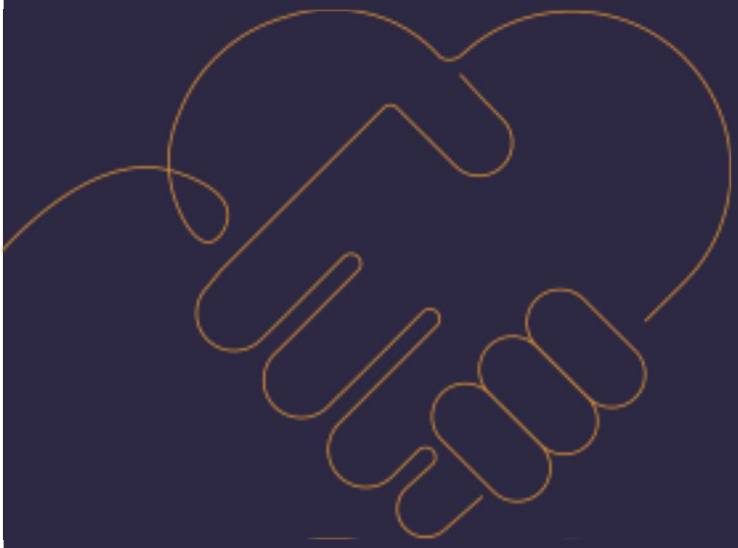


The Golden Thread Alliance

Supporting Pupils with Medical Conditions Policy

Date Reviewed	*Summer 2026*
Next Review Date	*Summer 2027*

This policy has been adopted by all schools within The Golden Thread Alliance

The Golden Thread Alliance

As united as we are different.

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1 Aims

This policy aims to ensure that:

- Pupils, colleagues, parents and carers understand how our Trust will support pupils with medical conditions
- Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities.

2 Legislation and Statutory Responsibilities

This policy meets the requirements under Section 100 of the Children and Families Act 2014, which places a duty on the board of trustees to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's (DfE) statutory guidance:
Education for children with health needs who cannot attend school - GOV.UK

Severe allergies and anaphylaxis are recognised as medical conditions requiring immediate emergency response in line with DfE allergy guidance (2026)

3 Roles and Responsibilities

3.1 The Board of Trustees

The statutory duty for making arrangements for supporting pupils at school with medical conditions rests with the Board of Trustees. The Board of Trustees have conferred the following functions of the implementation of this policy to the colleagues below, however, the Board of Trustees remains legally responsible and accountable for fulfilling our statutory duty.

3.2 The Headteacher

The Headteacher of each school will:

- Make sure all colleagues are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained colleagues available to implement this policy and deliver against all IHPs, including in contingency and emergency situations
- Assess training needs and commission necessary training in line with trust procedures
- Make sure cover arrangements are made in the case of staff absence, and that supply teachers are briefed
- Make sure systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 The Assistant Headteacher for Inclusion

The Assistant Headteacher responsible for Inclusion/SEN at each school will:

- Brief supply teachers, in the absence of a Year Group Lead

- Work alongside other adult to assist with risk assessment
- Be responsible for the monitoring of individual healthcare plans
- Co-ordinate and attend meetings with parents and carers to discuss and agree on the need for IHPs
- Draw up and review individual healthcare plans along with monitoring responsibilities
- Contact the GP in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school.

3.4 Colleagues

Supporting pupils with medical conditions during school hours is not the sole responsibility of any individual person. Any colleague at the school may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

All adults working with a pupil must implement their individual healthcare plan (IHP). These plans provide crucial information and instructions for supporting pupils with medical conditions, ensuring their safety and wellbeing at school.

Those colleagues who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All colleagues will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

Year Group Leads are responsible for briefing supply teachers on relevant individual healthcare plans and any specific medical needs of pupils in their year groups. This ensure that even in the absence of the regular teacher, supply staff are fully aware of and can properly support pupils' healthcare requirements.

Trip risk assessments are an essential part of our commitment to pupil safety. Therefore, certain colleagues will be required to complete trip risk assessment for pupils, alongside the Assistant Headteacher for Inclusion, before any off-site activities take place.

3.5 Parents and Carers

Parents and carers will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting

- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment

3.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them.

Pupils should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

Pupil are supported and encouraged to take increasing responsibility for managing their own medical needs where appropriate, in line with their age, understanding and capability.

3.7 Healthcare Professionals

Healthcare professionals, such as GPs and paediatricians, will liaise with our school and notify them of any pupils identified as having a medical condition. They may also provide advice on developing IHPs.

For specific conditions such as diabetes, anaphylaxis or epilepsy, specialist training and support can be sought from specialist nursing teams.

