City of London School Medical Conditions, Medicines and Infection Control Policy

0. Monitoring and Review of Policy

0.1 This policy will be reviewed annually (or more regularly where required) prior to approval by Governors.

Policy last reviewed by:	Jane Elliott-Waine (Head of Facilities, Operations and Compliance) and Nicola Callis (Lead Nurse)
Date policy last reviewed:	August 2025
Approved for the Governors:	Board of Governors
Date last approved:	8 October 2025

1. Introduction

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

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

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

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

1.3 This policy should be read in conjunction with:

- The Health and Safety Policy
- The First Aid Policy
- The Educational Visits Policy
- The Mental Health Provision Policy
- Counselling Policy
- The Complaints Policy and Procedure (Pupils and Parents)
- Government *guidance on pandemic flu* and Coronavirus

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

2. Acquiring and sharing information about medical conditions

2.1 On entrance to the School, Medical Forms must be completed by parents / carers. These form a part of the joining papers on the Parent Portal, and include:

- The Health Information form
- The Immunisation form
- The Food Allergy and Intolerance form.

This provides the opportunity for parents to share information about their child's medical conditions. Should the need arise, this information is followed up by the School Nurse and Care Plans (see the *Individual Healthcare Plans* (Care Plan) section below) are drawn up for each pupil who has specific needs in relation to their condition (i.e. asthma, diabetes, epilepsy, anaphylaxis or any other serious medical condition). This need will be reviewed on an annual basis or at any other time if a child's needs have changed.

2.2 Should a medical condition be diagnosed or should the management of an existing condition change during the course of a pupil's time at the School, it is the responsibility of parents to update the School about the change: this should be done by submitting the Medical Update Form (Appendix 1) and / or informing the School Nurse (who may be contacted at schoolnurse@cityoflondonschool.org.uk).

2.3 The School understands that certain medical conditions can be serious or potentially life threatening, particularly if ill-managed or misunderstood. Though information is held confidentially, it may be shared, at the discretion of the School Nurse and / or Deputy Head (Pastoral), when it is deemed necessary, in order to promote the welfare of a pupil. This includes sharing with appropriate staff at City of London School for Girls or City Junior School if your child is attending these sites for offsite learning or events.

3. Individual Healthcare Plans (Care Plans)

3.1 Care Plans are devised in conjunction with the pupil, their parents and the School Nurse in order to give a pupil the most effective care possible. Where necessary, additional information will be sought from external healthcare professionals who assist in managing a pupil's condition(s).

3.2 Care Plans provided by specialist medical teams and care plans created by the school will consider the following (as per the DfE's guidance *Supporting pupils at school with medical conditions*):

- **The medical condition:** triggers, signs and symptoms
- **Resulting needs:** medication (dose, side effects and storage), other treatments, time, facilities, equipment, testing, access to food and water, dietary requirements and environmental issues
- **Support for the pupil:** taking into consideration the pupil's educational, social and emotional needs
- **Written permission from parents for medication to be administered:** written permission from parents for medication to be administered by staff or self-administered by the pupil during school hours may be provided using the Permission for Medication form (see Appendix 2)
- **What to do should an emergency arise:** whom to contact and the steps needed to be taken to give the pupil the best outcome

3.3 Care Plans will be stored electronically on the School's information management system Pupils that have been recognised as being at risk of anaphylaxis will carry a copy of their treatment plan with their personal emergency medication.

3.4 A list of pupils with conditions requiring Care Plans is provided to appropriate staff to view on the staff intranet and provided to the catering team to ensure the safety of those pupils whilst attending school.

4. Information about medication required by pupils or staff

4.1 It is likely that pupils may at some point throughout their time at the School require medication. It is important for the School to be made aware of any medication (regular, or otherwise) a pupil may be taking, regardless of the length of time for which it is to be taken, or of any medication prescribed to be taken in the event of a deterioration of a condition with which a pupil lives (i.e. Emergency Medication).

4.2 Provision for making the School aware of medication required is initially made upon submission of The Health Information Form, completed online on entrance to the School. Subsequently, the information provided at entry (which may no longer be current) may be updated or amended at any time by submitting the Medical Update Form (Appendix 1) or emailing the School Nurse.

4.3 It is the sole responsibility of those pupils requiring medication, or of those with parental responsibility for those pupils, to ensure that the School is made aware of this information in a timely fashion.

4.4 Staff should ensure that any medication bought into school for their personal use to manage a medical condition is kept secure and not easily accessible to pupils. Any missing or lost personal medication must be reported to the Senior Deputy Head in person or by email immediately and to the Head of Facilities, Operations and Compliance by completing the incident reporting form on the intranet.

