Supporting Pupils with Medical Needs Guidance

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Policy Development

This guidance draws on national guidance, National Health Service (NHS) practice, relevant local authority examples and DCC allergy policy, including:

- DfE statutory guidance: Supporting pupils at school with medical conditions.
- Children's Wellbeing and Schools Act 2026, including the new allergy safety policy requirement inserted into the Children and Families Act 2014.
- DfE Allergy safety in schools statutory guidance, July 2026, which sets out how schools must have regard to allergy safety requirements, including allergy safety policies, Individual Healthcare Plan (IHP) for pupils with allergies, staff awareness training, spare adrenaline auto-injectors (AAIs), serious incidents and near misses.
- Department of Health and Social Care (DHSC) guidance on emergency salbutamol inhalers and emergency adrenaline auto-injectors in schools.
- NHS information on childhood medicines, anaphylaxis, asthma, epilepsy and diabetes.
- DfE EYFS statutory framework for group and school-based providers where early years provision is in scope.
- Relevant local authority guidance and the DCC Allergy and Anaphylaxis Model School Policy 2026.07 V01.

Forms and Templates

Schools should use the forms, templates and records listed in Appendix 2. DfE templates should be used where available, unless an equivalent local form captures the same information and supports safe practice.

Routine medicine administration forms, including parental agreement and medicine administration records, should be accessed through the DfE medical conditions templates listed in Appendix 2.

Allergy-specific forms and resources, including Allergy Action Plans, Individual Allergy Risk Assessments, adrenaline auto-injector checking arrangements and allergic reaction or near miss review forms, are listed in Appendix 2. The Individual Allergy Risk Assessment template is available from S4S Health, Safety and Wellbeing Resources - Risk Assessment Section. Other allergy-related records included in this guidance should be used where they support local arrangements.

Derbyshire County Council forms should only be retained where no suitable DfE template exists, where additional local assurance is required, or where the form supports a specific local process such as clinical procedures, emergency or recovery medication, medicine errors or near misses, body maps, specialist training records or audit arrangements.

Contents

Appendices - at the end of the document

1. Purpose

This guidance sets out Derbyshire County Council advice for supporting pupils with medical conditions and for the safe administration, storage, access, recording and review of medicines in school. It is intended to help schools provide safe, inclusive and proportionate support that enables pupils with medical needs, including pupils with allergies, to attend school, participate in learning and take part in wider school life wherever it is reasonable and safe to do so. This guidance is intended to help schools put proportionate, safe and inclusive arrangements in place for pupils with medical conditions, including pupils who need medicines, emergency support, individual planning or reasonable adjustments during the school day or during school-arranged activities.

The aim is that pupils with medical needs are supported to access education and school activities, including PE, school trips, clubs, wraparound provision and other wider school opportunities, unless there is clear clinical evidence that participation would be unsafe or reasonable adjustments cannot make the activity safe. Decisions should be based on the individual pupil's needs, the risks involved and the advice available, rather than assumptions about a diagnosis or condition.

Schools should use this guidance to support the development, adoption or review of their own local medical needs and administration of medicines arrangements. It should be read alongside the DfE statutory guidance, the Derbyshire County Council Administration of Medicines Model School Policy, the Derbyshire County Council Allergy and Anaphylaxis Model School Policy, and any relevant local first aid, safeguarding, SEND, equality, educational visits and data protection arrangements.

2. Scope

This guidance applies to DCC Community Schools. Schools and academy trusts that purchase support from DCC Health, Safety and Wellbeing may choose to adopt or adapt it locally. It is intended to provide a consistent framework that schools can tailor to their own governance, staffing, pupil population, healthcare support arrangements and local operating procedures.

It covers pupils with short-term, long-term, complex, fluctuating, high-risk or life-threatening medical conditions, including allergies and risk of anaphylaxis. This includes arrangements for identifying needs, developing Individual Healthcare Plan (IHP), managing medicines, providing emergency response, training staff, keeping records, planning visits, transport, off-site activities and reviewing arrangements. Allergy-specific arrangements are set out in the Derbyshire County Council Allergy and Anaphylaxis Model School Policy.

Where a school has early years provision, the school must also meet the current EYFS statutory framework for group and school-based providers and ensure that medicine, care planning, consent, recording and information-sharing arrangements are suitable for younger children.

3. Legal and statutory framework

Framework	School relevance
Children and Families Act 2014, section 100	Requires governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements to support pupils with medical conditions.
DfE statutory guidance	Schools must have regard to the DfE statutory guidance Supporting pupils at school with medical conditions. Schools must also have regard to the DfE statutory guidance Allergy safety in schools when putting allergy safety policies in place.
Equality Act 2010	Schools must avoid discrimination and make reasonable adjustments where a pupil's medical condition amounts to a disability.
Health and Safety at Work etc. Act 1974 / Management Regulations 1999	Employers and schools must take reasonable steps to assess and manage significant risks arising from school activities.
Human Medicines Regulations 2012	Includes provisions relevant to medicines and emergency administration, including emergency salbutamol inhalers and adrenaline auto-injectors in schools where the legal criteria are met.
UK GDPR and Data Protection Act 2018	Medical information must be handled lawfully, securely and shared only where necessary and proportionate.
EYFS statutory framework	Applies to school-based early years provision and requires procedures for administering medicines and written records of medicines administered.
Children's Wellbeing and Schools Act 2026	Inserts section 100A into the Children and Families Act 2014. Schools' section 100 arrangements must include an allergy safety policy for managing allergies affecting pupils, including pupils at risk of anaphylaxis. The allergy safety policy must be published, kept under review and reviewed at least annually.

Schools should ensure they refer to the most current version of legislation, statutory guidance and national advice. Key reference links are provided in Appendix 5.

Status of requirements and recommended practice

In this guidance, "must" identifies a legal or statutory requirement, or an action required to meet an applicable mandatory standard. "Should" identifies an expectation arising from statutory guidance or recommended practice that schools are expected to consider and follow unless there is a clear and justifiable reason for taking a different approach. "May" identifies an option available to the school, subject to its local circumstances and the needs of the individual pupil. Schools retain professional judgement and local flexibility where this is permitted, but must continue to meet their legal duties and have regard to applicable statutory guidance.

4. Key principles

- Pupils with medical conditions should be supported to access education and school life safely and inclusively.
- Support should be based on the individual pupil's needs, not assumptions about a diagnosis.
- Medicines should only be administered in school where it would be detrimental to the pupil's health, attendance or access to education not to do so.
- Written parental consent is required before medicines are administered to pupils under 16, except where emergency action is necessary to preserve life or prevent serious harm.
- Emergency medicines must be readily available and not locked away where this could delay treatment. They must be stored so that relevant staff can access them promptly, while taking reasonable steps to prevent unauthorised access by other pupils.
- Staff should receive appropriate information, instruction and training before undertaking agreed medical support tasks.
- Participation in the administration of medicines is on a voluntary basis unless staff have accepted a contract, role or job description that includes duties in relation to the administration of medicines. Individual decisions on involvement must be respected. Punitive action must not be taken against those who choose not to consent.
- Schools should use the forms, templates, records and links signposted within this guidance, using DfE templates wherever these are available.
- Records must be accurate, timely and stored securely.
- Incidents, medication errors and near misses should be recorded, reviewed and used to improve arrangements.

