ADMINISTERING MEDICINES AND SUPPORTING PUPILS WITH MEDICAL CONDITIONS

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Approved By:	Academy Council
Date:	July 2021
Date Approved:	March 2022
Review date:	July 2022
Renewal Interval	Annually
Audience	All Stakeholders

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1 STATEMENT OF INTENT

This Policy is based on the statutory Department for Education (DfE) guidance document *'Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England' (April 2014; Revised December 2015)*. Section 100 places a statutory duty on governing bodies to make arrangements to support pupils at school with medical conditions. It will be reviewed regularly and made readily accessible to parents, staff and, where appropriate, other adults working or volunteering in school.

This school also appreciates that some children with medical conditions may be disabled and their needs must be met under the Equality Act 2010. Some children may also have special educational needs or disabilities (SEND) and may have an Education, Health and Care (EHC) plan (previously known as a Statement of Special Educational Needs) which brings together health and social care needs, as well as their special educational provision. For children with special educational needs or disabilities (SEND), the DfE statutory guidance document '*Special Educational Needs and Disability: Code of Practice 0-25 Years*', January 2015.

2 ORGANISATION AND RESPONSIBILITIES

The Academy Council

The Academy Council is legally responsible and accountable for fulfilling the statutory duty to make arrangements to support pupils with medical conditions in school, including the development and implementation of this Policy.

The Academy Council are to ensure that:

- no child with a medical condition is denied admission or prevented from taking up a place at this school because arrangements to manage their medical condition have not been made while at the same time, in line with safeguarding duties, ensure that **no** pupil's health is put at unnecessary risk, for example, from infectious diseases;
- there is effective cooperative working with others including healthcare professionals, social care professionals (as appropriate), local authorities, parents and pupils as outlined in this Policy.
- sufficient staff have received suitable training and are competent before they take on duties to support children with medical conditions.
- staff who provide such support can access information and other teaching support materials as needed.
- funding arrangements support proper implementation of this Policy e.g., for staff training, resources etc

The Head Teacher

The Head teacher has a responsibility to ensure that this Policy is developed and implemented effectively with partners.

To achieve this, the Head teacher will have overall responsibility for the development of Individual Health Care Plans (IHCP) and will make certain that school arrangements include ensuring that:

- all staff are aware of this Policy and understand their role in its implementation.
- all staff and other adults who need to know are aware of a child's condition including supply staff, peripatetic teachers, coaches etc.
- where a child needs one, an IHCP is developed with the proper consultation of all people involved, implemented and appropriately monitored and reviewed.
- sufficient trained numbers of staff are available to implement the Policy and deliver against all IHCPs, including in contingency and emergency situations.
- staff are appropriately insured and are aware that they are insured to support pupils in this way.

- appropriate health professionals i.e., the school nursing service are made aware of any child who has a medical condition that may require support at school that has not already been brought to their attention;
- children at risk of reaching the threshold for missing education due to health needs are identified and effective collaborative working with partners such as the Local Authority (LA), alternative education providers e.g., hospital tuition, parents etc., aims to ensure a good education for them;
- risk assessments take account of the need to support pupils with medical conditions as appropriate e.g. educational visits, activities outside the normal timetable etc.

School Staff

Any member of staff may be asked to provide support to pupils with medical conditions, including the administration of medicines, although teaching staff cannot be required to do so. While administering medicines is not part of teachers' professional duties, they should still consider the needs of pupils with medical conditions that they teach.

Arrangements made in line with this Policy should ensure that we attain our commitment to staff receiving sufficient and suitable training and achieving the necessary level of competency before they take on duties to support children with medical conditions.

Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

The Assistant Headteacher for Inclusion (Miss Spencer) has specific responsibility for the development of IHCP's.

School Nurses and Other Healthcare Professionals

This school has access to a school nursing service which is responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they should do this before the child starts at school and our arrangements for liaison support this process.

While the school nurse will not have an extensive role in ensuring that this school is taking appropriate steps to support pupils with medical conditions, they are available to support staff on implementing a child's IHCP and provide advice and liaison, for example on training. The school nurse can also liaise with lead clinicians or a child's General Practitioner (GP) locally on appropriate support for the child and associated staff training needs.