5. Different categories of medication within School

5.1 **Controlled Drugs (CDs)**
Controlled Drugs are medications that have been prescribed by a medical professional for the use by a named individual and which, under the *Misuse of Drugs Regulations* (2001), must be locked away in a non-portable container which is accessible only to named staff. This container will then be strictly monitored, and all uses of the medication will be recorded in a dedicated book. The prescription will determine dosage, frequency and method of administration.

5.2 **Prescription Medication (PM)**
Prescription Medication is medication which has been prescribed by a medical professional for use by a named individual. Although this should also be stored securely, it is not subject to the same rigorous monitoring as CDs. The prescription will determine dosage, frequency and method of administration.

5.3 **Emergency Medication (EM)**
Emergency Medication is medication prescribed by a medical professional to treat a named individual for a potentially life-threatening condition. This may include CDs or PM. There are specific recognised circumstances when this medication **must** be administered. Only trained staff may administer this medication in line with the pupil's IHP.

5.4 **Over-the-counter (OTC) Medication**
Over-the-counter medication, unlike CDs and PM, can be bought without a prescription and, therefore, comes with generic directions for use and not specific directions for use by an identified person.

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

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

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

6.2 Any prescribed CDs **must** be delivered to the School Nurse and stored in a locked cupboard while on school premises.

6.3 Pupils can carry and administer their own PM or OTC medications if they:

- do so in a responsible manner
- understand that it is solely for their own personal use
- follow the directions on the packet
- ensure their medication is labelled with their names and form

Any lost or found medication should be reported, as soon as possible, to the School Nurse or, where found during an activity outside of the School, the member of staff responsible for the trip / visit.

6.4 The School Nurse stores a supply of OTC medication in a wall-mounted, locked, medicine cabinet in the Medical Centre. The stock of medication in this cabinet is limited in accordance with guidelines on the amount of medication which should be stored in schools at any one time. The School Nurse may offer paracetamol, ibuprofen, antihistamines, etc., to treat minor ailments only if parents / carers have given consent either by emailing the School Nurse or completing the consent form (see Appendix 3).

6.5 **School trips**

- When planning and preparing for school trips, staff can request OTC medication from the School Nurse when they ask for medical details of pupils. Medication will be provided in a small bag which should be kept separate from first aid kits and be accessible only to staff.
- On the medical details requested for pupils participating in specific trips, the member of staff will note whether consent has been given for a pupil to receive OTC medication.
- Should PM be required during a school trip, the member of staff responsible for the trip should obtain a copy of the Medication Form from the School Nurse. Responsibility for the administration of the medication should be negotiated between the pupil and member of staff before the trip commences so that both are clearly aware of their roles.
- Should CDs be required during a school trip, the member of staff responsible for the trip should remain in possession of the medication and ensure that it is kept securely at all times.

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

6.7 The school has obtained EM which will be stored in 'School Trip Emergency Medication Kits' (STEMKs) within the medical suite and the PE department for use during off site activities. The School's policy on the use of STEMKs for pupils with allergies is given in *Annex 5: Emergency Medication (AAIs) for off-site activity*[1].

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

- Reception
- The Medical Centre

[1] Also see the Department for Health's *Guidance on the use of adrenaline auto-injectors in schools* (2017)

- Grove Park First Aid room
- PE department office
- Kitchen

6.9 **Maintenance of EM at School: the cold chain**
Where medication needs to be kept refrigerated, this will be kept in a refrigerator dedicated to the keeping of medication. This is located within the Medical Centre and is kept locked. This refrigerator will have its temperature checked daily during term time to ensure the stability of the medication retained within, and pupils will be advised to take their medication home during school holidays.

6.10 **Maintenance of EM at School: checking expiry dates**
It is the responsibility of the parent / carer to note the expiry date of any prescribed EM (including AAIs) provided to the School and to ensure it is replaced before that expiry date has passed. Pupils should be encouraged to regularly check the expiry dates of EM and to inform their parent / carer if the expiry date is approaching. The School Nurse will endeavour to provide termly reminders, but this should not be relied upon as the sole means of checking expiry dates.

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

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

7.1 No medication will be given to a pupil in OG through to Fifth Form by any member of staff without the prior written consent of parents / carers. This consent is provided on the Health Information form when the pupil begins at the School. Any decision to change consent status during the school year, including withdrawing consent, should be provided to the School Nurse on a new 'Consent for Over-the-Counter Medication Update Form' (see Appendix 3).

7.2 The School has a small supply of emergency salbutamol inhalers. These are only for use by pupils who have been diagnosed as asthmatic or prescribed a reliever inhaler, and only if the School has received written parental consent for their use by emailing the school nurse or completing the consent form (see Appendix 4). These are stored as stated in the *Storage and carriage of medication* section above so as to be available for emergency use. A photo of pupils with consent to use the emergency salbutamol inhaler will be stored with the emergency kit.