5. Local adoption by schools

Schools adopting this guidance must add local details, including governance approval, names or roles with responsibility, local first aid arrangements, training providers, storage locations, emergency medicine procedures, records systems, insurance arrangements and relevant contacts.

Schools should ensure parents and carers know how to access this guidance and any locally adopted medical needs, administration of medicines, allergy and anaphylaxis policies, who to contact about medical needs, and how IHPs and medicine consent forms are completed and reviewed.

Academies and trusts should confirm that this guidance is consistent with their own governance, indemnity, insurance and reporting requirements before adoption.

Schools must also confirm how they will adopt, publish, implement and review their allergy and anaphylaxis policy. Schools must confirm how they will adopt, publish, implement and review their allergy and anaphylaxis policy. Detailed allergy safety arrangements, including named allergy leads, Allergy Action Plans, Individual Allergy Risk Assessments, adrenaline auto-

injector arrangements, training, catering, incidents and review, should be set out in the school's Allergy and Anaphylaxis Policy.

6. Roles and responsibilities

Role	Main responsibilities
Governing body, academy trust or employer	Ensure suitable local arrangements, oversight of relevant policies and guidance, including the school's medical needs, administration of medicines and allergy and anaphylaxis policies. Ensure reasonable adjustments, appropriate insurance or indemnity, training assurance, effective review and suitable reporting of significant incidents or near misses.
Headteacher or setting manager	Implement local arrangements, appoint or identify responsible staff, ensure IHPs, medicine arrangements and allergy and anaphylaxis arrangements are in place, ensure relevant information is shared with staff who need it, and escalate concerns, significant incidents or near misses as appropriate.
Named medical needs lead / responsible person	Coordinate pupil medical information, consent forms, IHPs, medicine records, expiry checks, training records and communication with staff. Work with the named allergy and anaphylaxis lead where a pupil has an allergy or is at risk of anaphylaxis.
Named allergy and anaphylaxis lead / allergy safety lead	Coordinate allergy and anaphylaxis arrangements in line with the school's Allergy and Anaphylaxis Policy, including allergy records, Allergy Action Plans, Individual Allergy Risk Assessments, prescribed and spare adrenaline auto-injector checks, staff allergy awareness training records, catering communication, and review of allergy-related incidents and near misses.
Parents and carers	Provide accurate and up-to-date information, medicines in date and appropriately labelled, written consent, equipment, and timely updates about changes.
Pupils	Participate in planning where appropriate, follow agreed arrangements, seek help when unwell and never share medicines.
Staff	Follow school procedures, IHPs and training, record actions, seek advice where unclear, and respond promptly in an emergency. Staff involvement in the administration of medicines is voluntary unless it forms part of their contract, role or job description.
Healthcare professionals	Advise on healthcare needs, emergency plans, training and competency where appropriate.
Local authority / commissioned services where relevant	Provide advice within the scope of service arrangements and facilitate links to wider guidance where available.

Boundary between education and healthcare responsibilities

Schools are responsible for putting educational and operational arrangements in place to support pupils with medical conditions while they are in school or taking part in school-arranged activities. Schools and education staff are not responsible for making clinical assessments or judgements, producing or altering clinical care plans, or undertaking healthcare activities that fall under NHS responsibility. Where support requires a specialist healthcare activity, clinical oversight or formal delegation from a regulated healthcare professional, this must be arranged through appropriate healthcare, clinical governance, training, competency and accountability arrangements. The school's role is to implement the agreed educational arrangements and follow the relevant clinical advice and plans provided.

7. Identifying pupils with medical needs

Schools should have a clear process for identifying pupils with medical needs at admission, transition, return from absence, diagnosis, hospital discharge or when parents, pupils, staff or health professionals raise concerns.

Schools should obtain sufficient information to decide whether the pupil requires a short medicine agreement, an IHP, an individual risk assessment, an Allergy Action Plan, staff training, reasonable adjustments or other support arrangements.

Arrangements should be in place before the pupil starts whenever this is reasonably practicable, particularly where emergency intervention or specialist support is required. Where arrangements are not yet in place, the school should assess whether the pupil can attend safely with temporary or adjusted arrangements, such as additional supervision, restricted activities, a shorter day or interim emergency arrangements. Where attendance would place the pupil or others at avoidable and significant risk, the start date or return to school may need to be delayed until safe arrangements are in place. Any decision should be made on an individual basis, involve parents and relevant healthcare advice where required, and be reviewed as soon as practicable.

Where a pupil has an allergy or is at risk of anaphylaxis, schools should follow the identification arrangements set out in the Derbyshire County Council Allergy and Anaphylaxis Model School Policy. This includes how allergy information is gathered, recorded, shared with relevant staff and reviewed.

8. Individual Healthcare Plan

An IHP should be considered for pupils with long-term, complex, fluctuating, high-risk or emergency medical needs. Not every pupil with a medical condition will need an IHP, but the decision should be considered and recorded.

IHPs provide clarity about what needs to be done, when, by whom and what to do in an emergency. The level of detail should be proportionate to the pupil's needs and the risks involved.

IHPs should be drawn up with parents or carers, the pupil where appropriate, school staff and relevant healthcare professionals. The SENCO, medical needs lead or senior member of staff will often coordinate the plan. Where a pupil has an allergy or is at risk of anaphylaxis, the IHP should be read alongside the pupil's Allergy Action Plan and any Individual Allergy Risk Assessment.

IHPs must be reviewed at least annually and earlier where needs, medication, emergency arrangements, staffing, activities or clinical advice change. The review should be coordinated by the school's medical needs lead, SENCO or another named senior member of staff, in consultation with parents or carers, the pupil where appropriate, relevant school staff and relevant healthcare professionals. Relevant healthcare professionals may include, depending on the pupil's needs, the school nurse, specialist nurse, GP, consultant, pharmacist, diabetes team, epilepsy nurse, allergy clinic or another clinician involved in the pupil's care.

For pupils with allergy, an IHP should be used where the allergy has a functional impact in school, the pupil is at risk of harm as a result of the allergy, and the pupil requires arrangements that are additional to or different from those made generally. The IHP should describe the arrangements the school will put in place to support the pupil in school, including arrangements for inclusion, reasonable adjustments, emergency response and access to medication. It is not a clinical document and should not replace clinical advice, Allergy Action Plans, Asthma Action Plans or care plans issued by healthcare professionals. Where an Allergy Action Plan or Asthma Action Plan has been issued by a healthcare professional, it should be attached to, or clearly referenced within, the IHP and reviewed when updated information becomes available.

Schools should use the DfE IHP template, or an equivalent local form that captures the same information. *The relevant template link is provided in Appendix 2 - Forms, Templates and Records Index.*

An IHP should include, where relevant:

- medical condition, triggers, signs, symptoms and likely impact at school
- daily care requirements and reasonable adjustments
- medicine name, dose, route, timing, storage and side effects
- what constitutes an emergency and when to call 999
- staff roles, trained staff and contingency arrangements
- arrangements for PE, trips, transport, clubs and off-site activities
- attached or referenced Allergy Action Plans, Asthma Action Plans, care plans or healthcare professional advice, where provided
- information sharing, confidentiality and review triggers

9. Medicines in school

Medicines should only be brought into school where they are required during the school day or for emergency use. Parents should ask the prescriber whether dose timings can be arranged outside school hours where clinically possible.

