Sudbourne Primary School

Supporting Pupils with Medical Conditions Policy

Includes: Administration of Drugs and Medicine Procedures

This policy will be reviewed **every 3 years** by the Resources Committee for approval by the Governing Body.

Last Review Date:	19th May 2021
Date Ratified by Full Governing Body:	11th Jun 2021
Next Review Date:	May 2024
Signature of policy approval by Headteacher:	R Blackmore (Jun 22, 2021 19:19 GMT+1)
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1. Aims

This policy aims to ensure that:

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

The governing board will implement this policy by:

- Making sure sufficient staff are suitably trained
- Making staff aware of pupils' conditions, where appropriate
- Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- Providing supply teachers with appropriate information about the policy and relevant pupils
- Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is:
Sophia Henderson, Deputy Headteacher

2. Legislation and statutory responsibilities

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

It is also based on the Department for Education's statutory guidance (2015) on supporting pupils with medical conditions at school.

3. Roles and responsibilities

3.1 The governing board

- The governing board has ultimate responsibility for arrangements to support pupils with medical conditions.
- The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

3.2 The headteacher

The headteacher will:

- Make sure all staff are aware of this policy and understand their role in its implementation
- Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- Ensure that all staff who need to know are aware of a child's condition
- Take overall responsibility for the development of IHPs
- Make sure that school staff are appropriately insured and aware that they are insured to support pupils in this way
- Contact the school nursing service in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse
- Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

3.3 Staff

- Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.
- Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.
- Teachers will take in to account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

3.4 Parents

Parents will:

- Provide the school with sufficient and up-to-date information about their child's medical needs
- Be involved in the development and review of their child's IHP and may be involved in its drafting
- Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times

3.5 School nurses and other healthcare professionals

Our school nursing service will notify the school when a pupil has been identified as having a medical condition that will require support in school. This will be before the pupil starts school, wherever possible. They may also support staff to implement a child's IHP.

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

4. Equal opportunities

Children and young people with medical conditions are entitled to a full education and have the same rights of admission to school as other children. This means that no child with a medical condition can be denied admission or prevented from taking up a place in school because arrangements for their medical condition have not been made

However, in line with their safeguarding duties, governing bodies should ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases. They therefore do not have to accept a child in school at times where it would be detrimental to the health of that child or others to do so.

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

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

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

There are often social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition.

In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health.

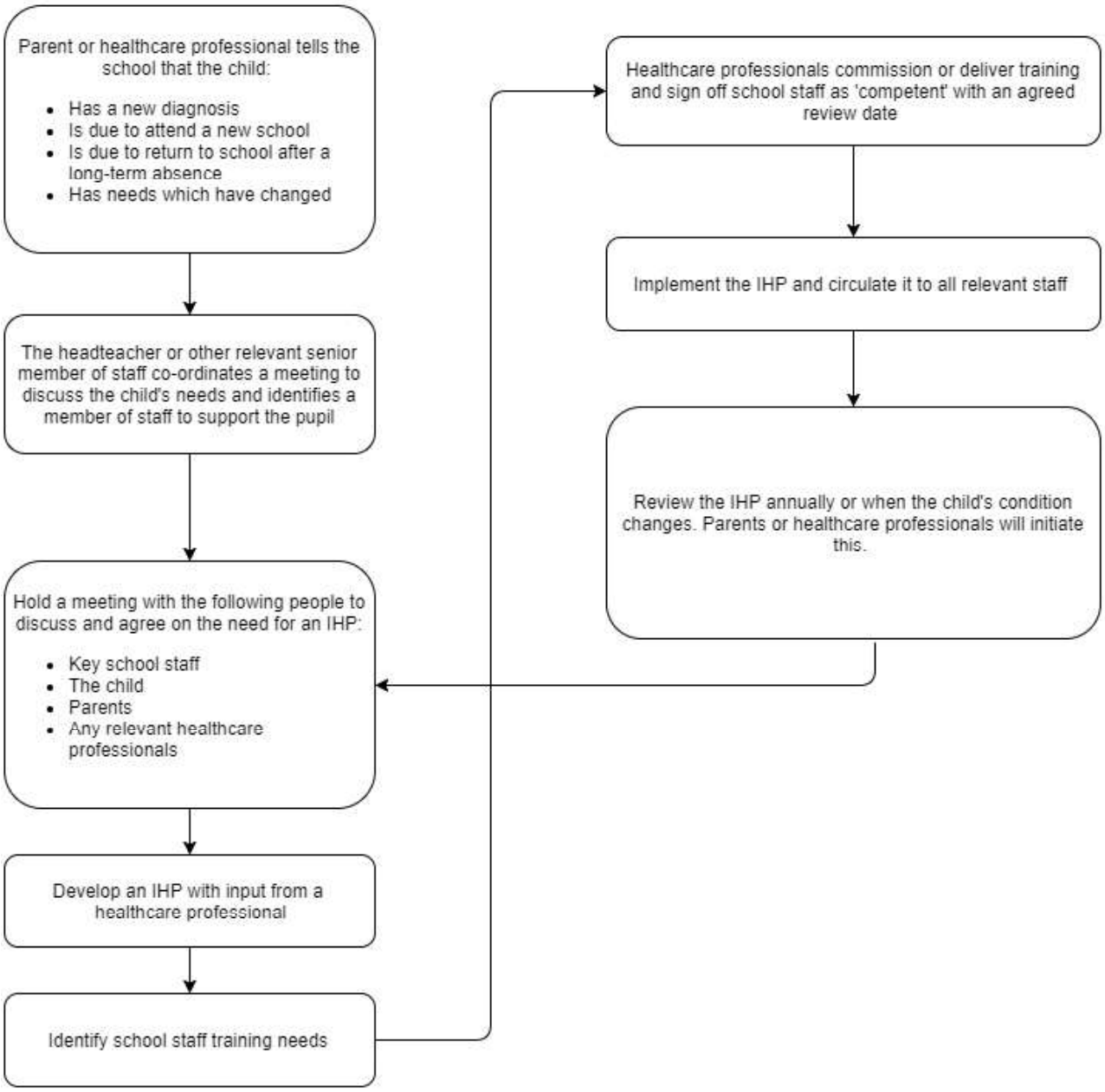
Short-term and frequent absences, including those for appointments connected with a pupil's medical condition (which can often be lengthy), also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