7.3 Staff should only administer medication once the following has been checked:
- The name of the recipient
- Any medication already taken by the recipient that day and times when taken
- Any allergies or existing medical conditions of the recipient contraindicating the medication
- The nature of the illness or injury

- The medication's strength, dosage and route of administration
- Side-effects and what to do if they occur (see the user leaflet inside the medication packet)
- The expiry date of the medication
- That parental consent has been obtained for OTC medication (OG to Fifth Form only)
- CDs and PM have been supplied in line with the details above and instructions are followed

7.4 Any member of staff may administer CDs, PM or OTC medication in accordance with this policy. Should staff wish to receive further training on administration of medication they should consult the School Nurse (see also the *Staff Training* section).

7.5 Only those members of staff who have undergone training through the School, or who have been identified as being qualified through training undertaken before joining the School, and which is still valid, may administer EM. For this reason, no pupil with EM should participate in School activities off-site unless a trained member of staff accompanies them.

7.6 All pupils are entitled to privacy for the administration of any medication especially where invasive techniques are required. Privacy will be maintained as far as possible (and in accordance with safeguarding guidelines). This will maintain the dignity of the pupil concerned. Privacy will also allow the pupil the opportunity to discuss any confidential matters with the School Nurse / staff involved.

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

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

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

8.2 In the unlikely event that a pupil is given the wrong medication, the wrong dose or at the wrong time, the School Nurse (or other member of staff administering the medication) will:
- Ensure that any necessary first aid is promptly administered
- Ensure that, if necessary, the pupil is transferred to hospital for further treatment / investigation
- Inform a parent / carer of the situation and provide any relevant information and / or advice as soon as is possible
- Record all necessary information and keep it securely with the pupil's medical records

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

9. Staff training regarding common medical conditions

9.1 There are certain medical conditions which the School believes necessitate training for all staff to ensure that they feel confident in encouraging and managing pupils with medical conditions. These conditions include Anaphylaxis, Asthma, Diabetes and Epilepsy, though this is not an exhaustive list. The School aims to provide regular basic training on recognition and management of these conditions for relevant staff, both during staff training days and also as the need arises. Information can also be found on the *School Nurse* section of the staff intranet and generic management guidelines for these four main medical conditions can be found in Appendixes 6 to 9.

9.2 Notices produced by the School Nurse giving information about medical conditions will be displayed in classrooms and / or the Staff Common Room, as appropriate. Staff are also expected to access reference material provided on the intranet or in the Medical Centre to ensure their knowledge is kept up to date, thereby ensuring that all staff are aware of common medical conditions and how they may affect the pupils in their care. Having accessed such information, staff are required to ensure that they make any necessary adjustments to ensure that pupils with a medical condition are not endangered or hindered from participation by the classroom environment or by activities associated with lessons.

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

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

10. Pupils with complex medical needs

10.1 Pupils (current or prospective) and their Parents can feel confident that the School is aware of and adheres to the *Equality Act 2010* legislation.

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

10.3 The School seeks to alleviate disadvantages experienced or anticipated by pupils. We aim to meet the particular needs of pupils, once identified, within the pupil's Care Plan, which

will be completed in consultation with pupils, parents and health care workers. Where required, additional support will be provided by the Head of Learning Support.

11. Infection Control

11.1 If a child is infectious, parents / carers should not send them into school. If the parent / carer is unsure they should contact the School Nurse for advice or refer to public health guidelines[2]. The school will follow any instructions and guidelines set out by Public Health England and local Health Protection Teams.

11.2 As advised by Public Health England, children must remain at home until 48 hours have passed since the last episode of diarrhoea and vomiting.

11.3 The School Nurse must be informed as soon as possible if a child contracts chickenpox, shingles, measles or any other illness that could cause problems or those who have a reduced immunity or who are pregnant.
Public Health Agency: Guidance on infection control in schools.
NHS: Is my child too ill for school?

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

12.1 In the event of an incident of reportable infections and / or pandemics, the School will respond in line with its Critical Incident Plan. This will be informed by the London Resilience Partnership's *Pandemic Influenza Framework* guidance and the Government's *Pandemic Flu* guidance.

12.2 Further guidance about controlling the spread of infections is given in the CoL guidance *HSG33: Infection Control Guidance*, refer to Appendix 10.

12.3 Staff and pupils continue to engage with health protection measures, including encouraging participation in national vaccinations programmes.

[2] For example, this Guidance on infection control in schools and other childcare settings from the Public Health Agency of Northern Ireland gives useful guidance.