3.8 Communication

The Trust and its schools maintain a structured communication plan to ensure this policy is effectively shared with pupils, parents, colleagues and external professionals. This includes communication through induction, training and the school website.

4 Equal Opportunities

The Golden Thread Alliance is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The Golden Thread Alliance and the individual school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents, carers and any relevant healthcare professionals will be consulted.

5 Being notified that a child has a medical condition

When a school is notified that a pupil has a medical condition, the process outlined below will be followed when a pupil requires an IHP. This process will be followed by all schools in the Trust.

The school will make every effort to ensure that arrangements are put into place within two weeks, or by the beginning of the relevant term for pupils who are new to the school.
See Appendix 1.

6 Individual Healthcare Plans (IHPs)

The Headteacher at each school has overall responsibility for the development of IHPs for pupils with medical conditions. This has been delegated to Assistant Headteacher responsible for Inclusion/SEN at each school.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be developed with the pupil's best interests in mind and will set out:

- What needs to be done
- When
- By whom

Not all pupils with a medical conditions will require an IHP. It will be agreed with a healthcare professional and/or the parents and carers when an IHP would be inappropriate or disproportionate. This will be based on evidence. If there is no consensus, the Headteacher will make the final decision.

Plans will be drawn up in partnership with the school, parents or carers and, where appropriate, a relevant healthcare professional, such as the GP, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved in this process wherever appropriate. If their involvement is not appropriate, the reasons for this will be recorded by the school within the IHP.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has special educational needs (SEN) but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The Assistant Headteacher with responsibility for developing IHPs will consider the following when deciding what information to record on IHPs:

- The medical condition, its triggers, signs, symptoms and treatments, and the measures in place to reduce or eliminate exposure to identified triggers through risk assessment and proactive planning.

- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required. Parental permission should be obtained to display medical information on notice boards. If permission is not granted, the school should note the reasons for this within the IHP and reiterate the additional risk to the child should this measure not be permitted.
- Arrangements for written permission from parents, carers and the Headteacher for medication to be administered by a colleague, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent, carer or pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

For pupils with asthma, schools will additionally maintain an Asthma Information Card in accordance with the Trust's Asthma Information Card Procedure (Section 9). This card is intended for use during emergencies and should be made available to attending paramedics where emergency services are required.

7 Managing Medicines

Medicines will only be administered at the school:

- When it would be detrimental to the pupil's health or school attendance not to do so, **and**
- Where we have parents' or carers' written consent

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor. Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents and carers will always be informed. Please refer to the Pain Relief Protocol for the Administration of Paracetamol within the First Aid Policy.

Schools will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist, and including instructions for administration, dosage and storage
- A minimum of 4 doses a day – medicine for 3 times a day should be before school, after school and before bed
- Asthma pumps will be given as needed

Schools will accept insulin that is inside an insulin pen or pump rather than its original container, but it must be in date.

All medicines will be stored safely for short term medications such as antibiotics. These will be in a locked cupboard or fridge, along with a record of any doses used and who administered. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Medicines will be returned to parents and carers to arrange for safe disposal when no longer required.

7.1 All Controlled Drugs

Controlled drugs are prescription medicines that are controlled under the Misuse of Drugs Regulations 2001 and subsequent amendments, such as morphine or methadone.

All controlled drugs will be kept in a secure cupboard in the school office and only named colleagues will have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

7.2 Pupils managing their own needs

Where appropriate, pupils will be encouraged and supported to develop independence in managing their prescribed medical needs. Any arrangements for a pupil to self-administer or self-carry medication will be agreed in partnership with the pupil, parents or carers, relevant healthcare professionals (where appropriate) and the school and will be documented within the Individual Healthcare Plan (IHP).

Before self-administration or self-carry arrangements are agreed, the school will consider information provided by parents, carers and healthcare professionals, alongside the pupil's age, maturity, understanding of their medical condition, ability to follow medical advice, and any

relevant risks. Decisions will be reviewed regularly and whenever there is a change in the pupil's medical condition, treatment or circumstances.

Only medication that requires immediate access in an emergency, or is time-critical, will normally be considered for self-carry (for example, asthma inhalers, adrenaline auto-injectors (EpiPens), or other medication identified within the IHP). Decisions regarding self-carry will be made on an individual basis following a documented risk assessment.

Routine medication, including antibiotics and most over the counter medicines, will not normally be carried by pupils and will instead be stored and administered in accordance with the Trust's First Aid and Medicines Policy.