Some children with medical conditions may be considered to be disabled under the definition set out in the Equality Act 2010. Where this is the case governing bodies must comply with their duties under that Act. For children with SEN, this guidance should be read in conjunction with the 6 Special educational needs and disability (SEND) code of practice4. For pupils who have medical conditions that require EHC plans, compliance with the SEND code of practice will ensure compliance with this guidance with respect to those children.

See also section 7. Unacceptable Practice

5. Notification that a child has a medical condition

When the school is notified that a pupil already in school, has a medical condition, the process outlined below will be followed to decide whether the pupil requires an IHP.



5.1 Admissions

When the school is notified of the admission of a pupil with medical needs, the Class Teacher and the Deputy Headteacher will complete an assessment of the support required. This might include the development of an IHP and additional staff training.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

6. Individual healthcare plans

The headteacher has overall responsibility for the development of IHPs for pupils with medical conditions. This role is currently delegated to:

Sophia Henderson, Deputy Headteacher

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

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

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advise on the pupil's specific needs. The pupil will be involved wherever appropriate.

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

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

- The medical condition, its triggers, signs, symptoms and treatments
- The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions
- The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- Who in the school needs to be aware of the pupil's condition and the support required
- Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition
- What to do in an emergency, including who to contact, and contingency arrangements

See Appendix 1 for Individual Healthcare Plan Template

See Appendix 2 for Letter of Invite to IHP development meeting

7. Unacceptable practice

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

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

8. Administration and Management of Medicines

8.1 Acceptability of Medicines in School

Prescription and non-prescription medicines will only be administered at school:

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

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime

Pupils under 16 will not be given medicine containing aspirin unless prescribed by a doctor.

Anyone giving a pupil any medication (for example, for pain relief) will first check maximum dosages and when the previous dosage was taken. Parents will always be informed.

The school will only accept prescribed medicines that are:

- In-date
- Labelled
- Provided in the original container, as dispensed by the pharmacist
- include instructions for administration, dosage and storage

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

8.2 Storage of Medicines

All medicines apart from emergency medicines (inhalers, epi-pens etc) are kept in a locked cupboard in the Front Office.

Medicines are always stored in the original pharmacist's container.

Emergency medicines such as inhalers and epi-pens are kept:

- in the office for KS1 and KS2 pupils (refrigerated if required)
- in the Nursery for EYFS pupils (refrigerated if required)
- in a clearly identified container.

Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons and educational visits (see section 15).

Pupils will be informed about where their medicines are at all times and be able to access them immediately.

Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

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

8.3 Consent to administer medication (prescribed and non-prescribed)

Each request to administer medication must be accompanied by 'Parental consent to administer medication form.

See Appendix 3 for Parental consent to administer medication form

8.4 Pupils managing their own needs

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

8.5 Non-Prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school, the school will administer non-prescription medicines.

However, the majority of medication lasts 4-6 hours, and typically therefore, non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day.

The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol.

As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will not administer aspirin unless prescribed.

The storage and administration for non-prescription medication will be treated as prescription medicines.

8.5.1 Administration of Paracetamol

Paracetamol may be used as pain relief for children under the age of 10, if a GP/Consultant/Dentist/Nurse Practitioner/School Nurse has recommended its use and parental consent is gained. Paracetamol may not be administered to the under 10's for

ad-hoc unknown pain/fever etc. Circumstances that might warrant the use of pain relief in the under 10's include fracture, and post-operatively general surgery.

Details of the pupil's condition and the requirement for on-demand pain-relief must be documented on the pupil's IHC.

In addition to the protocol for the administration of paracetamol detailed above the school will:

- If a dose of pain relief has not been administered in the past four hours, the school will, with parental consent, administer one dose.
- Only administer paracetamol for a maximum of 1 week.

The parent/carer will supply daily a single dose of paracetamol for administration. This can be in the form of a liquid sachet.

The requirement for pain relief will be regularly reviewed during the week; pain relief should not be given routinely each day. The review will be detailed on the pupils IHC.

The school will inform the parent/carer if pain relief has been administered and the time of administration.

If the school is in any doubt if symptoms warrant pain relief the school nurse will be contacted for further advice.

See Appendix 4 for Paracetamol Administration Checklist which will be completed at each administration of paracetamol.

Reminders:

- Many non-prescription remedies contain paracetamol; it is recommended that if a child has had any pain or cold relief medication during the past four hours, then paracetamol is not given.
- There should be at least four hours between any two doses of paracetamol containing medicines.
- No more than four doses of any remedy containing paracetamol should be taken in 24 hours.
- If there is any doubt, seek medical advice before administering the medicine.
- It is recommended that school should only administer paracetamol three times in a term to an individual child unless parents have specifically requested it because of a medical condition for a limited period of time.
- Only standard paracetamol may be administered. Combination drugs, which contain other drugs besides paracetamol, must not be administered.
- Children can only be given one dose of paracetamol during the school day. If this does not relieve the pain, contact the parent or the emergency contact.
- Aspirin or preparations containing aspirin must never be given. Aspirin should NOT be given to children under 16 years old as its use is associated with Reye's Syndrome (a severe neurological disorder).