Schools should only accept medicines that are in date, in the original container or packaging, clearly labelled where prescribed with the pupil's name and, where included on the dispensing label, the pupil's address, accompanied by clear instructions and supported by written parental consent. This includes emergency medicines, such as asthma reliever inhalers, adrenaline auto-injectors and other rescue medicines, where these are required in school. Where medicine is required for allergy or anaphylaxis, schools should also follow the arrangements set out in the Derbyshire County Council Allergy and Anaphylaxis Model School Policy. *The relevant parental agreement and medicine administration record templates are signposted in Appendix 2 - Forms, Templates and Records Index.*

The exception is insulin, which may be supplied in an insulin pen or pump rather than the original container, provided it is in date and included within the pupil's agreed care arrangements.

Checks before administering medicine

- right pupil
- right medicine
- right dose
- right route
- right time
- expiry date
- written consent and IHP instructions
- whether the medicine has already been administered
- whether any equipment is available
- whether there are any concerns about the pupil's condition, the medicine or the instructions provided

IF IN DOUBT, DO NOT ADMINISTER UNTIL CHECKED
If instructions are unclear or do not match the label, consent form, IHP or other agreed care plan, staff must stop and seek advice from the parent, pharmacist, prescriber, school nurse or other appropriate healthcare professional. The advice received and action taken should be recorded.

10. Prescription medicines

Prescription medicines must be administered in accordance with the prescriber's instructions and written parental agreement. Staff must not alter doses or act on verbal instructions that conflict with the prescription label, IHP or other agreed written care plan. *Schools should use the relevant parental agreement and medicine administration record templates signposted in Appendix 2 - Forms, Templates and Records Index.*

Parents should provide the minimum amount required for school where practicable. Where medicine is needed at home and school, parents can ask a pharmacist about providing a second labelled container.

11. Non-prescription medicines

Schools may administer non-prescription medicines, such as paracetamol or antihistamine, where this is permitted by the school's locally adopted Administration of Medicines Model School Policy and written parental consent has been provided for that medicine. Where antihistamine or another non-prescription medicine forms part of a pupil's allergy arrangements, this should be considered alongside the pupil's Allergy Action Plan, IHP where required, and the Derbyshire County Council Allergy and Anaphylaxis Model School Policy.

Non-prescription medicines must be in the original packaging with the manufacturer's instructions. Staff should check when the previous dose was taken and ensure the maximum daily dose is not exceeded. *Schools should use the relevant parental agreement and medicine administration record templates signposted in Appendix 2 - Forms, Templates and Records Index.*

A child under 16 must not be given aspirin or medicine containing aspirin unless prescribed by a qualified prescriber.

Frequent or repeated requests for non-prescription medication should prompt discussion with parents and, where appropriate, advice from a health professional.

- General NHS medicines advice for parents is available at NHS medicines for babies and children.
- For paracetamol dosing information, see NHS paracetamol for children.

12. Controlled drugs

Some prescribed medicines, such as methylphenidate, are controlled drugs. Where a controlled drug is brought into school for administration during the school day, it should be stored securely in a locked container within a locked cabinet, with access restricted to authorised staff. Controlled drugs should not normally be carried by pupils during the school day once received by the school, unless there is clear written agreement as part of the pupil's individual arrangements and the school has assessed that this can be managed safely.

A record should be kept of receipt, administration, return, disposal and remaining balance. Where controlled drugs are received, stored, administered, returned or disposed of by the school, the school must use an appropriate Controlled Drugs Register. The Controlled Drugs Register must be either a bound book with numbered pages, which must not be a loose-leaf register or card index, or a compliant computerised system where each entry is attributable, auditable and maintained in accordance with relevant legal and best practice requirements. Loose printed sheets must not be used as the Controlled Drugs Register.

Schools should obtain a bound Controlled Drugs Register book with numbered pages from a reputable medical, pharmacy, school medical or care-sector supplier, or use a compliant

computerised Controlled Drugs Register system. A compliant computerised system is one that records who made each entry, when the entry was made, what was recorded, and provides an audit trail so entries cannot be deleted, altered or replaced without trace.

Controlled drugs should be managed in line with the school's Administration of Medicines Model School Policy, the prescriber's instructions, written parental agreement and any relevant IHP or agreed care plan.

Misuse of a controlled drug, including giving it to another pupil, is an offence and should be managed under the school's behaviour, safeguarding and drug-related procedures.

13. Self-administration and pupil independence

Pupils who are competent should be encouraged and supported to manage their own medicines and procedures where this is safe, appropriate and agreed.

Where it is appropriate for a pupil to carry and / or administer their own medicine, this should be agreed by the school, parent / carer and pupil where appropriate. The arrangement should be recorded in the pupil's IHP, parental medicine agreement or equivalent local record. *Relevant templates are signposted in Appendix 2 - Forms, Templates and Records Index.*

The school should consider the pupil's age, understanding, competence, supervision needs, storage arrangements, emergency access, arrangements for trips, PE and clubs, and any risks to the pupil or others.

Where a pupil carries their own medicine, they must understand that the medicine is for their own use only and must not be shared with any other pupil. The school should also consider whether any additional arrangements are needed to ensure the medicine remains available, in date, appropriately stored and accessible when required.

Emergency medicines, such as asthma reliever inhalers, adrenaline auto-injectors and other rescue medicines, should be readily available to the pupil where this is appropriate and agreed. Where a pupil is prescribed adrenaline auto-injectors, arrangements should ensure they have rapid access to their prescribed devices at all times, including during lessons, breaktimes, lunchtimes, PE, visits, trips and travel to and from school where applicable. Where a pupil is not able to safely carry or administer their own emergency medicine, the school must ensure that alternative arrangements allow prompt access in an emergency. Allergy and anaphylaxis arrangements should be managed in line with the Derbyshire County Council Allergy and Anaphylaxis Model School Policy.

For school trips, PE, sport, clubs, off-site activities, transport and work experience, the school should consider whether the existing self-administration arrangements remain suitable or whether additional arrangements are required.

If a pupil refuses medicine, staff must not force them to take it. The refusal must be recorded, parents / carers informed as soon as possible on the same day, and emergency procedures followed where refusal could result in serious harm.

Self-administration arrangements should be reviewed at least annually, or sooner where there is a change in the pupil's needs, medicine, competence, behaviour, emergency arrangements, school activities, parental information or clinical advice.

14. Storage, access, disposal and transport of medicines

Medicines must be stored safely and in accordance with the manufacturer's or prescriber's instructions and the school's locally adopted Administration of Medicines Model School Policy. Non-emergency medicines should be secure and not accessible to pupils unless self-administration has been agreed.

Emergency medicines, including reliever inhalers, adrenaline auto-injectors, diabetes emergency treatment and rescue medicines, must be readily available and not locked away where treatment could be delayed.