Where a pupil is permitted to self-administer medication, an appropriate level of colleague awareness, oversight and supervision will be maintained in accordance with the pupil's age, medical needs, Individual Healthcare Plan and risk assessment. Self-administration arrangements do not remove the school's responsibility to support the pupil's medical needs within the agreed procedures.

Colleagues will not force a pupil to take medication or carry out a medical procedure if they refuse. In such circumstances, colleagues will follow the arrangements set out in the Individual Healthcare Plan, ensure the pupil is appropriately supported and inform parents or carers as soon as practicable so that alternative arrangements can be considered where necessary.

Where medication is administered by colleagues, appropriate safety checks will be carried out in accordance with the Trust's First Aid and Medicines Policy, including, where required, a cross-check by a second appropriately trained colleague to verify the correct pupil, medication, dose, route and time of administration.

In exceptional circumstances where a pupil is experiencing a life-threatening medical emergency and urgent medication is required to prevent serious harm or death, colleagues may administer medication in accordance with the pupil's Individual Healthcare Plan, medical advice, staff training and the Trust's emergency procedures, even where the pupil is unable or unwilling to provide consent at that time. Parents or carers will be informed as soon as practicable following the incident.

7.3 Unacceptable Practice

Colleagues should use their discretion and judge each case individually with reference to the pupil's IHP, but it is generally not acceptable to:

- Prevent pupils from easily accessing their inhalers and medication, or administering their medication when and where necessary
- Assume that every pupil with the same condition requires the same treatment
- Ignore the views of the pupil or their parents or carers

- Ignore medical evidence or opinion (although this may be challenged)
- Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent or carer should have to give up working because the school is failing to support their child's medical needs
- Prevent pupils from participating, or create unnecessary barriers to pupils participating, in any aspect of school life, including school trips, e.g. by requiring parents or carers to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

8 Emergency Procedures

Colleagues will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, colleagues will stay with the pupil until a parent or carer arrives, or accompany the pupil to hospital by ambulance. Where possible, a pupil's healthcare information, including their IHP will accompany them to hospital or be shared promptly with emergency services.

9 Asthma Information Cards

To support the effective emergency management of pupils with asthma, each school will maintain an up-to-date Asthma Information Card for pupils with a diagnosed asthma condition or those identified as requiring an asthma healthcare plan.

The purpose of the Asthma Information Card is to provide emergency responders with immediate access to key medical information in the event of a severe asthma attack or other asthma-related medical emergency requiring a 999 response.

Asthma Information Cards will:

- Be completed using the Trust-approved template;
- Be reviewed and updated whenever there is a change in the pupil's medical needs, medication, emergency contacts or healthcare arrangements, and at least annually;

- Be completed in partnership with parents or carers and, where appropriate, healthcare professionals;
- Be stored securely in a designated file within the school office that is readily accessible in an emergency;
- Be treated as confidential medical information and handled in accordance with the Trust's Data Protection requirements.

The Asthma Information Card should include, where applicable:

- The pupil's full name, date of birth and photograph;
- Emergency contact details;
- Details of the pupil's asthma diagnosis;
- Known triggers;
- Prescribed asthma medication and dosage;
- Details of any reliever and preventer inhalers;
- Relevant medical history;
- The pupil's Individual Healthcare Plan (where applicable);
- Any additional information that may assist emergency responders.

Where emergency services are called in relation to a pupil experiencing a severe asthma attack or asthma-related medical emergency, a colleague should provide the Asthma Information Card to attending paramedics at the earliest opportunity to support clinical decision-making and ensure that accurate information is available regarding the pupil's medical history and treatment requirements.

The Asthma Information Card does not replace the Individual Healthcare Plan but serves as an additional emergency information document to support a timely and effective response during an asthma-related medical emergency.

10 Training

Colleagues who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of IHPs. Colleagues who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the Headteacher or Assistant Headteacher. Training will be kept up to date.

Training will:

- Be sufficient to ensure that colleagues are competent and have confidence in their ability to support the pupils

- Fulfil the requirements in the IHPs
- Help colleagues to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Healthcare professionals will provide confirmation of the proficiency of colleagues in a medical procedure, or in providing medication.

All colleagues will receive training so they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new colleagues during their induction.

The school maintains a central register of colleague training, including training dates, provider details and confirmation of competency for specific medical procedures.

11 Record keeping

The individual schools will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school via Medical Tracker. Parents and carers will be informed if their pupil has been unwell at school.

Records of medicine administration must include, at a minimum, the date, time, dosage, the name of the administering colleague and details of any refusal or adverse reaction.

IHPs will be kept in a readily accessible place which all colleagues are aware of. As a minimum, a paper copy of the IHP, along with medication will be with the pupil in class, along with an electronic copy saved on Arbor.