8.6 Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves so controlled drugs will be stored securely in a locked, non-portable container and only named staff will have access.

In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school. The administration of a controlled drug will be witnessed by a second member of staff and records kept as per usual medicine protocols.

9. Supporting children with Asthma

Asthma is the most common chronic condition, affecting one in eleven children. On average, there are two children with asthma in every classroom in the UK.4 There are over 25,000 emergency hospital admissions for asthma amongst children a year in the UK.5

Sudbourne School takes advice from the Healthy London Partnership in conjunction with the asthma friendly team in Islington to guide our management of asthma effectively.

The school will manage asthma in school as outlined in the Asthma Toolkit (see Healthy London Partnership).

Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupil's parent(s)/carer(s) to provide a second inhaler.

Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

The school inhaler will only be used in an emergency and will always be used with a spacer as outlined in the Asthma Toolkit.

The school will develop IHP's for those pupils with severe asthma, and adhere to Asthma UK School Asthma Cards – see Appendix 5 - protocols for pupils with mild asthma.

Inhalers are kept in the Front Office in separate boxes for each year group (for KS1 and KS2 pupils) and in the Nursery (for EYFS pupils).

If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge or the First Aider. See section 14.

It is the parent's responsibility to ensure the medication is within the 'use by' date and replaced when necessary.

See Appendix 6: How to recognize an asthma attack

See Appendix 7: Asthma attack procedure

9.1 Emergency Asthma Inhalers

An Asthma UK survey found that 86% of children with asthma have at some time been without an inhaler at school having forgotten, lost or broken it, or the inhaler having run out. For this reason, we will organize the provision of emergency asthma inhalers, should they be required.

The use of an emergency asthma inhaler will also be specified in a pupil's individual healthcare plan where appropriate.

The emergency asthma inhaler kit should include:

- a salbutamol metered dose inhaler
- at least two plastic spacers compatible with the inhaler
- instructions on using the inhaler and spacer
- instructions on cleaning and storing the inhaler
- manufacturer's information
- a checklist of inhalers, identified by their batch number and expiry date, with monthly checks recorded
- a note of the arrangements for replacing the inhaler and spacers (see below)
- a list of children permitted to use the emergency inhaler as detailed in their individual healthcare plans
- a record of administration (i.e. when the inhaler has been used).

The main risk of allowing schools to hold a salbutamol inhaler for emergency use is that it may be administered inappropriately to a breathless child who does not have asthma. It is essential therefore that schools ensure that the inhaler is only used by children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis the inhaler and spacers are present and in working order, and the inhaler has sufficient number of doses available
- that replacement inhalers are obtained when expiry dates approach
- replacement spacers are available following use
- the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use, or that replacements are available if necessary.
- the inhaler should be stored at the appropriate temperature (in line with manufacturer's guidelines), usually below 30C, protected from direct sunlight and extremes of temperature.
- the inhaler and spacers should be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler should be clearly labelled to avoid confusion with a child's inhaler.

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

Salbutamol inhalers are intended for use where a child has asthma. The symptoms of other serious conditions/illnesses, including allergic reaction, hyperventilation and choking from an inhaled foreign body can be mistaken for those of asthma, and the use of the emergency inhaler in such cases could lead to a delay in the child getting the treatment they need.

For this reason the emergency inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler
  OR
- who have been prescribed a reliever inhaler
  AND
- for whom written parental consent for use of the emergency inhaler has been given. This information should be recorded in a child's individual healthcare plan.

See Appendix 8: Consent form – Use of emergency inhaler

Should an emergency inhaler be used by the school, the child's parent(s)/carer(s) must be informed in writing so that this information can be passed on to the child's GP.

See Appendix 9: Letter to inform parent(s)/carer(s) of emergency inhaler use

10. Supporting children with Mild Allergic Reaction

10.1 Response with anti-histamine

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupil's IHP. This can be supported with the use of an Allergy Action Plan (for pupils assessed as not needing AAIs).

See Appendix 10 for example of Allergy Action Plan - not requiring AAI

The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction.

During this time pupils must NEVER be left alone and should be observed at all times. If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

11. Supporting children with anaphylaxis/severe allergic reaction

11.1 About Anaphylaxis

Anaphylaxis is a severe and often sudden allergic reaction. It can occur when someone with allergies is exposed to something they are allergic to (known as an allergen). Reactions usually begin within minutes and progress rapidly, but can occur up to 2-3 hours later.

Common allergens that can trigger anaphylaxis are:

- Foods
- Medicines
- Latex
- Insect stings

It is very unusual for someone with food allergies to have anaphylaxis without actually eating the food. Coming into contact with an allergen might trigger a local skin reaction, but is very unlikely to trigger anaphylaxis. However, if the allergen gets on to some food which the person then eats, this can then trigger a reaction.

The time it takes for a reaction to become severe varies, depending on the allergen:

Food: symptoms often begin immediately and may be mild, initially. Severe reactions can occur within minutes, but often develop around 30 minutes later. Severe reactions occasionally happen over 1-2 hours after eating – in particular, this has been reported for milk – such reactions can mimic a severe asthma attack, without any other symptoms (e.g. skin rash) being present.

Insect stings: severe reactions are often faster, occurring within 10-15 minutes.