Appendix 1: City of London School Medical Update Form

City of London School Medical Update Form

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

*Mark the appropriate boxes on the left with an **X** and provide details in the box on the right*		
		Please give details:
☐	Hearing Difficulties	
☐	Eyesight Issues	
☐	Physical Disability	
☐	Epilepsy / Seizures	
☐	Diabetes	
☐	Asthma	
☐	Anaphylaxis (adrenaline auto-injector required)	
☐	Allergies (other than above)	
☐	Migraines	
☐	Behavioural Challenges	
☐	Mobility / musculoskeletal problems	
☐	Gastro-intestinal problems	
☐	My child has a medical condition not listed above and previous surgical procedures you needs to be aware of as it may affect them during their time at CLS.	
	Please give details:	

☐	My child is unable to take part in some school activities on medical grounds.
	Please give details:

MEDICATION	
*Mark the appropriate boxes with an **X** or leave blank*	
☐	My child requires prescribed medication.
	Please state drug, strength, dosage, frequency and purpose:
☐	This medication is required during school hours. *(At all times parents / guardians are responsible for ensuring medication at school is in date.)*
	*If you wish any of these drugs to be held in School for your child's sole use, please contact the School Nurse to request a permission form for the administration of this medication at school. Medication must be provided in the **original box** containing the medication with the **expiry date**, **name of pupil** and **prescription instructions**.*

UPDATES and CHANGES IN MEDICAL DETAILS					
The information provided on this medical form is accurate as of the time of writing. I understand that it is my responsibility to update the **SCHOOL NURSE** as soon as possible, if there are changes or updates to an existing medical condition by emailing schoolnurse@cityoflondonschool.org.uk					
Signed:		**Print:**		**Date:**	

Appendix 2: Permission for Medication Form

City of London School

City of London School Permission for Medication Form

*Please use a separate form for each medication and ensure that **ALL** white areas are completed.*							
The School Nurse/ Staff will only be able to administer medicine once this form has been fully completed and signed. This form can be sent to the nurse for: • drugs to be held in School medical room for your child's sole use • short courses of medication e.g. oral antibiotics. Please provide details of the prescription medication below.							
Pupil's Name:							
Purpose / Condition:	*Please give details*:						
Medical condition:	☐	Allergies	☐	Behavioural Difficulties	☐	Hearing	☐ Seizures
	☐	Anaphylaxis (AAI required)	☐	Diabetes	☐	Migraines	☐ Other
	☐	Asthma	☐	Eyesight	☐	Physical Disability	
	Please give details:						
Medication:							
Reason for medication:							
Dose to be given (mg/ml):							
Times to be given whilst at school:							
Date commenced and additional instruction i.e. course length.							

Refrigeration:	Yes / No				
Common side effects of which to be aware:					
Having provided the above medication in the original container in which it was dispensed and having ensured that the original dispensing label is intact with all necessary instructions clearly visible, I consent to the above prescription medication being administered to my child by CLS Staff in accordance with instructions on the label.					
Signature of Parent / Guardian:		**Print name (of Parent/ Guardian):**		**Date:**	

Appendix 3: City of London School Consent for Over the Counter Medication Update Form

City of London School

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

This consent form is required for the School to be able to provide Over the Counter Medication to a pupil.		
Pupil's Name:		
Pupil's Form & Year Group:		*i.e. 1, 2, 3, 4, 5*
Place 'X' in box if in agreement with the statement		
☐	I consent to School staff administering appropriate '*over the counter medication*' to my child to treat minor ailments while they are in their care provided they adhere to information provided in this form and literature contained in medication packets.	
	[***Over the Counter Medication includes, but is not restricted to**: Paracetamol & Ibuprofen (pain relief), Calcium Carbonate (upset stomachs), Antiseptic Throat Lozenges (sore throat), Loratadine (antihistamine), Imodium (diarrhoea), Cinnarizine (motion sickness), Wasp-eze (stings), Burn-eze (burns) - check online for ingredients]*	
☐	My child should **NOT** be given the following over the counter medication **under any circumstances**:	
	Please give details:	

☐	**I understand that failure to complete and return this form will result in over the counter medication not being offered to my child.**				
Please note that this form will be valid throughout your child's time at the School. However you can withdraw consent at any time by emailing the School Nurse at: schoolnurse@cityoflondonschool.org.uk					
Signature of Parent / Guardian:		**Print name (of Parent/Guardian):**		**Date:**	

Appendix 4: Use of Emergency Salbutamol Inhaler Consent Form

City of London School

City of London School Consent Form for Use of Emergency Salbutamol Inhaler

This consent form is required for the School to be able to provide emergency Salbutamol inhaler in the event of a pupil showing symptoms of asthma or having an asthma attack.	
Pupil's Name:	
Pupil's Form & Year Group:	
Place 'X' in box if in agreement with the statement	
☐	I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler. [Please delete as appropriate].
☐	My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.
☐	In the event of my child displaying symptoms of asthma, and if their inhaler is not available or is unusable, I consent for my child to receive salbutamol from an emergency inhaler held by the School for such emergencies.
☐	My child should **NOT** be given the following over the counter medication **under any circumstances**:
	Please give details:

Please provide parental contact details below:					
Address:					
Email:					
Telephone:					
Signature of Parent / Guardian:		**Print name (of Parent/Guardian):**		**Date:**	

Appendix 5: Emergency Medication (AAIs) for off-site activity

1. Introduction

1.1 All pupils prescribed an adrenaline auto-injector (AAI) by a medical professional to treat a severe allergic reaction must carry a 'Personal Emergency Medication Kit' (PEMK) on their person at all times. This should consist of two AAIs.

1.2 In addition, the school has purchased generic AAIs which will be placed into 'School Trip Emergency Medication Kits' (STEMKs). These kits will also contain antihistamine, a salbutamol inhaler and a list of pupils whose parents have given consent to the use of this emergency medication.

1.3 STEMKs for trips are held in the medical centre and the School Nurse will be notified in a timely manner when and by who they are required. The staff member leading the trip will be responsible for ensuring they have obtained the STEMK before departure and return them back to the School Nurse as soon as possible on their return. The PE Department will also be provided with a sufficient number of STEMKs. The Sports Therapist will be responsible for ensuring that each coach transferring pupils to Games at Grove Park is carrying a STEMK which must be accessible to staff at all times during the journeys to and from and whilst at Grove Park.

2. Travelling off-site

2.1 At all times when in care of school staff, a pupil with a Care Plan should have access to the medication contained in the STEMK as it could save their life if ever required.

2.2 **Off-site activities departing from School**

When a pupil with a prescribed AAI is travelling off-site and **is departing** from the School during a regular school day, it is the responsibility of the pupil to have their PEMK on their person. The member of staff responsible for the trip must ensure pupils are carrying their own, in date, PEMK and that the STEMK is carried by the member of staff at all times and is easily assessable if required in an emergency. In most cases this member of staff will be the person registering pupils as they leave the School or board transportation. For regular travel to Games at Grove Park this will be the Sports Therapist. In the event of a pupil not having their PEMK, the pupil will not be permitted to attend the trip / off-site activity. They will be required remain at school, and the School Nurse should be informed. Exceptions to this requirement may only be granted by the Head, Senior Deputy Head, Deputy Head (Co-curricular and Operations) or Deputy Head (Pastoral).

2.3 **Off-site activities not departing from School**

When a pupil with a prescribed AAI is travelling off-site and **is not departing** from the School during the regular school day, it is the responsibility of the pupil to have their PEMK on their person.

It is the responsibility of the member of staff leading the trip / off-site activity to:

- Collect the STEMK from the Medical Centre.). The STEMK should be taken on the trip and returned to the School Nurse at the first opportunity on arrival back from the trip / off-site activity.
- Check the pupil has their own PEMK when registering the pupils on arrival.

In the event of a pupil not having their PEMK, the pupil will not be permitted to attend the trip / off-site activity and will be required to return home. Their parents should be contacted. The School Nurse should also be informed. Exceptions to this requirement may only be granted by the Head, Senior Deputy Head, Deputy Head (Co-curricular and Operations) or Deputy Head (Pastoral).

3. Residential and overseas trips

3.1 For residential and overseas trips, the Visit Leader must consult with the School Nurse about the specific arrangements (for all elements of the trip) for pupils with prescribed AAIs.

3.2 Further information is provided in the Educational Visits Policy.

Appendix 6: Guidelines for the management of Asthma

1. Introduction

1.1 Asthma is a common lung condition that causes occasional breathing difficulties and affects 1 in 11 children. Having asthma can have implications for a child's learning and the School will ensure, as far as possible, that it promotes acceptance and understanding of pupils with this condition.

1.2 The main symptoms of asthma are:

- Wheezing
- Breathlessness
- a tight chest
- coughing

The symptoms are sometimes made worse after exercise.

1.3 Asthma is usually treated by using an inhaler, and there are two main types:

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

Additional treatments may include preventer or steroid tablets / other inhalers.

1.4 Pupils who have been diagnosed with asthma should carry their own reliever inhaler with them at all times, as well as any other prescribed medication or equipment they require during the day. The School provides emergency asthma inhaler kits, which contain a reliever inhaler (salbutamol) and a spacer device. These emergency inhalers should only be used by pupils, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler or have been prescribed an inhaler as a reliever medication.