Pupils

It is recognised that the pupil with the medical condition will often be best placed to provide information about how their condition affects them. This school will seek to involve them fully in discussions about their medical support needs at a level appropriate to their age and maturity and, where necessary, with a view to the development of their long-term capability to manage their own condition well. They should contribute as much as possible to the development of, and comply with, their IHCP.

Parents

Parents are key partners in the success of this Policy. They may, in some cases, be the first to notify school that their child has a medical condition and where one is required, will be invited to be involved in the drafting, development and review of their child's IHCP.

Parents should provide school with sufficient and up-to-date information about their child's medical needs. They should carry out any action they have agreed to as part of its implementation, e.g., provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

3 ARRANGEMENTS/PROCEDURES

Procedure for the Notification that a Pupil has a Medical Condition

While it is understood that school does not have to wait for a formal diagnosis before providing support to a pupil because in some cases their medical condition may be unclear or there may be a difference of opinion, judgements will still need to be made about the support to provide and they will require basis in the available evidence. This should involve some form of medical evidence and consultation with parents. Where evidence is conflicting, school will present some degree of challenge in the interests of the child concerned, to get the right support put in place.

Individual Healthcare Plans (IHCP)

An IHCP is a working document that will help ensure that this school can effectively support a pupil with a medical condition. It will provide clarity about what needs to be done, when and by whom and aims to capture the steps which school should take to help the child manage their condition and overcome any potential barriers to get the most from their education. It will focus on the child's best interests and help ensure that this school can assess and manage identified risks to their education, health and social well-being and minimise disruption.

An IHCP will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed and are likely to be helpful in the majority of other cases, especially where medical conditions are long-term and complex. However, not all children will require one. The school, relevant healthcare professionals and parents will need to agree, based on evidence, when an IHCP would be inappropriate or disproportionate. If consensus cannot be reached, the Head teacher will take the final view.

The level of detail within an IHCP will depend on the complexity of the child's condition and the degree of support they need, and this is important because different children with the same health condition may require very different support. Where a child has SEND but does not have an Education, Health, and Care Plan (EHCP), their special educational needs will be mentioned in their IHCP. Where a child has SEN identified in an EHC Plan, the IHCP will be linked to or become part of that EHC Plan.

In general, an IHCP will cover:

- the medical condition, its triggers, signs, symptoms and treatments.
- the pupil's resulting needs, including medicine (dose, side-effects and storage) and other treatments, time, facilities e.g. need for privacy, 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 etc. and being added to the register of asthma sufferers who can receive salbutamol where applicable;
- 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 etc.
- the level of support needed, (some children will be able to take responsibility for their own health needs and this is encouraged), including in emergencies. If a child is self-managing their medicine, this should be clearly stated with appropriate arrangements for monitoring.
- who will provide this support, their training needs, expectations of their role and confirmation of their proficiency to provide support for the child's medical condition from a relevant healthcare professional (where necessary); and cover arrangements for when they are unavailable.
- who in the school needs to be aware of the child's condition and the support required.
- arrangements for written permission from parents and the Head teacher for medicines to be administered by a member of staff, or self-administered by the pupil during school hours, including emergency salbutamol in the case of a child suffering an asthma attack without their own inhaler being in working condition

- any separate arrangements or procedures required for school trips or other activities outside of the normal school timetable that will ensure the child can participate, e.g., risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including who to contact, and contingency arrangements. If a child has an emergency health care plan prepared by their lead Clinician, it will be used to inform development of their IHCP.

IHCPs, (and their review), may be initiated, in consultation with the parent, by a member of school staff or a healthcare professional involved in providing care to the child. Partners should agree who will take the lead in writing the plan, but responsibility for ensuring it is finalised and implemented rests with this school.

An IHCP will be reviewed at least annually and earlier if there is any evidence that a child's needs have changed. This review should also trigger a re-check of any registers held e.g., asthma sufferers with permission to receive emergency salbutamol and may require a re-check of school insurance arrangements especially where a new medical procedure is required.

Pupils Managing their own Medical Conditions

After discussion with parents, children who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in their IHCP.

To facilitate this, wherever possible, children will be allowed to carry their own medicines and relevant devices or will be able to access them for self-medication quickly and easily. Children who can take their medicines or manage procedures themselves may require an appropriate level of supervision and this will be reflected in the IHCP too. If it is not appropriate for a child to self-manage, then relevant staff will help to administer medicines and manage procedures for them.