Anaphylaxis usually develops suddenly, and gets worse very quickly. Symptoms include:

Airway
- Persistent cough
- Vocal changes (hoarse voice)
- Difficulty in swallowing
- Swollen tongue

Breathing
- Difficult or noisy breathing
- Wheezing (like an asthma attack

Consciousness
- Feeling lightheaded/faint
- Clammy skin
- Confusion
- Unresponsive

11.2 Responding to anaphylaxis

In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction.

The treatment of anaphylaxis is to give adrenaline, by an injection into the outer muscle of the mid-thigh (upper leg). Adrenaline treats both the symptoms of the reaction, and can also stop it from becoming worse. Other "allergy" medicines (such as antihistamines) can help with mild symptoms, but are not effective for severe reactions (anaphylaxis).

Administration of adrenaline can be lifesaving. Some anaphylaxis reactions require more than a single dose of adrenaline; children can initially improve but then deteriorate later.

It is therefore vital to **always dial 999 and request an ambulance whenever anaphylaxis has occurred –** even if there has been a good response to the adrenaline injection.

Always give adrenaline FIRST (before other medicines such as inhalers) **in someone with known food allergy who has sudden-onset breathing difficulties –** even if there are no skin symptoms. Delays in giving adrenaline are a common finding in fatal reactions.

IF IN DOUBT, give adrenaline.

11.3 Anaphylaxis Action Plan

- Do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. **Bring the AAI to the pupil, not the other way round.**

- Provide reassurance. The pupil should lie down with their legs raised (if the student is pregnant, lie on their left hand side). If breathing is difficult, allow the pupil to sit.

- Note the time the AAI was given.

- **If the child has their own AAI prescribed, give the AAI and then dial 999.** Always call for an ambulance, even if the person has already self-administered their own AAI and is feeling better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

- When dialling 999, say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS"). See Appendix 12 – Contacting Emergency Service protocol.

If the pupil's condition does not improve 5 to 10 minutes after the initial injection, then give a second dose of adrenaline.

- Use another AAI device – AAI devices are single-use only. This can be the pupil's own device, or the school's emergency AAI.
- If you give a second dose, call the emergency services again to confirm that an ambulance has been dispatched.

When the paramedics arrive, tell them:
- if the child is known to have an allergy
- provide copy of IHP
- what might have caused this reaction e.g. recent food eaten
- the time the AAI was given

Once the child is stable:
- Remember to call the parent(s)/carer(s)
- Note in the school's records where and when the **reaction** took place (e.g. PE lesson, playground, classroom), how much medicine was given, and by whom.
- If the pupil is transferred to hospital, the hospital will inform the GP about the reaction.

11.4 Management of Adrenaline Auto-injectors (AAIs)

Based on information/guidance from www.sparepensinschools.uk

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent(s)/carer(s) to provide 2 adrenaline auto-injectors (AAIs) for school use.

Each child should have 2 have two adrenaline auto-injectors which are kept in the office (KS1 and KS2 pupils) or Nursery (EYFS pupils) in a clearly labelled separate cupboard.

Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Adrenaline auto-injectors are stored in boxes with a photo of the child on the outside. The majority of adults in school have received training by the school nurse to enable them to administer the epi-pen in emergencies. This training is updated every year.

See Appendix 11 for example of Allergy Action Plan - requiring AAI

11.4.1 Use of Spare AAIs

Under existing legislation, teachers and other non-healthcare professionals may administer AAIs, but only to a person prescribed an AAI device, using the device prescribed to them. In other words, they cannot use an AAI belonging to child 'A' to treat anaphylaxis occurring in child 'B'.

The **Human Medicines (Amendment) Regulations 2017** (which came into effect from 1 October 2017) now allows schools to obtain (without a prescription) "spare" AAI devices, for use in emergencies. These "spare" AAIs can be used:
- in any pupil known to be at risk of anaphylaxis, but only if medical authorisation and written parental consent have been provided.
- if the pupil's own prescribed AAI(s) are not immediately available (for example, because they are broken, out-of-date, have misfired or been wrongly administered).

Children with food allergies are not always prescribed AAI, but may still be at risk of anaphylaxis.

These children *can* be given the spare AAI in an emergency, so long as:

- the school has a care plan confirming that the child is at risk of anaphylaxis
- a healthcare professional has authorised use of a spare AAI in an emergency in that child
- the child's parent(s)/carer(s) has provided consent for a spare AAI to be administered.

See Appendix 12 for Consent Form – Use of spare/emergency AAI.

N.B. If a pupil is having anaphylaxis but does not have the required medical authorisation and parent/carer consent for a "spare" AAI to be used, the school should immediately call 999 and seek advice. **If "spare" AAIs are available, mention this to the call handler/emergency medical dispatcher, as they can authorise its use if appropriate.**

11.5 Allergy Response Summary

Mild/moderate allergic reaction:

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

Action:

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

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

AIRWAY	BREATHING	CONSCIOUSNESS
Persistent cough, hoarse voice, difficulty swallowing, swollen tongue	Difficult or noisy breathing, wheeze or persistent cough	Persistent dizziness, pale or floppy, suddenly sleepy, collapse, unconscious

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

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

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

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

AFTER GIVING ADRENALINE:

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

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

12. Supporting children with Hay-fever

Parents/carers will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

13. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' IHPs will clearly set out what constitutes an emergency and will explain what to do. Instructions for calling an ambulance are displayed prominently by the telephone in the school office and also in the inside front cover of the Record of Medicine Administered to Individual Children folder.

See Appendix 13 for Contacting Emergency Services Procedures

If applicable the pupil's emergency medication will be administered by trained school staff.

If the pupil's medication isn't available, staff will administer the school's emergency medication with prior parental consent.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance. A copy of the IHP will be given to the ambulance crew attending.

14. Medicines on Educational Visits

Staff will administer prescription medicines to pupils with long-term conditions when required during educational visits.