2. Use of inhalers (as a result of an asthma attack)

2.1 **If a pupil is suffering from an asthma attack:**

- Call the School Nurse or, if the School Nurse is not available, a First Aider
- Keep calm and reassure the pupil: do not leave the pupil alone
- Help the pupil to sit up and slightly forward, to breathe slowly and deeply if they can.
- Use the pupil's own inhaler; if this is not available, use the School's emergency inhaler.
- Immediately help the pupil to take two separate puffs of salbutamol via the spacer.
- If there is no immediate improvement, continue to give two puffs every 30 to 60 seconds, up to a maximum of 10 puffs or until their symptoms improve. The inhaler should be shaken between puffs.
- Ensure tight clothing is loosened.
- Reassure the pupil.

3. After an asthma attack

3.1 Minor attacks should not interrupt a pupil's involvement in school. As soon as they feel better, they can return to normal school activities.

3.2 After the attack, the pupil's condition should continue to be monitored. The School Nurse must be informed if you or the pupil are concerned about their condition and / or they have needed to use their reliever inhaler more than once within a short period of time. The pupil's parents / carers must also be informed about the attack.

4. Emergency Situations

4.1 **Call 999 for an ambulance urgently if:**

- The person's symptoms get worse at any point
- The person does not feel better after 10 puffs of the reliever inhaler
- You are worried at any time.

4.2 **Emergency treatment**

- Continue to give reliever inhaler every 30 to 60 seconds until help arrives or the pupil's condition improves (up to 10 puffs)
- Use the inhaler plus the 'spacer device' from the 'emergency asthma inhaler kit' if the pupil is unable to use the inhaler correctly
- Ensure the School Nurse has been contacted and attends the scene
- Ensure parents / carers are informed as soon as possible after the ambulance has been called
- Do not attempt to take the person to hospital by other means – stay with the person and wait for the ambulance.

Appendix 7: Guidelines for the management of Anaphylaxis

1. Introduction

1.1 Anaphylaxis is a severe, often sudden and potentially life-threatening allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as food or an insect sting). Reactions usually begin within minutes of exposure and progress rapidly but can occur 2-3 hours later. It is potentially life threatening and always requires an immediate emergency response.

1.2 Common allergens that can trigger anaphylaxis are:

- Foods (e.g. peanuts. tree nuts, milk dairy foods, wheat, fish / seafood, sesame and soya)
- Insect stings (e.g. bee, wasp)
- Medications (e.g. antibiotics, pain relief such as ibuprofen)
- Latex (e.g. rubber gloves, balloons, swimming caps).

1.3 All pupils must also carry their own personal emergency medical kit (PEMK) on their person at all times and must have this with them when they go offsite, including school trips and offsite sports events. The PEMK should contain two AAIs, a copy of the pupil's allergy action plan, and any other medication that is listing on the plan.

2. Signs and symptoms

2.1

Airway	**B**reathing	**C**onsciousness / **C**irculation
Persistent cough	Difficult or noisy breathing	Feeling lightheaded or faint
Vocal changes (hoarse voice)	Wheezing (like an asthma attack)	Confusion
Difficulty in swallowing		Clammy skin
Swollen tongue		Unresponsive/unconscious

3. Treatment

3.1 The steps outlined in the pupil's IHP should be followed, but if their condition deteriorates:

- Lie the pupil flat with legs raised (if breathing is difficult, allow the pupil to sit)
- Use their adrenaline injector **without delay**; allow the pupil to self-administer, if they are able. Alternatively this can be done by a School Nurse or a First Aider.

IF IN DOUBT, GIVE ADRENALINE.

- Dial 999 to request an ambulance and say "**ANAPHYLAXIS**".

3.2 After giving adrenaline:

- Stay with the pupil until the ambulance arrives. DO NOT stand the pupil up.
- Commence CPR if there are no signs of life.
- If there is no improvement after 5 minutes, give a further dose of adrenaline using another auto injector, if available.
- Note the times of administration of any medication. Place any used AAIs in a sealed box, with any other used medication, and take this to hospital with the pupil.
- Inform the parent / emergency contact

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

3.4 AAIs can be used through clothes and should be injected in the upper outer thigh in line with the instructions provided by the manufacturer. Examples include:

- **Epipen:** Follow administration instructions written on the device. Hold injector into the leg for **3** seconds.
- **Emerade:** Follow administration instructions written on the device. Hold injector into the leg for **5** seconds.
- **Jext:** Follow administration instructions written on the device. Hold injector into the leg for **10** seconds.

If in doubt hold for 10 seconds.

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

Appendix 8: Guidelines for the management of Diabetes

1. Introduction

1.1 Diabetes is a lifelong condition that causes a person's blood sugar level to become too high. This is caused by a lack of, or insensitivity to insulin resulting in an inability to control the use and storage of glucose. There are two types:

- **Type 1 Diabetes**: where the body's immune system attacks and destroys the cells that produce insulin. Type 1 diabetes usually starts below the age of 30 and is treated with insulin.
- **Type 2 Diabetes**: where the body does not produce enough insulin, or the body's cells do not react to insulin. Type 2 diabetes is more commonly diagnosed over the age of 40.