If a child refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but will follow the procedure agreed in the IHCP as well as inform parents. This is an occurrence that may trigger a review of the IHCP.

Training

The Head teacher has overall responsibility for ensuring that there are sufficient trained numbers of staff available in school and off-site accompanying educational visits or sporting activities to implement the Policy and deliver against all IHCPs, including in contingency and emergency situations. This includes ensuring that there is adequate cover for both planned and unplanned staff absences and there are adequate briefings in place for occasional, peripatetic or supply staff.

Any member of school staff providing support to a pupil with medical needs will receive sufficient training to ensure that they are competent and have confidence in their ability to fulfil the requirements set out in IHCPs. They will need an understanding of the specific medical condition(s) they are being asked to deal with; any implications and preventative measures and staff training needs will be identified during the development or review of IHCPs.

A relevant healthcare professional will normally lead on identifying and agreeing with the school the type and level of training required, and how training can be obtained usually through the development of IHCPs. Healthcare professionals can also provide confirmation of the proficiency of staff in a medical procedure, or in providing medicine and school will keep records of training and proficiency checks.

Staff must not give prescription medicines or undertake health care procedures without appropriate training, which the school undertakes to update to reflect any IHCPs. A first-aid certificate does not constitute appropriate training in supporting children with medical

conditions, but some training could be very simple and delivered by an appropriate person in school – for example basic training covering school procedures for administering a non-emergency prescribed oral medicine.

Managing Medicines

This school is committed to the proper management of medicines and there are clear procedures that must be followed.

- Medicines are only to be administered at school when it would be detrimental to a child's health or school attendance not to do so. The general principle at all time is NOT to administer medication where at all possible.

  Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

- No child under 16 is to be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort will be made to encourage the child concerned to involve their parents while respecting the child's right to confidentiality.

- A child under 16 is never to be given medicine containing aspirin unless prescribed by a doctor. Medicine, e.g., for pain relief, is never to be administered without first checking maximum dosages and when the previous dose was taken. Every effort will be made to contact parents prior to administration, where necessary, to check this and to inform them that pain relief has been given.

- Only prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and which include instructions for administration, dosage and storage are to be accepted. The exception to this is insulin which must still be in date but will generally be made available to school inside an insulin pen or a pump, rather than in its original container. This may also be the case for certain emergency administration medicines such as a reliever inhaler for the treatment of an asthma attack or adrenalin for the treatment of anaphylaxis. This is made clear within a child's IHCP as appropriate.

- With written parental consent non-prescription medicines can be administered to children e.g., anti-histamines, paracetamol etc.

  State clearly when you will do so i.e., in exceptional circumstances e.g., pain relief in an emergency where there will be a significant delay before medical attention can be sought or during a residential trip or where a child requires travel sickness medication. The head teacher should make decisions on a case-by-case basis and may need to liaise with the child's GP or practice nurse to ensure school will be acting appropriately.

- State clearly who you will accept medicines from. It is best practice for the parent to bring medicines into school and personally deliver them to a named member of staff, along with the Parental Consent to Administer Medicine form which contains a parental declaration to that effect. In exceptional circumstances, this may not be reasonable (such as in cases where pupils are transported significant distances to school) and any different course of action should be agreed and form part of the IHCP.

- All medicines are to be stored safely, in their original containers and in accordance with their storage instructions. Medicines can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. Access to a refrigerator holding medicines should be restricted. If large quantities of medicine are kept refrigerated, school will consider purchasing a lockable fridge.

  Children should always know where their medicines are kept and be able to access them immediately when they might need them. Where relevant, they should also know who holds the key to any locked storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are to always be readily available to children and not locked away. Off-site this will be especially considered as part of the risk assessment process for educational visits.

- When no longer required, medicines will be returned to the parent for them to arrange safe disposal. Sharps boxes will always be used for the disposal of needles and other sharps.

Record Keeping

The school will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects the pupil experiences are also to be noted.

Under no circumstances should a member of staff be giving out their own paracetamol for example or asking another member of staff to do so.

Where a pupil has a course of or on-going medicine(s) they will have an individual record sheet which a parent should sign when they deliver the medicine (Record of Medicine Administered to an Individual Child).