Non-prescription medicines (apart from travel sickness medication, anti-histamine for a mild allergic reaction, and paracetamol for pain relief) cannot be administered by staff and pupils must not carry them for self- administration.

Approved non-prescription medicines may only be given to a pupil on a trip if:

- Specific prior written consent has been received from the pupil's parents
- Staff have checked, and received parental confirmation, that the medicine has previously been use by the pupil without any negative effect
- Medicine is in its original container and labelled with clear instructions on when and how it should be taken.

See Appendix 14 for Consent to administer non-prescribed medication on a residential visit.

During the trip, medicines will be stored away from pupils in a room occupied by staff, preferably in a locked container.

Where possible, one member of staff will be assigned responsibility for managing all medicines and being aware of which pupils they belong to. A second member of staff should also be prepared to take on this responsibility if the first member of staff becomes unavailable for any reason, and the pupil taking the medication should be made aware of which members of staff are assigned this responsibility.

If non-prescription medicines are given to a pupil on a trip, then the school will:

- Make a record for each child explaining what medicine has been administered and when
- Inform the pupil's parents

Pupils with long-term medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of IHP will be taken by the staff member responsible for medicines during the trip.

15. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

See Appendix 15 - Record of medicine administered to an individual child.

See Appendix 16 - Record of medicine administered to all children

15.1 Recording Errors and Incidents

If, for whatever reason, there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Senior Leadership Team who will immediately inform the pupil's parent(s)/carer(s).

Details of the incident will be recorded locally as part of the school's local arrangements.

Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused.

Senior Leadership will investigate the incident and change procedures to prevent reoccurrence if necessary.

N.B. Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

15.2 Confidentiality

As required by the General Data Protection Act 2018, school staff will treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP. It is expected that staff with contact to a

pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

16. Training

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

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

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

Training will:

- Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- Fulfil the requirements in the IHPs
- Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

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

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

See Appendix 17 for Staff Training Record Template

See Appendix 18 for Dos and Donts for staff administering medicines

17. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

The details of the school's insurance policy are:

Policy Number: 529071
Insurer: Protector Insurance, 7th Floor, 3 Hardman Street, Spinningfields, Manchester, M3 3HF
Cover: Employer's Liability; Public Liability

The school's insurance policies provide liability cover relating to the administration of medication, but

The school has an Insurance Policy that provides liability cover relating to the administration of mediation. Individual cover may need to be arranged for any healthcare procedures. Any parents of pupils dissatisfied with the support provided should discuss their concerns directly with the school. If this cannot be resolved parents may make a formal complaint

via the schools' complaints procedure. The Headteacher will have overall responsibility that this Policy is implemented and that risk assessments for school visits are undertaken.

Senior Leadership will ensure that sufficient staff are suitably trained, cover arrangements are in place, supply teachers are briefed and IHP's are monitored.

18. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Headteacher in the first instance. If the headteacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

19. Monitoring arrangements

This policy will be reviewed and approved by the governing board every three years.

Appendix 1: Individual Healthcare Plan (IHP) Template

Name of school/setting	Sudbourne Primary School
Child's name	
Group/class/form	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date	
Review date	

Family Contact Information

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

Clinic/Hospital Contact

Name	
Phone no.	

G.P.

Name	
Phone no.	

Who is responsible for providing support in school	

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

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

Daily care requirements

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

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Appendix 2: Letter of invite to IHP development meeting

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided.

Individual healthcare plans are developed in partnership between the school, parent(s)/carer(s), pupils, and the relevant healthcare professional who can advise on your child's case.

The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom.

Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend.

The meeting will involve [the following people].

Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Appendix 3: Parental consent to administer medication form

Sudbourne Primary School will not give your child medicine unless you complete and sign this form.

Date consent provided	
Name of school/setting	Sudbourne Primary School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

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

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

Parent/Carer Contact Details

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

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

Signature(s)_____ Date _____

Printed name: _____

Appendix 4: Paracetamol Administration Checklist

Child's name:
Date of birth:
Condition requiring pain-relief:
Name of medication:
Other medication being taken? **(NB: Paracetamol combined with other medication cannot be administered)**
Expiry date: **(NB: its is parent(s)/carer(s) responsibility to ensure paracetamol has not expired)**
Dosage & Method: • As prescribed on container. • Only 1 dose for a maximum of 1 week (5 days) can be administered by school. • Reviewed daily by school with parent(s)/carer(s)

Consent Check		
Written consent from parent(s)/carer(s) – check IHP	YES	NO
Verbal consent from parent(s)/carer(s) today	YES	NO
Note sent home informing parent(s)/carer(s)	YES	NO
Administration recorded in log	YES	NO
Child improved	YES	NO
Child back to class	YES	NO
Child sent home	YES	NO
Staff name (print)		
Staff signature		

Administration Log - to be reviewed DAILY					
	Day 1	Day 2	Day 3	Day 4	Day 5
Date administered					

Emergency procedures – if the pupil develops a rash or swelling this might be a sign of an allergic reaction or if it is suspected that the child has taken too much paracetamol in a 24 hour period call 999 and then contact the parents.

Appendix 5: School Asthma Card

School Asthma Card

To be filled in by the parent/carer

Child's name

Date of birth

Address

Parent/carer's name

Telephone – home

Telephone – mobile

Email

Doctor/nurse's name

Doctor/nurse's telephone

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

Reliever treatment when needed

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

Medicine	Parent/carer's signature

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

Parent/carer's signature Date

Expiry dates of medicines

Medicine	Expiry	Date checked	Parent/carer's signature

Parent/carer's signature Date

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

Does your child tell you when he/she needs medicine?