The school maintains a centralised register of pupils with medical conditions using Medical Tracker and Arbor to ensure accurate, accessible and up to date information.

12 Children with Medical Needs Who Cannot Attend School

Legislation and Guidance

The Responsibilities of the School

If the school makes arrangements:

Initially, the school will attempt to plan to deliver suitable education for children with health needs who cannot attend school.

- The appropriate Senior Leader responsible for Inclusion/SEND and Headteacher are responsible for making and monitoring these arrangements.

- Arrangements that could be made may include, but are not limited, to sending work home or a referral to hospital school.
- A health care plan will be completed by the appropriate Senior Leader responsible for Inclusion/SEND and the terms agreed by the parents or carers. The plan will be reviewed regularly and any changes to be agreed by all parties. Medical professionals will be asked to provide input to the plans to ensure that the Trust are providing the correct provision for the child's needs.
- A reintegration plan will be created with the agreement of the parents or carers and appropriate Senior Leader responsible for Inclusion/SEND and tailored for the child's specific needs.

If the Local Authority makes arrangements:
If the school cannot make suitable arrangements, the Local Authority (Kent County Council) will become responsible for arranging suitable education for these children.
In cases where the local authority plans, the school will:

- Work constructively with the local authority, providers, relevant agencies, and parents to ensure the best outcomes for the pupil.
- Share information with the local authority and relevant health services as required.
- Help make sure that the provision offered to the pupil is as effective as possible and that the child can be reintegrated back into school successfully.
- When reintegration is anticipated, work with the local authority to:
- Plan for consistent provision during and after the period of education outside the school, allowing the pupil to access the same curriculum and materials that they would have used in school as far as possible
- Enable the pupil to stay in touch with school life (e.g., through newsletters, emails, invitations to school events or internet links to lessons from their school),
- Create individually tailored reintegration plans for each child returning to school,
- Consider whether any reasonable adjustments need to be made.

13 Safer Eating

At The Golden Thread Alliance, we are committed to safeguarding children's health and wellbeing by ensuring safe eating practices are embedded throughout our provision. This section reflects guidance from the Department for Education's EYFS Safeguarding Reforms (2024/2025) and the Kent County Council (KCC) Eat Safe campaign.

A child dies in the UK every month from choking and hundreds more require hospital treatment. The EYFS framework requires providers to take all necessary steps to keep children safe and well. It is important that our schools provide safe eating environments for children, which means providing the right types and textures of food, having safe eating setups and supervision, and taking proactive steps towards safeguarding mealtimes.

Stages of Eating

Development of feeding skills is individual to each child and family, and it is important to focus on the stage the child is at, rather than where they might be expected to be based on their age. Weaning and eating development can be affected by a range of factors including medical issues, developmental needs, cultural influence and parent confidence.



The Headteacher at each school has overall responsibility for the ensuring that the eating stage for all pupils are identified during the admission process. This may be delegated to the colleague responsible for admissions.

Individual Needs Plan for Eating Stage of Development

Where a child is identified as being at stage 1-6 on the above chart, the Headteacher is responsible for ensuring that a plan is completed with the parents and carers (see Template I). This may be delegated to an appropriate colleague. The plan must detail the child's current eating stage and agreed measures to assist with progress. The plan must be shared with the school's Kitchen Manager and colleagues with care of the child, and reviewed at least every 6 months.

Schools must have measures in place to identify children with an eating plan.

Incident Reporting and Review

All food-related incidents, including near-misses, and choking episodes, must be recorded and reviewed to inform reviews, or implementation of, individual plans.

Parents and carers must be informed promptly of any food-related incidents involving their child.

14 Liability and Indemnity

The Board of Trustees will ensure that the appropriate level of insurance is in place with Risk Protection Management (RPA) and appropriately reflects the Trust's level of risk.

15 Complaints

Parents and carers with a complaint about the school's actions in regard to their child's medical condition should discuss these directly with the school's Assistant Headteacher in the first instance with whom any issues should be addressed. If this does not resolve the problem or allay the concern, the problem should be brought to the attention of the Headteacher. In the unlikely event of this not resolving the issue, the parent or carer must make a formal complaint using The Golden Thread Alliance complaints procedure.

16 Monitoring Arrangements

This policy will be reviewed annually.