Adrenaline auto-injectors and other adrenaline devices, including prescribed devices and any school spare AAIs, must be stored in line with the manufacturer's instructions and the school's Allergy and Anaphylaxis Policy. They should be stored at room temperature, protected from direct sunlight and extremes of heat, and must not be refrigerated. They must not be locked away or kept in a location where access is restricted. Where there is a concern about pupil access to adrenaline devices, they should be stored out of reach of pupils but still immediately accessible to staff.

Medicines requiring refrigeration should be stored securely, clearly labelled and within the required temperature range, normally 2 to 8 degrees °C where specified. Temperature monitoring should follow the product instructions and the school's local procedure.

Medicines must not be transferred into another container for storage. Parents and carers are responsible for collecting expired, unused or no longer required medicines. Sharps must be disposed of using an appropriate sharps container.

Medicines should be brought to school by parents, carers or another responsible adult and handed to a named member of staff, unless the pupil is competent and authorised to carry their medicine. Oxygen storage, carriage or use requires a specific risk assessment with advice from specialist nursing teams where relevant.

15. Emergency medicines and emergency response

All staff should know how to summon emergency help, who the first aiders are, and where emergency information is kept. Staff should also know who is authorised or trained to access or administer emergency medicines where this forms part of the pupil's agreed arrangements. First aiders should not be assumed to have responsibility for administering medicines unless this has been agreed and they have received appropriate information, instruction or training.

Emergency action must follow the pupil's IHP, Allergy Action Plan, asthma plan, diabetes plan or other agreed clinical action plan. Staff should call 999 where the plan says to do so, or where there is any doubt about the seriousness of the pupil's condition.

In the event of suspected anaphylaxis, staff must act immediately. Adrenaline should be administered without delay and 999 must be called. The pupil should not be sent to collect medication or sent to the school office or medical room alone. Help and emergency medication should be brought to the pupil.

A copy of the pupil's IHP, Allergy Action Plan, medicine record and relevant medication should accompany the pupil to hospital where practicable. A member of staff should normally accompany a pupil taken to hospital by ambulance and remain until a parent or carer arrives. Staff cannot give consent for medical treatment because they do not have parental responsibility.

- *The DfE contacting emergency services template is signposted in Appendix 2 - Forms, Templates and Records Index.*
- *Additional off-site emergency information is provided in* Appendix 3.

15.1 Asthma and emergency salbutamol inhalers

Pupils with asthma should have immediate access to their reliever inhaler and spacer where prescribed. Schools may purchase emergency salbutamol inhalers without prescription for emergency use where they choose to do so and have a suitable protocol in place, including written consent where required.

For younger children, staff should bring the inhaler and spacer to the child rather than sending the child to collect it. Staff must follow the pupil's asthma plan, IHP or other agreed emergency arrangements and call 999 where symptoms are severe, not improving or there is any doubt.

Staff should be aware that asthma and allergy can co-exist. Where a pupil with a known food allergy develops sudden breathing difficulty, anaphylaxis must be considered and adrenaline should not be delayed where anaphylaxis is suspected. A reliever inhaler must not be used instead of adrenaline to treat suspected anaphylaxis. Where a pupil has both asthma and allergy, arrangements should be considered alongside the school's Allergy and Anaphylaxis Policy.

Useful links:

- DHSC emergency asthma inhalers for use in schools;
- NHS condition information: NHS asthma.

15.2 Allergy, anaphylaxis and adrenaline auto-injectors

Allergy and anaphylaxis arrangements are covered in detail within the DCC Allergy and Anaphylaxis Model School Policy. This guidance should be read alongside that document where a pupil has an allergy, is at risk of anaphylaxis, or requires allergy-related medication or support arrangements.

Staff should be aware that asthma and allergy can co-exist. Where a pupil with a known food allergy develops sudden breathing difficulty, anaphylaxis must be considered and adrenaline should not be delayed where anaphylaxis is suspected. A reliever inhaler must not be used instead of adrenaline to treat suspected anaphylaxis.

Schools must ensure they have a separate allergy safety policy, or a clearly identifiable adopted allergy and anaphylaxis policy, which meets the requirements of the Children and Families Act 2014 section 100A, as inserted by the Children's Wellbeing and Schools Act 2026. Schools using the DCC Allergy and Anaphylaxis Model School Policy should adapt it locally and ensure it is implemented, published and reviewed in line with local governance arrangements.

Pupils prescribed adrenaline devices should have rapid access to their prescribed devices at all times. This includes during lessons, breaktimes, lunchtimes, PE, visits, trips, playground activities, sports fields and travel to and from school where applicable. Where a pupil is prescribed adrenaline devices, the school's arrangements should normally ensure access to both prescribed devices.

Schools in England are permitted to purchase spare adrenaline auto-injectors (AAIs) without a prescription for emergency use. In line with the DfE statutory guidance, schools should stock spare AAIs of the correct dosage for their pupils. Spare AAIs are for emergency use and must not be treated as a replacement for a pupil's own prescribed adrenaline devices.

Where anaphylaxis is suspected, the person's own prescribed adrenaline devices should be used first where they are available. A spare AAI may be used where the person does not have prescribed adrenaline devices, or where their prescribed devices are not available or misfire. Adrenaline should be administered without delay and 999 must be called.

Spare AAIs should be stored in pairs, clearly labelled, checked regularly and replaced before expiry or following use. They must be readily accessible, not locked away, and located so that they can be brought to a person experiencing anaphylaxis within five minutes. Schools should determine the number, dosage and location of spare AAIs required, taking account of the age of pupils, the size and layout of the site, separate buildings and any split-site arrangements.

The wider term "adrenaline device" includes adrenaline auto-injectors and prescribed non-injectable nasal adrenaline devices. At present, schools may purchase only AAIs as spare adrenaline devices. Where a person has been prescribed a non-injectable nasal adrenaline device but it is not available during suspected anaphylaxis, a school's spare AAI may be used in an emergency.

Relevant allergy and anaphylaxis forms and records are listed in Appendix 2. The Individual Allergy Risk Assessment template is available from S4S Health, Safety and Wellbeing - Resources - Risk Assessment Section. The Medication and AAI Check Record is included in Appendix 6 and the Allergic Reaction or Near Miss Review Form is included in Appendix 7.

Useful links:

- DHSC using emergency adrenaline auto-injectors in schools;
- NHS condition information: NHS anaphylaxis.

15.3 Epilepsy and rescue medicines

Most seizures stop by themselves, but staff must follow the pupil's IHP and emergency protocol. Rescue medication such as buccal midazolam must only be administered by staff who have

received pupil-specific training and competency confirmation, unless emergency circumstances require action to preserve life and emergency services advise action.

The IHP or emergency protocol must state when to administer rescue medication, when to call 999, what information to give the ambulance service, which staff are trained to support the pupil, and what contingency arrangements apply if trained staff are unavailable.

Any administration of rescue medication, refusal, concern, error or near miss must be recorded and reported in line with the school's local procedures and this guidance.

Useful link:

- NHS condition information: NHS epilepsy.