☐ Yes ☐ No

Does your child need help taking his/her asthma medicines?

☐ Yes ☐ No

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

☐ Pollen ☐ Stress

☐ Exercise ☐ Weather

☐ Cold/flu ☐ Air pollution

If other please list

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

☐ Yes ☐ No

If yes please describe

Medicine	How much and when taken

Dates card checked

Date	Name	Job title	Signature / Stamp

To be completed by the GP practice

What to do if a child is having an asthma attack

1. Help them sit upstraight and keep calm.
2. Help them take one puff of their reliever inhaler (usually blue) every 30-60 seconds, up to a maximum of 10 puffs.
3. **Call 999 for an ambulance if:**
   - their symptoms get worse while they're using their inhaler – this could be a cough, breathlessness, wheeze, tight chest or sometimes a child will say they have a 'tummy ache'
   - they don't feel better after 10 puffs
   - you're worried at any time.
4. You can repeat step 2 if the ambulance is taking longer than 15 minutes.

asthma UK

Any asthma questions?
Call our friendly helpline nurses
0300 222 5800
(Monday-Friday, 9am-5pm)
www.asthma.org.uk

Appendix 6: How to recognise an asthma attack

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

Appendix 7: Asthma Attack Procedure

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

• Keep calm and reassure the child

• Encourage the child to sit up and slightly forward

• Use the child's own inhaler – if not available, use the emergency inhaler

• Remain with the child while the inhaler and spacer are brought to them

• Immediately help the child to take two separate puffs of salbutamol via the spacer

• If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs

• Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better

• If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE

• If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

Appendix 8: Consent form – Use of emergency inhaler

Sudbourne Primary School

Child showing symptoms of asthma / having asthma attack

1. I can confirm that my child has been diagnosed with asthma / has been prescribed an inhaler

[delete as appropriate].

2. My child has a working, in-date inhaler, clearly labelled with their name, which they will bring with them to school every day.

3. 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.

Signed: ……

Date: ……

Name(print)……

Child's name: ……

Class: ……

Parent/Carer's address and contact details:

……
……
……

Telephone: ……

E-mail: ……..

Appendix 9: Letter to inform parent(s)/carer(s) of emergency inhaler use.

Child's name: ……

Class: ……

Date: ……

Dear……

This letter is to formally notify you that…….has had problems with his / her breathing today. This happened when……..

- A member of staff helped them to use their asthma inhaler.
- They did not have their own asthma inhaler with them, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.
- Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol.

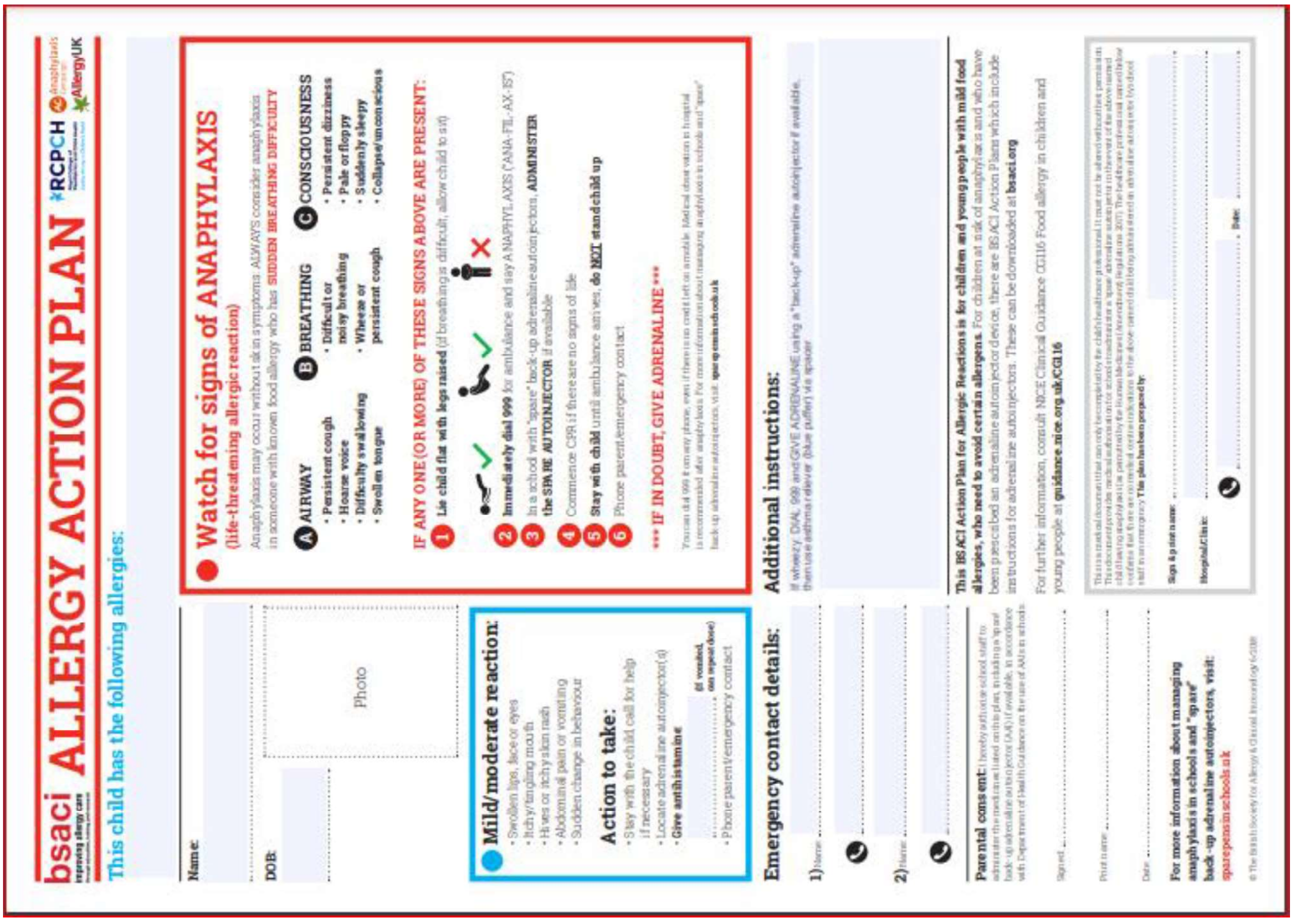
[Delete as appropriate]

They were given …… puffs.