2. Diabetes Management

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

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

Known Diabetics should have an individual treatment plan which can be referred to when required.

2.2 Any prescribed insulin and required equipment, such as blood glucose testing kits, injector pens, and glucose tablets / glucose juice, must be carried by the pupil at all times. Each pupil will also keep spare insulin and required equipment in the Medical Centre, which is always accessible. Glucose drinks are also stored in the Medical Centre to drink as and when required.

2.3 There are two main short-term complications which can arise:

- **Hypoglycaemia**: hypoglycaemia (a blood sugar level below 4mmol/l) is more likely to be seen in school and could be caused by too much insulin, too little food or too much exercise
- **Hyperglycaemia**: hyperglycaemia is caused by high blood glucose levels due to too little insulin or no insulin, or too much food.

3. Signs, Symptoms and Treatment

3.1 Signs and Symptoms of **Hypoglycaemia** include:

- Sweating
- Being anxious or irritable
- Restlessness

- Feeling hungry
- Difficulty concentrating and / or feeling disorientated
- Blurred vision
- Trembling and feeling shaky
- Cold and clammy
- Paleness
- Tiredness
- Palpitations
- Headache
- Lips feeling tingly

3.2 **Treatment for Hypoglycaemia**

- Call for the School Nurse if hypoglycaemia is suspected.
- Do not leave the pupil – call for help if necessary.
- Give the pupil a quick acting carbohydrate immediately (**only if the child is conscious and able to swallow***): this can be 2 to 4 glucose tablets or a glucose juice or a sweet / sugary drink; do not use diet or low sugar drinks.
- Repeat a blood glucose check in 15 minutes: if the blood sugar remains below 4, repeat previous step.
- If the pupil is awake and alert, follow with a long-acting carbohydrate such as sandwich or a biscuit. Continue to monitor that the pupil has recovered.
- Notify the pupil's parents / carer.
- Dial 999 if the pupil's condition is deteriorating. Place the pupil in the recovery position and monitor closely. The School Nurse can administer a Glucagon injection.

**use Glucogel if hypoglycaemia is suspected but the pupil needs help to drink or is uncooperative but conscious.*

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

- Increased thirst
- Frequent urination
- Drowsiness and lethargy
- Loss of appetite
- Abdominal pains
- Weakness
- Generalised aches
- Heavy, laboured breathing

3.4 **Treatment for Hyperglycaemia**

- Advise the pupil to test blood glucose frequently.
- Refer to the School Nurse to test urine for ketones. If positive, contact the pupil's parent / carer and advise they speak to their GP or diabetes nurse.
- Encourage oral fluids (water / sugar free drink)
- Dial 999 if no improvement.

Appendix 9: Guidelines for the management of Epilepsy

1. Introduction

1.1 An epileptic seizure is caused by a brief disruption of brain function involving abnormal electrical activity in nerve cells. Epilepsy can start at any age, but usually starts in either childhood or in people over 60.

1.2 Known epileptics should have an IHP and if severe may also have emergency treatment kept on site.

2. Symptoms of epilepsy

2.1 Seizures can affect people in different ways, depending on which part of the brain is involved. Possible symptoms include:

- Uncontrollable jerking and shaking, called a ‘’fit”
- Losing awareness and staring blankly into space
- Becoming stiff or rigid
- Strange sensations such as a “rising” feeling in the stomach, unusual smells or tastes, and a tingling feeling in the arms or legs
- Frequent falls or dropping things
- Collapsing
- Incontinence of urine
- Being confused after a fit

3. Types of seizures and management

3.1 **Tonic–Clonic (Convulsive) seizures** are the type of seizure most people recognise. Someone who is having a tonic–clonic seizure goes stiff, loses consciousness, falls to the floor and begins to jerk or convulse.

3.2 **Management of a tonic-clonic seizure**

The following steps should be followed:

- Call for assistance and call for the School Nurse
- Protect the pupil from injury (move harmful objects nearby)
- Cushion the head if possible
- DO NOT restrain their movements
- DO NOT try to move them unless they are in danger
- Look for an epilepsy identity card or jewellery – it may provide information about their seizures and what to do
- Gently place the pupil in the recovery position when not in muscle spasm / once jerking has stopped
- Give reassurance
- Stay with the pupil until they are fully recovered
- Inform parents / carer

- DO NOT give anything to eat or drink until they have fully recovered.
- DO NOT attempt to wake them or bring them round after a seizure.

3.3 **Focal seizures** are sometimes referred to as a partial seizure. Someone having a focal seizure may not be aware of their surroundings or what they are doing. They may have unusual movements and behaviour such as plucking at their clothes, smacking their lips, swallowing repeatedly or wandering around.