15.4 Diabetes

Pupils with diabetes should have an IHP or diabetes healthcare plan developed with parents and carers, the pupil where appropriate, school staff and relevant healthcare professionals. Arrangements should cover blood glucose monitoring, insulin, food, physical activity, treatment of hypoglycaemia and hyperglycaemia, access to emergency treatment, trips, off-site activities and emergency response.

Staff supporting diabetes care should receive training appropriate to the pupil's needs, the tasks they are expected to undertake and local healthcare advice. Where staff are required to support insulin administration, blood glucose monitoring or emergency treatment, training and competency confirmation should be in place before staff undertake the task.

The pupil's plan should identify what action staff should take if blood glucose readings are outside the agreed range, if the pupil becomes unwell, if treatment is refused, or if emergency support is needed. Any administration of medicine, emergency treatment, refusal, concern, error or near miss should be recorded and reported in line with the school's local procedures and this guidance.

Useful NHS resources:

- NHS - Type 1 diabetes
- NHS England - Children and Young Adults Diabetes Toolkit

16. Training and competency

Training must be sufficient to ensure that staff are competent and confident to provide the support they have agreed to deliver. Where staff agree to administer medicines or provide medical support, the school should ensure they receive appropriate information, instruction and, where required, training. Staff should not administer medicines or undertake medical procedures unless they are competent to do so and have agreed to undertake the task, unless this forms part of their contract, role or job description.

Training should be proportionate to the pupil's condition, the task being undertaken, the level of risk and any relevant IHP, Allergy Action Plan, Asthma Action Plan or agreed care plan.

General awareness training may be appropriate for wider staff groups where pupils have conditions that could require emergency action. Pupil-specific training is required for medicines, emergency interventions or procedures that require medical, technical or practical competency.

Where pupils have allergies or are at risk of anaphylaxis, schools should follow the allergy awareness and emergency response training arrangements set out in the Derbyshire County Council Allergy and Anaphylaxis Model School Policy. Allergy awareness training should be refreshed at least annually and should include how to recognise allergic reactions and anaphylaxis, how to summon emergency help, where medication is located, how to use prescribed and spare adrenaline auto-injectors, and how to report allergic reactions, serious incidents and near misses.

First aid training alone should not be treated as sufficient allergy awareness and emergency response training. Allergy awareness training does not replace any pupil-specific clinical training, competency confirmation or healthcare professional advice required for individual medical procedures or support arrangements.

Training should normally be led, confirmed or advised by an appropriate healthcare professional where clinical competency is required. Competency should be confirmed before staff undertake agreed medical support tasks. Training records must be kept and refresher dates monitored. *The DfE staff training record template is signposted in Appendix 2 - Forms, Templates and Records Index.*

17. Intimate or invasive procedures

Some pupils may require intimate or invasive procedures. These arrangements must be handled sensitively, respecting the pupil's dignity, privacy, age, understanding, cultural considerations, wishes where appropriate, and safeguarding needs.

Staff must not be pressured to undertake procedures that are outside their role, training, competence, contract or job description. Participation in intimate, invasive or specialist clinical procedures is voluntary unless these duties form part of the staff member's agreed role. Where possible, arrangements should be agreed with parents or carers, the pupil where appropriate, and relevant healthcare professionals, and recorded in the IHP, intimate care plan or other agreed written plan.

Where an intimate or invasive procedure is required, the school should normally arrange for two adults to be present, with one acting as a chaperone, unless this is not appropriate for the pupil's dignity, privacy, age, understanding, wishes or the practical requirements of the procedure. Where a single-member-of-staff arrangement is agreed, this should be risk assessed, recorded and reviewed.

Where a procedure requires clinical or technical competency, staff should receive appropriate pupil-specific training and competency confirmation before undertaking the task. Where the procedure is higher risk, invasive or outside routine support arrangements, the school should also confirm any required insurance or indemnity position before agreeing the arrangement. Training and competency records should be retained in line with the school's local procedures.

18. School trips, PE, sport, off-site activities, transport and work experience

Pupils with medical conditions should be supported to participate in trips, PE, sport, residential visits, clubs, off-site learning, transport and work experience wherever reasonable adjustments can make this safe. Pupils should not be excluded from these activities because of a medical condition, allergy or risk of anaphylaxis unless, following individual assessment and consideration of reasonable adjustments, the risk cannot be managed safely.

Planning must consider the pupil's IHP, Allergy Action Plan, Asthma Action Plan or other agreed care plan where relevant, medicines, emergency access, trained staff, travel, toilets, food and water, rest breaks, storage, supervision, communication, external providers and emergency arrangements. Schools should ensure that emergency medicines and relevant records are available during the activity and that staff know how to access them without delay.

Where a pupil has an allergy or is at risk of anaphylaxis, planning should follow the Derbyshire County Council Allergy and Anaphylaxis Model School Policy. This includes arrangements for allergen information, emergency medication, prescribed adrenaline devices, spare AAIs where appropriate, food provided by external venues, and overseas travel where relevant.

Relevant medical information should be shared with transport providers, activity providers, visit venues or placement employers on a lawful need-to-know basis where required to keep the pupil safe and support reasonable adjustments.

Schools should also follow their educational visits procedures and may refer to DfE health and safety on educational visits and the Outdoor Education Advisers' Panel guidance where relevant.

- *The DfE contacting emergency services template is signposted in Appendix 2 - Forms, Templates and Records Index.*
- *Additional off-site emergency information is provided in Appendix 3.*

19. Record keeping, confidentiality and data protection

Schools must keep written records of medicines administered, refused, omitted or administered in error. Records should be made as soon as possible after the event and retained in line with the school's records retention schedule. *Relevant medicine administration record templates are signposted in Appendix 2 - Forms, Templates and Records Index.*

Records should include the pupil's name, medicine, dose, route, date, time, staff member, witness where required, refusal, omission, side effects, action taken and who was informed.

Medical information, including IHPs, Allergy Action Plans, Asthma Action Plans, Individual Allergy Risk Assessments and medicine records, must be stored securely and shared only with staff or other parties who need it to keep the pupil safe and support access to education. Information sharing to protect health, safety and welfare will usually be appropriate where necessary and proportionate.

Where a pupil has an allergy or is at risk of anaphylaxis, schools should follow the information sharing arrangements set out in the Derbyshire County Council Allergy and Anaphylaxis Model

School Policy. Staff who need allergy information to keep a pupil safe should know where to access current information, how updates are communicated, where medication is stored and what action to take in an emergency.

Health information is sensitive personal information and should be handled in a controlled and respectful way. Schools should avoid sharing more information than is necessary, while ensuring that essential safety information is available to staff who need it.

A new written parental agreement is required where the medicine, dose, strength, frequency or route changes. Verbal messages from parents or carers are not sufficient to alter medicine administration instructions.

20. Errors, incidents, serious incidents and near misses

Medication errors, care plan failures, emergency medicine availability failures, serious medical incidents and near misses must be recorded and reported through local incident arrangements. Records should be completed as soon as practicable and should capture what happened, when and where it happened, who was affected, what action was taken, who was informed, whether emergency services or medical advice were required, and any immediate actions taken to keep the pupil safe.