Although they soon felt better, we would strongly advise that you have your seen by your own doctor as soon as possible.

Yours sincerely,

Appendix 10: Allergy Action Plan – non AAI



bsaci — improving allergy care

ALLERGY ACTION PLAN

RCPCH · Anaphylaxis Campaign · AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

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

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

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

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

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

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

1. **Lie child flat with legs raised** (if breathing is difficult, allow child to sit)
2. **Immediately dial 999** for ambulance and say ANAPHYLAXIS ("ANA-FIL-AX-IS")
3. In a school with "spare" back-up adrenaline autoinjectors, **ADMINISTER the SPARE AUTOINJECTOR** if available
4. Commence CPR if there are no signs of life
5. **Stay with child** until ambulance arrives, **do NOT stand child up**
6. Phone parent/emergency contact

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

Emergency contact details:

1) Name:

2) Name:

Parental consent:

Signed:

Print name:

Date:

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

Additional instructions:

If wheezy: DIAL 999 and GIVE ADRENALINE using a "back-up" adrenaline autoinjector if available, then use asthma reliever (blue puffer) via spacer

This BSACI Action Plan for Allergic Reactions is for children and young people with mild food allergies, who need to avoid certain allergens. For children at risk of anaphylaxis and who have been prescribed an adrenaline autoinjector device, there are BSACI Action Plans which include instructions for adrenaline autoinjectors. These can be downloaded at **bsaci.org**

For further information, consult NICE Clinical Guidance CG116 Food allergy in children and young people at **guidance.nice.org.uk/CG116**

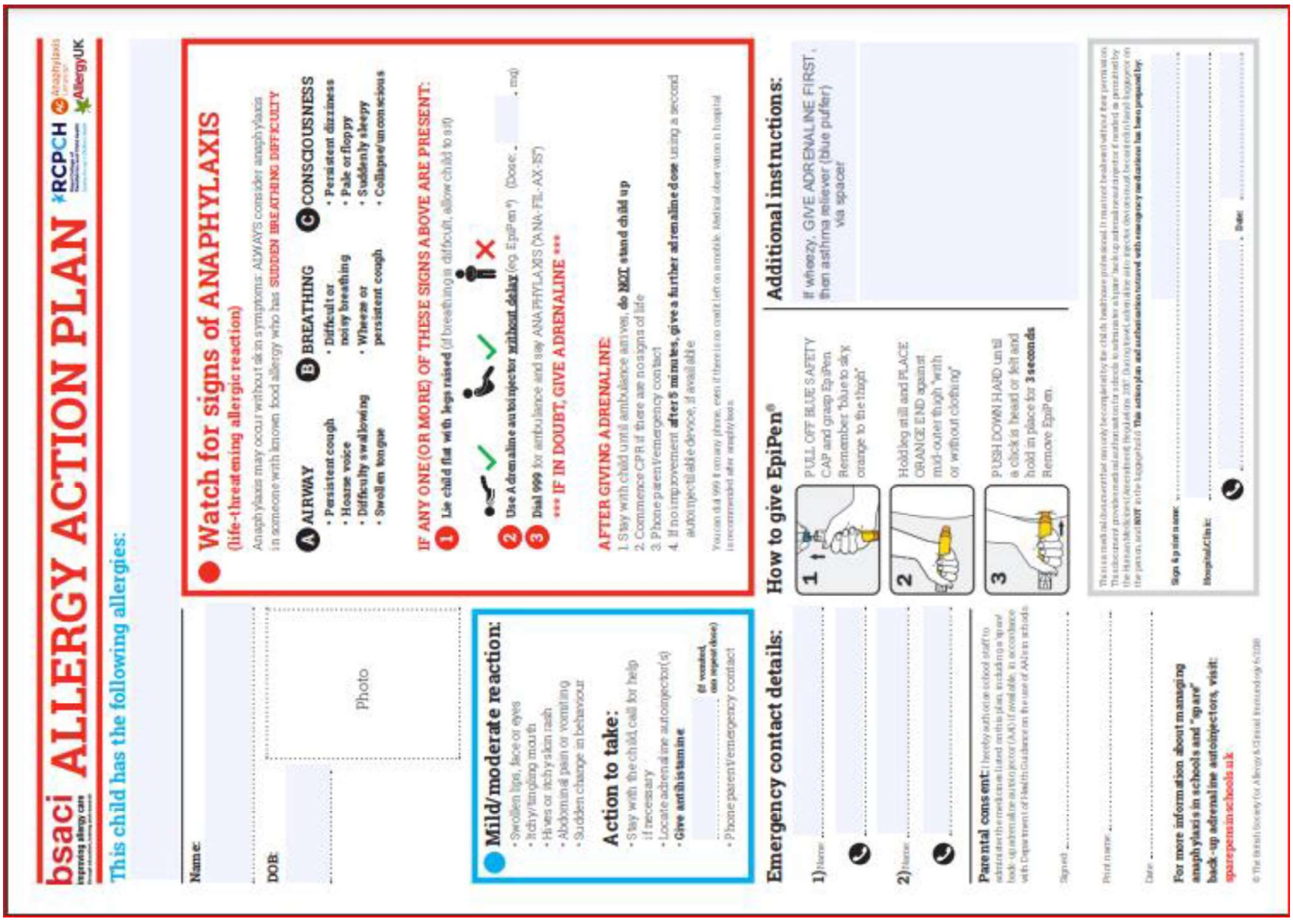
This plan has been prepared by:

Sign & print name:

Hospital/Clinic:

Date:

Appendix 11: Allergy Action Plan – AAI example


bsaci — improving allergy care

ALLERGY ACTION PLAN

RCPCH — Anaphylaxis Campaign — AllergyUK

This child has the following allergies:

Name:

DOB:

Photo

Mild/moderate reaction:

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

Action to take:

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

Watch for signs of ANAPHYLAXIS

(life-threatening allergic reaction)

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

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

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

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

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

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

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

AFTER GIVING ADRENALINE:

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

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

Emergency contact details:

1) Name: ____

☎ ____

2) Name: ____

☎ ____

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

Signed: ____

Print name: ____

Date: ____

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

How to give EpiPen®

1. PULL OFF BLUE SAFETY CAP and grasp EpiPen. Remember "blue to sky, orange to the thigh"
2. Hold leg still and PLACE ORANGE END against mid-outer thigh "with or without clothing"
3. PUSH DOWN HARD until a click is heard or felt and hold in place for **3 seconds**. Remove EpiPen.

Additional instructions:

If wheezy, GIVE ADRENALINE FIRST, then asthma reliever (blue puffer) via spacer

This action plan and authorisation to travel with emergency medications has been prepared by:

Sign & print name: ____

Hospital/Clinic: ____

☎ ____ Date: ____

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Appendix 12: Consent form – Use of spare/emergency AAI

Sudbourne Primary School

Child showing symptoms of anaphylaxis

1. I can confirm that my child has been diagnosed with serious allergies been prescribed an adrenaline auto-injector (AAI).

2. My child has x 2 working, in-date adrenaline auto-injectors, clearly labelled with their name, in school.

3. In the event of my child displaying symptoms of anaphylaxis, and if their AAIs are not available or are unusable, I consent for my child to be given a spare/emergency AAI held by the school for such emergencies.

Signed: ……

Date: ……

Name(print)……

Child's name: ……

Class: ……

Parent/Carer's address and contact details:

……
……
……

Telephone: ……

E-mail: ……..

Appendix 13: Contacting Emergency Services Protocol

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

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

1. your telephone number

0207 274 7631

2. your name

3. your location

Sudbourne Primary School, Hayter Road, London SW2 5AP

4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code

SW2 5AP

5. Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient

School Reception Entrance (Hayter Road)

6. Provide the exact location of the patient within the school setting

7. Provide the name of the child and a brief description of their symptoms

Appendix 14: Consent to administer non-prescribed medication on a Residential Visit

The school will not administer medication unless this form is completed and signed.

This information will be kept securely with your child's other records.

Whilst away, if your child feels unwell the school staff may wish to administer the appropriate non-prescription medication (for pain-relief, travel sickness etc).

Please do not hesitate to contact the school if there are any issues you wish to discuss.

Pupils Name:

D.O.B Year/Class

If your child develops the relevant symptoms during the residential visit, they will be given a standard dose suitable to their age and weight of the appropriate non-prescribed medication.

If symptoms persist medical advice will be sought and if necessary the emergency services called.

You will be informed when the school has administered medication on our return by notification form.

The school will hold a small stock of the following medicines:

- Paracetamol ☐
- Anti-histamine ☐
- Travel Sickness ☐

OR

- I do <u>not</u> consent for any of these medications to be given to my child ☐

Tick the non-prescription medications above that you give your consent for the school to administer during the residential visit and confirm that you have administered these medications in the past without adverse effect.

Signature(s) Parent/Carer: _____

Printed name: _____

Date: _____

Appendix 15: Record of medicine administered to an individual child

Name of school/setting	
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature _____

Signature of parent _____

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			

Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Appendix 16: Record of medicine administered to all children

Name of school/setting	Sudbourne Primary School

Date	Child's name	Time	Name of medicine	Dose given	Any reactions	Signature of staff	Print name

Appendix 17: Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 18: ‘Dos’ and ‘Don’ts’ for staff administering medicines

DO

- ✓ Remember that any member of school staff may be asked to provide support to pupils with medical conditions, but they are not obliged to do so
- ✓ Check the maximum dosage and when the previous dosage was taken before administering medicine
- ✓ Keep a record of all medicines administered. The record should state the type of medicine, the dosage, how and when it was administered, and the member of staff who administered it
- ✓ Inform parents if their child has received medicine or been unwell at school
- ✓ Store medicine safely
- ✓ Ensure that the child knows where his or her medicine is kept, and can access it immediately

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DON’T

- ✗ Give prescription medicines or undertake healthcare procedures without appropriate training
- ✗ Accept medicines unless they are in-date, labelled, in the original container and accompanied by instructions
- ✗ Give prescription or non-prescription medicine to a child under 16 without written parental consent, unless in exceptional circumstances
- ✗ Give medicine containing aspirin to a child under 16 unless it has been prescribed by a doctor
- ✗ Lock away emergency medicine or devices such as adrenaline pens or asthma inhalers
- ✗ Force a child to take their medicine. If the child refuses to take it, follow the procedure in the individual healthcare plan and inform their parents