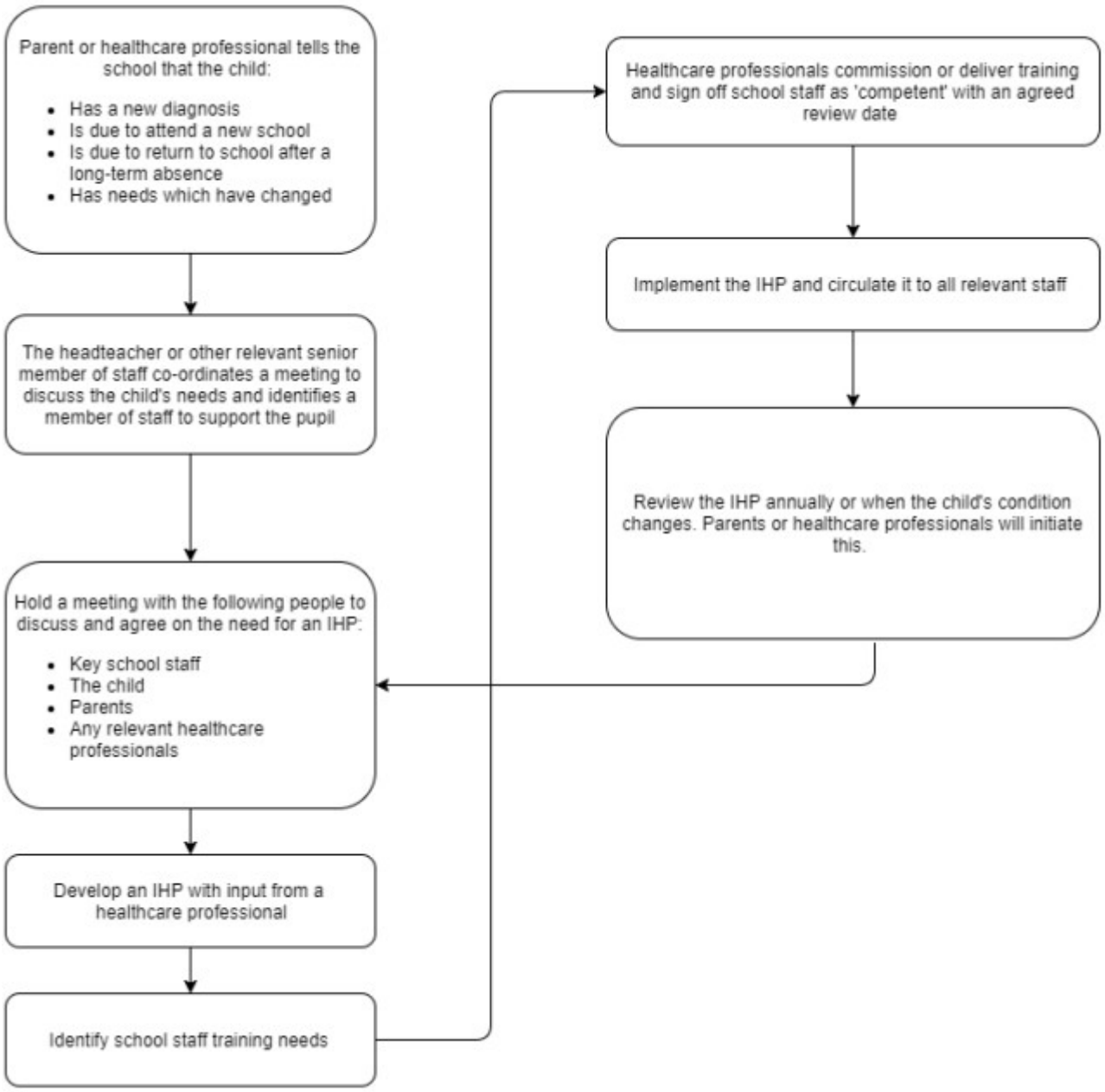
A review of allergy and medical related first aid incidents and near misses are carried out via investigations on Medical Tracker and within the Health and Safety reports which are provided to Local Governing Committees, three times a year.

17 Links to other policies

This policy links to the following policies:

- Complaints Policy and Procedure
- Equality
- Safeguarding and Child Protection Policy
- Special educational needs and disability
- First Aid and Medicines Policy
- Allergy Awareness Policy
- Health and Safety Policy
- Accessibility Plan

Appendix 1: Example Model Process for Developing Individual Healthcare Plans



Template A: Example Individual Healthcare Plan

Individual Healthcare Plan

Child's Name

Name of school	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	
I give photo consent for my child's photo to be displayed in the appropriate places on the school site. *If consent is not given, the potential risks associated with this have been discussed with me by the school.	Yes / No Comments

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency *(state if different for off-site activities)*

Plan developed with

Colleague training needed/undertaken – who, what, when

Form copied to

Signed ..... (Parent) Date:.....

Signed ..... (Colleague completing form) Date:.....