Schools should ensure that pupils, parents, carers and, where relevant, healthcare professionals are able to report allergy-related incidents or near misses, including where symptoms or concerns become apparent after the pupil has left school. *Allergy-related incidents, allergic reactions, adrenaline auto-injector use and allergy-related near misses should be managed in line with the Derbyshire County Council Allergy and Anaphylaxis Model School Policy and recorded and reviewed using the Allergic Reaction or Near Miss Review Form in Appendix 7.*

Parents and carers should be informed as soon as practicable. Medical advice must be sought immediately where there is any concern about the pupil's health or where the wrong medicine, dose, route or timing may have occurred. Where an incident relates to the delivery of a care plan, Allergy Action Plan, Asthma Action Plan or other healthcare professional advice, the relevant healthcare professional or team should be informed where appropriate.

- *Schools should use the Medicine Error / Near Miss Incident Report in Appendix 4 where a medication error or medicine-related near miss occurs.*
- *Allergy-related incidents, allergic reactions, adrenaline auto-injector use and allergy-related near misses should be managed in line with the Derbyshire County Council Allergy and Anaphylaxis Model School Policy and recorded and reviewed using the Allergic Reaction or Near Miss Review Form in Appendix 7.*

Incidents and near misses should be reviewed in a no-blame learning culture, while still addressing any concerns about unsafe practice, training needs or failure to follow agreed procedures. The review should consider whether the IHP, Allergy Action Plan, Asthma Action Plan, Individual Allergy Risk Assessment, medicine arrangements, training, communication, supervision, catering arrangements or emergency response procedures need to be updated.

The school should review incidents and near misses to identify learning, update IHP, Allergy Action Plans, Asthma Action Plans, risk assessments or procedures, refresh training and escalate to governors, trustees, the employer, health and safety advisers, safeguarding leads or insurers where required. RIDDOR reporting, food safety reporting, safeguarding referrals and notification to healthcare professionals should be considered where relevant, in line with local reporting arrangements and the circumstances of the incident.

21. Infection, absence and pupils too unwell to attend

Parents and carers are responsible for ensuring their child is well enough to attend school. Pupils who are acutely unwell should not attend where this would be detrimental to their health or where attendance may pose a risk to others.

Schools should follow public health guidance for infectious diseases and their local illness and infection control procedures.

Where a pupil cannot attend school because of health needs for a prolonged period, schools should seek appropriate advice and consider the DfE guidance on education for children with health needs who cannot attend school.

Where absence, reduced attendance or repeated illness is linked to a pupil's medical condition, allergy, recovery from an allergic reaction or other health need, schools should consider whether the pupil's IHP, Allergy Action Plan, risk assessment, reasonable adjustments or reintegration arrangements need to be reviewed. Pupils should not be penalised for absence that is directly related to a medical condition or agreed health management arrangements.

- *Useful links are provided in Appendix 5 - Key Reference Links, including UKHSA health protection guidance for education settings and DfE guidance on education for children with health needs who cannot attend school.*

22. Safeguarding, SEND, equality and wellbeing

Medical needs arrangements must align with the school's safeguarding, SEND, equality, accessibility, attendance, behaviour, anti-bullying and wellbeing arrangements.

A medical condition, including a severe allergy, may amount to a disability under the Equality Act 2010, requiring reasonable adjustments. Where a pupil has an Education, Health and Care Plan, the Individual Healthcare Plan should complement, not duplicate or contradict, the Education, Health and Care Plan.

Schools should consider the emotional, social and wellbeing impact of a medical condition, including isolation, bullying, absence, fatigue, embarrassment, restricted participation and concerns about emergency incidents. Where a pupil has an allergy or is at risk of anaphylaxis, schools should follow the inclusion, wellbeing and anti-bullying arrangements set out in the Derbyshire County Council Allergy and Anaphylaxis Model School Policy.

Allergy-related bullying, teasing, unsafe behaviour, exclusion from activities, or deliberate exposure to known allergens must be taken seriously and managed through the school's

behaviour, anti-bullying and safeguarding arrangements as appropriate. Schools should support pupils with medical conditions and allergies to participate in school life wherever this can be achieved safely through reasonable adjustments and proportionate risk management.

Safeguarding concerns should be considered where a pupil is repeatedly placed at risk because essential medical information, medication or equipment is not provided, or where there are wider concerns that a pupil's health needs are not being met. This should be managed in line with the school's safeguarding procedures.

- *Useful links are provided in Appendix 5 - Key Reference Links, including the SEND code of practice: 0 to 25 years.*

23. Unacceptable practice

Schools should avoid practice that prevents pupils with medical conditions, including allergies, from accessing education safely and inclusively. Unacceptable practice includes:

- preventing a pupil from attending school solely because arrangements have not yet been considered, unless attendance would place the pupil or others at avoidable and significant risk
- preventing reasonable access to medicines, prescribed adrenaline devices, asthma inhalers or other emergency medicines, or delaying emergency treatment
- assuming all pupils with the same condition or allergy require the same support
- assuming that older pupils or pupils who can take increasing responsibility for their own health needs do not require support, supervision or reasonable adjustments
- assuming that a pupil does not have an allergy or medical need because diagnosis, clinical assessment or investigation is still underway
- ignoring the views of parents, pupils or relevant healthcare professionals
- ignoring medical evidence, Allergy Action Plans, Asthma Action Plans, Individual Healthcare Plans or other relevant healthcare advice
- penalising pupils for medical-related absence, allergy-related absence, medical appointments, symptoms or agreed health management arrangements beyond their control
- requiring parents or carers to attend school routinely to administer medicine or provide medical support where reasonable school arrangements can be made
- requiring parents or carers to accompany a pupil on a trip, visit or activity solely because of a medical condition or allergy, without first considering reasonable adjustments and proportionate risk controls
- excluding pupils from lunch, trips, PE, clubs, visits, work experience or other school activities without considering reasonable adjustments and individual risk assessment
- leaving an unwell pupil unsupervised or sending them to the school office, medical room or another location alone when this is unsafe. In an allergic emergency or suspected anaphylaxis, help and emergency medication should be brought to the pupil
- sharing medical information more widely than necessary, or failing to share essential information with staff who need it to keep the pupil safe

- delaying agreed support because the correct form, template or record has not been located
- using outdated local forms where a current DfE template or Derbyshire County Council form is signposted in Appendix 2 - Forms, Templates and Records Index.

24. Complaints

Parents, carers or pupils who are dissatisfied with the support provided should initially raise concerns with the school. Schools should respond promptly, review the IHP, Allergy Action Plan, Asthma Action Plan, risk assessment, medicine arrangements or other support arrangements where needed, and seek relevant healthcare advice where appropriate.

Where a concern relates to allergy or anaphylaxis arrangements, including a serious incident, near miss, delay in putting arrangements in place, failure to follow agreed arrangements, access to medication, catering arrangements, visits or reasonable adjustments, the school should also review the arrangements set out in the Derbyshire County Council Allergy and Anaphylaxis Model School Policy.

Where concerns cannot be resolved informally, the school's complaints procedure should be followed. Safeguarding concerns must be managed through the school's safeguarding procedures.

