food or drugs (e.g. aspirin).

Symptoms

The most severe form of allergic reaction is anaphylactic shock, when blood pressure falls dramatically and the patient loses consciousness. This is rare in young pupils but does occur in adolescence.

More common symptoms in pupils are:

- Nettle rash (hives) anywhere on the body;
- Sense of impending doom;
- Swelling of throat and mouth;
- Difficulty in swallowing or speaking;
- Alterations in heart rate;
- Severe asthma;
- Abdominal pain, nausea and vomiting;
- Sudden feeling of weakness (drop in blood pressure).

A pupil would not necessarily experience all of these symptoms. Even where only mild symptoms are present, the pupil should be watched carefully. They may be heralding the start of a more serious reaction.

Medication

The treatment for a severe allergic reaction is an injection of adrenaline. Preloaded adrenaline injection devices containing one measured dose of adrenaline are available on prescription for those believed to be at risk. The devices are available in two strengths – adult and junior. Adrenaline (also known as epinephrine) acts quickly to constrict blood vessels, relax the smooth muscles in the lungs to improve breathing, stimulate the heartbeat and help stop swelling around the face and lips. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

What the school should do

Pupils who are at risk of severe allergic reactions are not ill and neither are they disabled. They are normal pupils, except that if they come into contact with a certain food or substance, they may become very unwell. It is important that such pupils are not made to feel different. It is important, too,

to allay parents' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance. The risks for allergic pupils will be reduced if an individual care plan is in place. All staff will have at least some minimum training in recognising symptoms and the appropriate measures. Schools should have procedures known to staff, pupils and parents. The general policy could include risk assessment procedures, day-to-day measures for food management, including awareness of pupil's needs in relation to the menu, individual meal requirements and snacks in school. It is important to ensure that the catering supervisor is fully aware of each pupil's particular requirements. A 'kitchen code of practice' could be put in place. It is not, of course, always feasible to ban from the premises all foodstuffs to which a particular pupil may be allergic. Adrenaline injectors are simple to administer. When given in accordance with the manufacturer's instructions, they have a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device. The needle is not seen until after it has been withdrawn from the pupil's leg. In cases of doubt it is better to give the injection than to hold back. Where pupils are sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely but not locked away and accessible to all staff. In large academies, it will be quicker for staff to use an injector that is with the pupil rather than taking time to collect one from elsewhere. Staff are not obliged to give injections, but when they volunteer to do so training should be provided by an appropriate provider e.g. one from the local health trust.

Sporting and off-site activities

Whenever a severely allergic pupil goes out of the school building, even for sports in the school grounds, his/her emergency kit must go too. A staff member trained to treat allergic symptoms must accompany the pupil. Having the emergency kit nearby at all times is a habit the pupil needs to learn early, and it is important the school reinforces this.

Where a pupil has a food allergy, if is not certain that the food will be safe, think about alternatives that will mean the pupil is not excluded from school trips and activities. For example, for a day trip a pupil can take a lunch prepared at home, and for longer visits some pupils take their meals in frozen form to be re-heated individually at mealtimes. In any event, the allergic pupil should always take plenty of safe snacks. Insect sting allergies can cause a lot of anxiety and will need careful management. Special care is required when outdoors, the pupil should wear shoes at all times and all food or drink should be covered until it is time to eat. Adults supervising activities must ensure that suitable medication is always on hand.

References:

Supporting pupils at school with Medical Conditions (2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

Medical Conditions at School: A Policy Resource Pack has been compiled by the Medical Conditions at School Group to compliment the DCSF guidance.

It can be downloaded at <http://www.medicalconditionsatschool.org.uk/> The Anaphylaxis Campaign website at <http://www.anaphylaxis.org.uk/> contains Guidance for schools, which discusses anaphylaxis, treatment, setting up a protocol, and support for pupils and staff. It also includes a sample protocol.

The Anaphylaxis Campaign Helpline is 01252 542 029. The Anaphylaxis Campaign Allergy in schools website at:

<http://www.anaphylaxis.org.uk/schools/schools-help/> has specific advice for schools at all levels. Policy to be reviewed annually.