Signed ..... (Inclusion Lead) Date:.....

Template B: Example Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Date for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine *(as described on the container)*	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

NB: Medicines must be in the original container as dispensed by the pharmacy

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed colleague]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school colleagues administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____ Date _____

Template C: Example of Jext Epi Pen Action Plan

The Golden Thread Allergy Action Plan

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine: ..... (if vomited, can repeat dose)
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough	• **Difficult** or noisy breathing	• Persistent dizziness
• Hoarse voice	• Wheeze or persistent cough	• Pale or **floppy**
• **Difficulty** swallowing		• Suddenly sleepy
• Swollen tongue		• Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
2. Use Adrenaline autoinjector without delay (eg. Jext®) (Dose: ..... mg)
3. Dial 999 for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, do NOT stand child up
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement after 5 minutes, give a further adrenaline dose using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

How to give Jext



From 'start' remove Jext® and PULL OFF YELLOW SAFETY CAP



PLACE BLACK END against outer thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds



REMOVE Jext®. Massage injection site for 10 seconds

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: .....

Hospital/Clinic: .....

..... Date: .....

Template D: Example of Emerade Epi Pen Action Plan

The Golden Thread Allergy Action Plan

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... (If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY
- Persistent cough
- Hoarse voice
- Difficulty swallowing
- Swollen tongue

B BREATHING
- Difficult or noisy breathing
- Wheeze or persistent cough

C CONSCIOUSNESS
- Persistent dizziness
- Pale or floppy
- Suddenly sleepy
- Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



2. **Use Adrenaline autoinjector without delay** (e.g. Emerade) (Dose: ..... mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

***** IF IN DOUBT, GIVE ADRENALINE *****

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectilable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

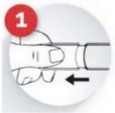
Signed: .....

Print name: .....

Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

How to give Emerade



1 REMOVE NEEDLE SHIELD



2 PRESS AGAINST THE OUTER THIGH



3 HOLD FOR 5 SECONDS

Massage the injection site gently, then call 999, ask for an ambulance stating "Anaphylaxis"

Additional instructions:

This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and **NOT** in the luggage hold. **This action plan and authorisation to travel with emergency medications has been prepared by:**

Sign & print name: .....

Hospital/Clinic: .....

..... **Date:** .....

Template E: Example of Epi Pen Action Plan

The Golden Thread Allergy Action Plan

This child has the following allergies:

Name:

.....

DOB:

.....

Photo

Mild/moderate reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

Action to take:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- **Give antihistamine:**

..... (If vomited, can repeat dose)

- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

Anaphylaxis may occur without skin symptoms: ALWAYS consider anaphylaxis in someone with known food allergy who has **SUDDEN BREATHING DIFFICULTY**

A AIRWAY	B BREATHING	C CONSCIOUSNESS
• Persistent cough • Hoarse voice • Difficulty swallowing • Swollen tongue	• Difficult or noisy breathing • Wheeze or persistent cough	• Persistent dizziness • Pale or floppy • Suddenly sleepy • Collapse/unconscious

IF ANY ONE (OR MORE) OF THESE SIGNS ABOVE ARE PRESENT:

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)



2. **Use Adrenaline autoinjector without delay** (e.g. EpiPen) (Dose: ..... mg)
3. **Dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")

*** IF IN DOUBT, GIVE ADRENALINE ***

AFTER GIVING ADRENALINE:

1. Stay with child until ambulance arrives, **do NOT stand child up**
2. Commence CPR if there are no signs of life
3. Phone parent/emergency contact
4. If no improvement **after 5 minutes, give a further adrenaline dose** using a second autoinjectable device, if available.

You can dial 999 from any phone, even if there is no credit left on a mobile. Medical observation in hospital is recommended after anaphylaxis.

Emergency contact details:

1) Name: .....

.....

2) Name: .....

.....

Parental consent: I hereby authorise school staff to administer the medicines listed on this plan, including a 'spare' back-up adrenaline autoinjector (AAI) if available, in accordance with Department of Health Guidance on the use of AAIs in schools.

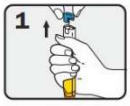
Signed: .....

Print name: .....

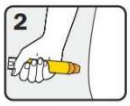
Date: .....