25. Monitoring and review

This guidance should be reviewed periodically and sooner where there are changes to legislation, national guidance, NHS advice, local arrangements, forms, templates, serious incidents, recurring near misses or other learning that indicates the guidance may need to be updated.

The forms, templates, records and reference links in Appendix 2 and Appendix 5 should also be checked periodically to ensure they remain current and continue to direct schools to the most appropriate DfE, NHS, GOV.UK or Derbyshire County Council, Health, Safety and Wellbeing S4S Resources.

Schools should review their local medical needs arrangements at least annually, and after any significant incident, emergency, training concern, new medical need, change in staffing, change in pupil need or change to relevant clinical advice.

Schools must ensure their allergy and anaphylaxis policy is published, kept under review and reviewed at least annually, or sooner following a serious allergic reaction, allergy-related serious incident, significant near miss, change in statutory requirements, change in guidance or change to local allergy management arrangements.

Where amendments are made to this guidance, the Administration of Medicines Model School Policy or the Allergy and Anaphylaxis Model School Policy, schools should check whether any linked sections, forms, appendices or signposting within the medical needs document suite also need updating.

Appendix 1 - Quick reference checklist

Requirement	Check
Has the school received up-to-date written medical information from the parent or carer?	☐
Has the school considered whether an IHP is required?	☐
Where a pupil has an allergy or is at risk of anaphylaxis, has the school followed the Derbyshire County Council Allergy and Anaphylaxis Model School Policy?	☐
Where required, does the pupil have an Allergy Action Plan and/or Asthma Action Plan issued by a healthcare professional?	☐
Where required, has the Individual Allergy Risk Assessment template been accessed from S4S Health, Safety and Wellbeing Resources - Risk Assessment Section?	☐
Has written consent been completed for any medicine to be administered in school?	☐
Have the relevant forms, templates or records been accessed from Appendix 2 - Forms, Templates and Records Index?	☐
Is the medicine in date, in original packaging and clearly labelled where prescribed?	☐
Do the prescription label, consent form, Individual Healthcare Plan and any relevant Action Plan match?	☐
Is the dose, time, route, storage instruction and emergency action clear?	☐
Have prescribed emergency medicines, including asthma inhalers, adrenaline auto-injectors and other rescue medicines, been made readily accessible?	☐
Where a pupil is prescribed adrenaline auto-injectors, are arrangements in place for rapid access to both prescribed devices where applicable?	☐
Does the school stock spare AAIs of the correct dosage for its pupils, stored in pairs, clearly labelled, checked regularly, in date and located so that they can be brought to a person experiencing anaphylaxis within five minutes?	☐
Have required staff received appropriate information, instruction, training and competency confirmation?	☐
Where pupils have allergies or are at risk of anaphylaxis, have relevant staff completed allergy awareness and emergency response training?	☐
Are arrangements in place for PE, trips, transport, clubs, wraparound provision, work experience and other off-site activities?	☐

Where food is provided or used, have allergy risks, allergen information, catering arrangements and cross-contamination controls been considered?	☐
Are records completed each time medicine is administered, refused, omitted or given in error?	☐
Where controlled drugs are held, is an appropriate Controlled Drugs Register being used, either as a bound book with numbered pages or a compliant computerised system?	☐
Have incident, medication error, allergic reaction, AAI use and near miss reporting and learning arrangements been agreed?	☐
Are arrangements in place to review Individual Healthcare Plans, Allergy Action Plans, risk assessments, training and policies after significant incidents or near misses?	☐
Has the school’s allergy and anaphylaxis policy been published, communicated, kept under review and reviewed at least annually?	☐

Appendix 2 - Forms, Templates and Records Index

Schools should use DfE templates wherever these are available. Where a DfE template is not available, schools should use the most appropriate Derbyshire County Council form or locally approved equivalent.

Form, template or record required	**Where to get it**
Core medical needs planning templates	
IHP	DfE Supporting pupils with medical conditions templates
Allergy IHP	DfE Allergy safety in schools IHP template
Parent / carer invitation letter for IHP meeting	DfE Supporting pupils with medical conditions templates
Consent and self-administration records	
Parental agreement for school to administer medicine	DfE Supporting pupils with medical conditions templates
Request for pupil to carry and / or administer their own medicine	Record within the DfE IHP or parental agreement template. A separate local record may be used if needed. ***See Section 13***
Medicine administration and training records	
Record of medicine administered to an individual child	DfE Supporting pupils with medical conditions templates
Record of medicine administered to all children	DfE Supporting pupils with medical conditions templates
Staff training record - administration of medicines	DfE Supporting pupils with medical conditions templates
Emergency information and incident records	
Contacting emergency services	DfE Supporting pupils with medical conditions templates
Medicine error / near miss record	Appendix 4 - Medicine Error / Near Miss Incident Report
Controlled drugs	
Controlled drugs register	Use a bound Controlled Drugs Register book with numbered pages from a reputable medical, pharmacy, school medical or care-sector supplier, or a compliant computerised Controlled Drugs Register system, in line with Section 12 and the school's Administration of Medicines Policy.
Allergy-specific records and plans	
Allergy Action Plan	Clinician-completed Allergy Action Plan, where provided. Use with the DfE Allergy IHP and Individual Allergy Risk Assessment. Do not rewrite clinical instructions.
Individual Allergy Risk Assessment	S4S Health, Safety and Wellbeing - Resources - Risk Assessment Section
Medication / adrenaline auto-injector check record	Appendix 6 - DCC Medication and AAI Check Record
Allergic reaction / near miss review	Appendix 7 - DCC Allergic Reaction or Near Miss Review Form

Appendix 3 - Contacting Emergency Services During an Off-Site Visit

Dial 999 and ask for an ambulance. If anaphylaxis is suspected, state "anaphylaxis".

- Speak clearly and slowly.
- State that the call relates to a pupil on a school activity or off-site visit.

Be ready to provide the following information:

- Telephone number you are calling from
- Your name and role
- School / setting name
- Exact location, including postcode if known
- What3Words location or other precise location information where available
- Name of pupil
- Brief description of symptoms
- Known medical condition and emergency plan, where applicable
- What the IHP, Allergy Action Plan or emergency protocol says should happen
- Medicine given and time given, including adrenaline where administered
- Best access point for ambulance crew
- Name of person who will meet the ambulance
- Who will contact parents / carers
- Who will contact the school

Where practicable, a copy of the pupil's IHP, Allergy Action Plan, emergency protocol, medicine record and relevant medication should accompany the pupil.