3.4 **Management of a focal seizure**

The following steps should be followed:

- Do not leave the person and stay until recovery is complete
- Guide them away from any potential danger
- DO NOT use restraint
- Give reassurance and remain calm
- Look for an epilepsy identity card or jewellery – it may provide information about their seizures and what to do.
- Explain anything that they may have missed.
- Contact the School Nurse
- Inform parents / carer
- DO NOT act in a way that could frighten the pupil, such as shouting or making abrupt movements.
- DO NOT attempt to wake them or bring them round

4. Emergency situations

4.1 Call 999 for an ambulance if:

- It is the first fit in an unknown epileptic
- if there are multiple seizures
- if a seizure lasts more than 5 minutes in a known epileptic
- If the pupil is injured during a seizure

Appendix 10: CoL guidance on Infection Control

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

Appendix 11: Food Allergen Protocol

City of London School

City of London Food Allergen Protocol

1. Introduction

1.1 Anaphylaxis is a severe allergic reaction at the extreme end of the allergic spectrum, affecting the entire body, and can occur within minutes of exposure. The most common food allergens are nuts, seeds, tree nuts, milk / diary, eggs, fish and shellfish, some fruit and vegetables, although many other foods have been known to trigger anaphylaxis. Non-food causes include wasp or bee stings.

1.2 This protocol has been devised for use by School Staff, Pupils and Parents. This document adheres to the guidance given on the *Anaphylaxis UK website and associated documents*, The Department of Education's *Allergy guidance for schools* and the food standards Agency *Natasha's Law*.

1.3 This policy should be read in conjunction with:

- The Health and Safety Policy
- The First Aid policy.

1.4 City of London School does not claim to be an 'allergen-free school'. We have taken the decision to be 'allergen-aware' rather than 'allergen-free'. The reasons behind this decision are as follows:

- It is impossible, given current food manufacturing processes, to guarantee that food products will be free from possible 'traces of nuts' and other allergens;
- Our catering company, Holroyd Howe, does not use nuts, nut oils or products containing nuts within the school menu. However, there can be no absolute guarantee that cross contamination has not occurred somewhere in the food supply chain and therefore will advise 'may contain' as per product guidelines;
- There is no evidence that food bans help reduce the risk of accident exposures;
- Evidence suggests a food ban on, say, peanuts may lead to a false sense of security about the risk of accidental exposure;
- Food bans often focus on nuts; however, many food allergies are caused by other foods such as cow's milk or wheat. In the UK, more fatal reactions in children are caused by milk than by peanut;
- It would be impossible to provide an absolute guarantee that the School is nut free. For example, pupils regularly bring in food from home or purchase food items on the way to School;
- There is a strong case to be argued that pupils with food allergies will develop a better awareness and understanding of how to manage their allergies if they grow up in an environment where allergens are regularly present;

- Any ban on a particular food is very difficult to enforce.

The Anaphylaxis Campaign advises that this is a pragmatic approach.

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

2.1 On admission to the school all parents are required to complete the medical conditions form which informs the school of any requirements to complete a Care Plans, as set out above in section 3 of this policy. This can be updated at anytime and ongoing changes will be overseen by the School Nurses to ensure that the risks are minimised and managed. Staff with severe allergies should inform their line manager, colleagues and the school nurse, if they feel appropriate to do so.

2.1 The catering team are central to the management of allergies in schools therefore:

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

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

- Being aware that unlabeled food poses a greater risk of allergen exposure than prepacked foods with precautionary "may contain" labels;
- Pupils and staff will be asked to be sensitive when bringing food into school and told not to share any food which contains known allergens. Those pupils and staff with known severe food allergies will be told not to eat food or snacks offered to them by others unless the contents are known;

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

3. Pupils' and Staff Responsibility to Self-Manage their Allergies

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

- Foods which are safe or unsafe for them;
- When to ask the catering staff to change serving utensils if they think cross-contamination has taken place;
- Make themselves known to catering staff (School Nurse or Form Tutor to introduce pupil) and that they are aware of the allergen list provided at the server counter;
- Their specific symptoms, if an allergic reaction occurs;
- Their responsibility to carry two Adrenaline Auto Injectors with them at all times together with any other medication prescribed for allergic reaction;
- Who to advise, if and when an allergic reaction happens;
- Letting friends and staff know about their allergy, in case of emergency;
- When to seek guidance (and from whom) if in doubt;
- The need to see the School Nurse at start of new term to check AAIs are in date and to check that the pupil knows how to use them;
- Self-service salad bar is high risk of cross contamination due to students / staff using the same utensil for different salads. Therefore, speak to catering staff for advice if you have a specific allergen.