For more information about managing anaphylaxis in schools and "spare" back-up adrenaline autoinjectors, visit: sparepensinschools.uk

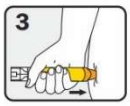
How to give EpiPen



PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember: "blue to sky, orange to the thigh"



Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"



PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

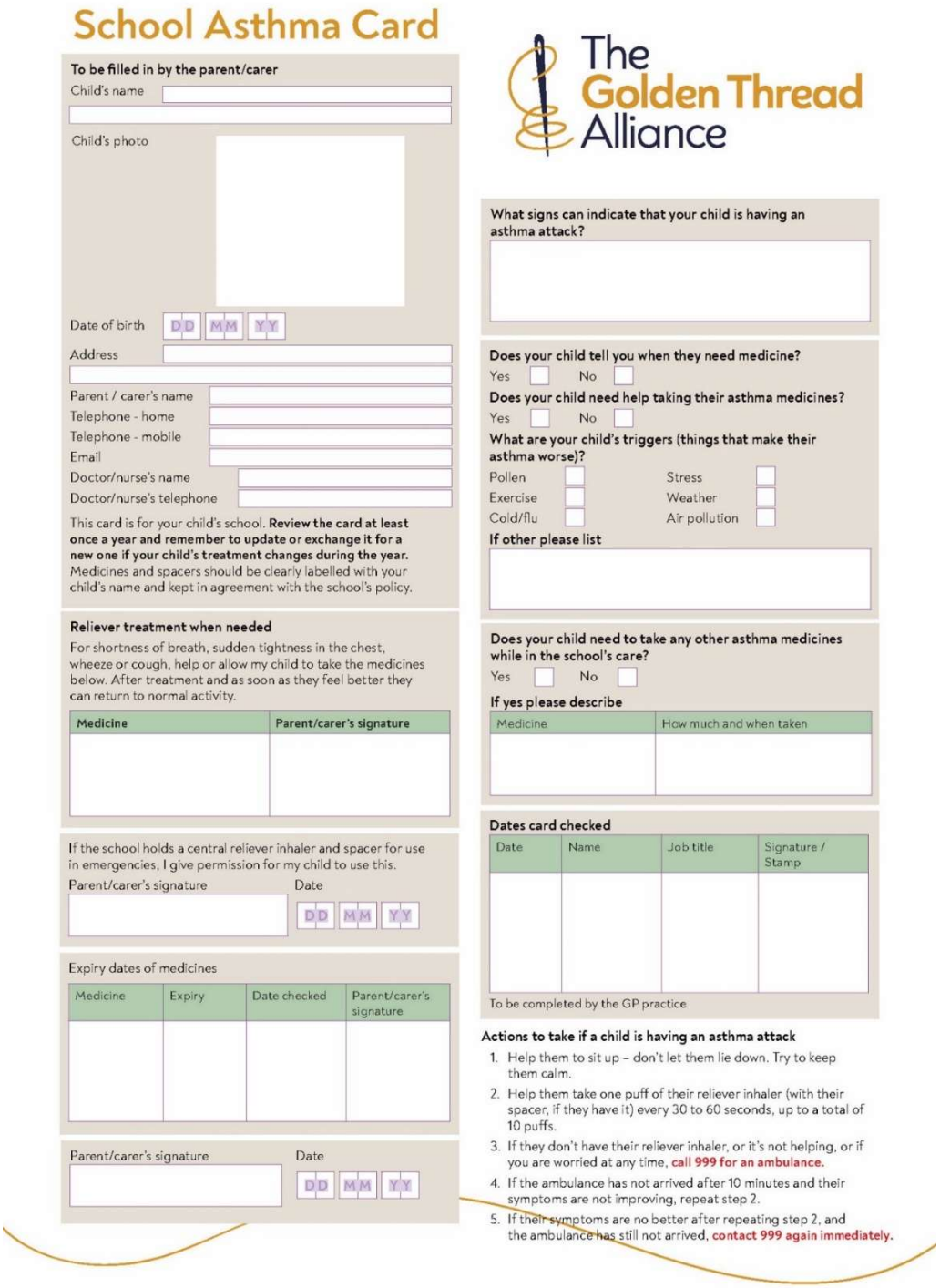
This is a medical document that can only be completed by the child's healthcare professional. It must not be altered without their permission. This document provides medical authorisation for schools to administer a 'spare' back-up adrenaline autoinjector if needed, as permitted by the Human Medicines (Amendment) Regulations 2017. During travel, adrenaline auto-injector devices must be carried in hand-luggage or on the person, and NOT in the luggage hold. This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: .....

Hospital/Clinic: .....

..... Date: .....

Template F: Example of Asthma Card



School Asthma Card

The Golden Thread Alliance

To be filled in by the parent/carer

Child's name

Child's photo

Date of birth DD MM YY

Address

Parent / carer's name

Telephone - home

Telephone - mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

This card is for your child's school. **Review the card at least once a year and remember to update or exchange it for a new one if your child's treatment changes during the year.** Medicines and spacers should be clearly labelled with your child's name and kept in agreement with the school's policy.