The visit leader should record the action taken as soon as possible after the emergency and ensure the incident is reported through the school's local reporting arrangements. *Where the incident involved a medication error, near miss, allergic reaction, suspected anaphylaxis or use of an adrenaline auto-injector, the relevant form in Appendix 4 or Appendix 7 should also be completed.*

Appendix 4 - Medicine Error / Near Miss Incident Report

1.	**Level of Error**	✓
	(a) Major Error (Incident resulting in major harm or death)	
	(b) Unresolved Error (The outcome at present unknown)	
	(c) Minor Error (No serious harm suffered)	
	(d) Near Miss (Error was avoided)	

2.	**Service details**	
	Service name	
	Address	
	Telephone	
	Person in Charge	

3.	**Person completing this form – *sign and date at end of form***	
	Name	
	Job Title	

4.	**Person(s) involved in the incident**			
	Name 1		Name 2	
	Job Title		Job Title	
	Name 3		Name 4	
	Job Title		Job Title	

5.	**Details of the medication error or near miss**	
	Name of Pupil	
	Date and time error occurred	
	Date and time error discovered	
	Details of the error - attach separate report if necessary	

6.	**Health professionals involved with the child/young person**	
	GP	
	Consultant	
	Nurse	
	Pharmacist	

7.	**All others staff/persons involved in the incident**			
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	
	Name		Job Title	

8.	Who was contacted for advice?					
	GP	Yes	No	NHS Direct	Yes	No
	Consultant	Yes	No	H&S Consultant	Yes	No
	Nurse	Yes	No	Parent	Yes	No
	Pharmacist	Yes	No	Other:	Yes	
	Time of Contact	Advice received:				
	Time of Contact	Advice received:				

9.	Advice and Action			
	By whom - name and contact details		Time	
	Advice given			
	Action Taken			
	By Whom		Time	
	Advice given			
	Action Taken			

10.	Who has been informed about the incident			
				If no, give reasons
	Child/young person	Yes	No	
	Parent/Person with PR	Yes	No	
	Other Carer	Yes	No	
	Manager	Yes	No	
	H&S Consultant	Yes	No	
	Head of Quality Assurance	Yes	No	If child/young person is in care
	Other:	Yes		

11.	Type of incident	Detail	✓
	Wrong service user		
	Wrong quantity given		
	Wrong strength of medicine administered		
	Wrong form of the medicine		
	Dose omitted		
	Wrong medicine given		
	Medicine out of date		
	Recording error		
	Medicine given at wrong time		
	Medicine refused/staff unable to administer		
	Other		

12.	Cause of incident	Detail	✓
	Unclear labelling caused confusion		
	Unclear instructions caused confusion		
	Wrong service username		
	Product out of date		
	Interruptions		
	Service user refused		
	Staff/carer unable to administer		
	Other cause		

13.	Immediate action to be taken	✓
	Investigation by manager	
	Investigation by Health, Safety and Wellbeing Consultant	
	Investigation under complaints procedure	
	Investigation by external body	

14.	Action to prevent a recurrence	✓
	Workplace procedures/systems review	
	Workplace training	
	Wider procedures/systems review	
	Wider training	

15.	Additional Notifications – ***Major Incident Only***	✓
	Health& Safety Consultant	
	Health & Safety Executive	
	Senior Departmental Manager	
	OFSTED	
	CQC	

Name		**Position**	
Signed		**Date**	

Appendix 5 - Key Reference Links

Schools should ensure they are referring to the most current version of national guidance and advice. These links support local implementation of this guidance and should be checked periodically.

DfE and GOV.UK guidance

- DfE - Supporting pupils with medical conditions at school. Main DfE statutory guidance and template page for supporting pupils with medical conditions.
- DfE - Supporting pupils with medical conditions templates. Template pack including IHP, parental agreement, medicine administration records, staff training record, contacting emergency services and parent invitation letter.
- DfE - Allergy safety in schools. Statutory guidance and templates for supporting pupils with allergies, including an Allergy Safety Policy template and IHP template.
- DfE - Early years foundation stage statutory framework.
- DfE - First aid in schools, early years and further education.
- DfE - Health and safety on educational visits.
- DfE - Education for children with health needs who cannot attend school.
- SEND code of practice: 0 to 25 years.

Allergy and anaphylaxis

- Children's Wellbeing and Schools Act 2026 - Section 34 Allergy safety policy. Section 34 inserts section 100A into the Children and Families Act 2014 and requires schools' section 100 arrangements to include an allergy safety policy. The policy must be published, kept under review and reviewed at least annually.
- DfE - Allergy guidance for schools. Practical guidance for schools and caterers on managing allergy risks in school food provision, including menu changes, allergen information, Prepacked for Direct Sale foods, legal duties and links to further resources.
- Food Standards Agency (FSA) - Allergen guidance for food businesses. Official guidance on the 14 regulated food allergens, allergen information requirements and good practice for managing food allergens in food settings, including catering and food service operations.
- DHSC - Using emergency adrenaline auto-injectors in schools. Guidance for schools on creating arrangements for emergency adrenaline auto-injectors.

- MHRA - Adrenaline auto-injectors: guidance and resources for safe use. Safety advice and resources on the use of adrenaline auto-injectors.
- BSACI Paediatric Allergy Action Plans. Clinical Allergy Action Plans for children, to be completed by the pupil's healthcare professional and attached to, or referenced within, the school's IHP where relevant.
- NHS - Anaphylaxis. NHS information on anaphylaxis.

Asthma

- DHSC - Emergency asthma inhalers for use in schools. Guidance for schools in England on using emergency salbutamol inhalers.
- NHS - Asthma. NHS condition information on asthma.

Diabetes

- NHS - Type 1 diabetes. NHS condition information on type 1 diabetes.
- NHS England - Children and Young Adults Diabetes Toolkit. National NHS England toolkit for children and young adults with diabetes.

Epilepsy and rescue medicines

- NHS - Epilepsy. NHS condition information on epilepsy.

Medicines for children

- NHS - Medicines for babies and children. NHS medicines advice for parents and carers.
- NHS - Paracetamol for children. NHS advice on paracetamol for children

Infection and health protection

- UKHSA - Health protection in children and young people's settings, including education. National UKHSA guidance for education settings, including exclusion periods, infection prevention and outbreak management.

Appendix 6 - Medication and Adrenaline Auto-Injector (AAI) Check Record

This record may be used to check prescribed pupil medication, prescribed AAIs, spare AAIs and other emergency medicines are in date, in good condition, correctly stored and available for use when required.

Date	Pupil / spare AAI / emergency medicine	Medication checked	Expiry date	Condition/concerns	Action taken	Checked by

Appendix 7 - Allergic Reaction or Near Miss Review Form

Use this form to review an allergic reaction, suspected anaphylaxis, use of an adrenaline auto-injector, catering error or allergy-related near miss. This form should be used alongside the school's local incident reporting arrangements and the Derbyshire County Council Allergy and Anaphylaxis Model School Policy.

Allergic Reaction or Near Miss Review Form

Date and time	
Pupil name	
Year group/class	
Location:	
What happened?	
Suspected allergen or trigger?	
Was this a reaction or near miss?	Reaction / Near miss / Both
Symptoms observed or reported	
Was anaphylaxis suspected?	Yes / No / Not known
Action taken	
Medication given, including AAI where used	
Time medication was given	
Was 999 called?	Yes / No
Was parent/carer contacted?	Yes / No

Staff involved	
Was the Allergy Action Plan/IHP followed?	Yes / No / Partially / Not applicable
What worked well?	
What needs to improve?	
Does the Allergy Action Plan, IHP or risk assessment need review?	Yes / No
Does staff training or communication need updating?	Yes / No
Are any further reports or notifications needed?	Yes / No / Not applicable
Actions required	
Person responsible	
Completion date	
Review completed by	
Date review completed	