Reliever treatment when needed

For shortness of breath, sudden tightness in the chest, wheeze or cough, help or allow my child to take the medicines below. After treatment and as soon as they feel better they can return to normal activity.

Medicine	Parent/carer's signature

If the school holds a central reliever inhaler and spacer for use in emergencies, I give permission for my child to use this.

Parent/carer's signature Date DD MM YY

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date DD MM YY

What signs can indicate that your child is having an asthma attack?

Does your child tell you when they need medicine?

Yes ☐ No ☐

Does your child need help taking their asthma medicines?

Yes ☐ No ☐

What are your child's triggers (things that make their asthma worse)?

Pollen ☐ Stress ☐

Exercise ☐ Weather ☐

Cold/flu ☐ Air pollution ☐

If other please list

Does your child need to take any other asthma medicines while in the school's care?

Yes ☐ No ☐

If yes please describe

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

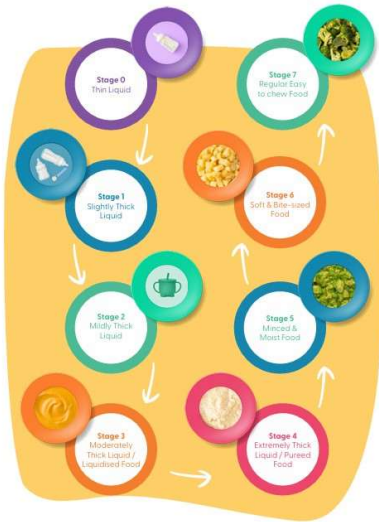
Actions to take if a child is having an asthma attack

1. Help them to sit up – don't let them lie down. Try to keep them calm.
2. Help them take one puff of their reliever inhaler (with their spacer, if they have it) every 30 to 60 seconds, up to a total of 10 puffs.
3. If they don't have their reliever inhaler, or it's not helping, or if you are worried at any time, **call 999 for an ambulance.**
4. If the ambulance has not arrived after 10 minutes and their symptoms are not improving, repeat step 2.
5. If their symptoms are no better after repeating step 2, and the ambulance has still not arrived, **contact 999 again immediately.**

Template G: Individual Needs Plan for Eating Stage of Development

Child's Full Name:	Child's Date of Birth:
Year Group:	Class:
School Colleague Name: Job Title:	Parent or Carer Name:
Date of Plan:	Date of Admission:

Using the guides below, generally, what stage of development (0-7) is the child at in terms of chewing and swallowing development? ***Please tick***





7	
6	
5	
4	
3	
2	
1	
0	

Is the child able to eat and drink independently, e.g., holding utensils, feeding themselves, drinking from a cup, straw or bottle without assistance?	Yes / No
If no, please provide details:	
Does the child struggle with chewing or swallowing certain types of food e.g., hard or tough foods?	Yes / No
If yes, please provide details:	
Does the child have any sensory sensitivities e.g., avoiding certain textures or smells?	Yes / No
If yes, please provide details:	
Does the child have any medical conditions that could affect eating (e.g., gastrointestinal issues, oral-motor difficulties, or any conditions affecting muscle control)?	Yes / No
If yes, please provide details:	
Additional Information:	

Additional measures required to assist with progress in eating stage

In school	At home

Parent / Guardian Name: .....

Parent /Guardian Signature: ..... **Date:** .....

School Colleague Name: .....

School Colleague Signature: ..... **Date:** .....

Date of next review (6 months): .....
(Regular reviews must continue until such time as child reaches stage 7 of eating)

For school colleague use only	
Plan recorded on Arbor	Signature: Date:

Plan shared with Kitchen Manager	Signature: Date:
BSACI Allergy Action Plan in place?	Yes / No

Date of Review 1:	Child's Name:
Year Group:	Class:
School Colleague Name: Job Title:	Parent or Carer Name:

Previous Eating Stage (0-7):	
Current Eating Stage (0-7):	

Additional measures required to assist with progress in eating stage

In school	At home

Parent/ Guardian Name: .....

Parent/Guardian Signature:..... **Date:** .....

School Colleague Name: .....

School Colleague Signature: ..... **Date:** .....

Date of next review (6 months): .....

For school colleague use only	
Plan recorded on Arbor	Signature: Date:
Plan shared with Kitchen Manager	Signature: Date:
BSACI Allergy Action Plan in place?	Yes / No

West Hill Primary Academy
Dartford Road,
Dartford, Kent,
DA1 3DZ

01322 296140

hello@golden-thread.org

The Golden Thread Alliance

As united as we are different.