Where a pupil requires administration or self-administration of a controlled drug, they will have an individual record sheet which allows for the signature of a second witness to the administration. Details of receipts and returns of the controlled drug will be accurately recorded on the administration record (see Record of Medicine Administered to an Individual Child)

Where a pupil is given a medicine as a one-off e.g., pain relief, it will be recorded on a general record sheet along with such medicines administered to other children (record).

To ensure that only eligible and appropriately identified pupils are given the emergency salbutamol inhaler, the school will keep a register of such pupils in each emergency asthma kit.

Where a pupil is given the emergency salbutamol asthma inhaler as a one-off because their own inhaler is unavailable, it will be recorded on a general record card in the Asthma Emergency Kit (Record Card: All Children: Emergency Salbutamol Inhaler Administration). The parents of any pupil who requires administration of the emergency salbutamol inhaler will be informed in writing that this has happened, and staff should use (Notification to parents of Emergency Salbutamol Inhaler Use).

Emergency Procedures

The child's IHCP should be the primary reference point for action to take in an emergency. It will clearly state what constitutes an emergency for that child and include immediate and follow-up action.

To ensure the IHCP is effective, adequate briefing of all relevant staff regarding emergency signs, symptoms and procedures is required and will be included in the induction of new staff, re-visited regularly, and updated as an IHCP changes. Similarly, appropriate briefings for other pupils are required as far as what to do in general terms i.e. inform a teacher immediately if they think help is needed.

In general, immediately an emergency occurs, the emergency services will be summoned in accordance with normal school emergency procedures and (Summoning Emergency Services).

If a child needs to be taken to hospital, a member of school staff will remain with them until a parent arrives. This may mean that they will need to go to hospital in the ambulance.

Emergency Salbutamol Inhalers

Asthma is the most common chronic condition in the UK, affecting one in eleven children. Common signs and symptoms include tightness of the chest (the child may feel like his/her chest is being squeezed), shortness of breath, wheezing etc.

From 1 October 2014, the Human Medicines (Amendment) (No.2) Regulations 2014 allows (but does not require) schools to keep a salbutamol inhaler for use in an asthma emergency.

We feel that keeping an inhaler for emergency use will benefit children at this school and have decided to purchase and manage at least 2 so that one will be available for off and on-site use

at the same time. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

Parents are likely to have greater peace of mind about sending their child to school. Having procedures that set out how and when the inhaler should be used will also protect our staff by ensuring they know what to do in the event of a child having an asthma attack. **This decision does not in any way release a parent from their absolute duty to ensure that their child attends school with a fully functional inhaler containing sufficient medicine for their needs.**

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol tend to be mild and temporary and are not likely to cause serious harm. The child may feel a bit shaky or may tremble, or they may say that they feel their heart is beating faster.

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.

Therefore, the emergency salbutamol inhaler will 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 (see Parental Consent to Administer Medicine).

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medicine 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.

Supplies of Salbutamol

This school will buy inhalers and suitable spacer equipment (as advised by a person no less qualified than a pharmacist) from a pharmaceutical supplier in writing confirming the following:

- the name of the school,
- the purpose for which the product is required and
- the total quantity required.

The Emergency Asthma Kit

Each emergency asthma kit will contain the following:

- a salbutamol metered dose inhaler.
- at least two single-use plastic spacers compatible with the inhaler.
- instructions on using the inhaler and spacer/ plastic chamber.
- 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.
- a list of children permitted to use the emergency inhaler as detailed in their IHCP (asthma register).

- a record of administration (i.e. when the inhaler has been used) See `Record Card: All children: Emergency Salbutamol Inhaler Administration).

Storage and Care of Inhalers

It is the responsibility of the Assistant Headteacher to coordinate the pastoral team to maintain the emergency inhaler kit 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.
- 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.

Inhalers and spacers are kept in Pupil Services which is a safe and suitably central location in school, known to all staff, and to which all staff have access at all times, but in which the inhaler is out of the reach and sight of children. They will not be locked away. Inhalers and spacers will be kept separate from any child's own prescribed inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's own inhaler.

Storage will always be in line with manufacturer's guidelines, usually below 30°C and protected from direct sunlight and extremes of temperature.

An inhaler should be primed when first used e.g., spray two puffs. As it can become blocked again when not used over a period of time, regular priming by spraying two puffs will be carried out monthly as part of the working order checks.

To avoid possible risk of cross-infection, the plastic spacer should not be reused and can be given to the child who used it to take home for future personal use. The inhaler itself however can usually be reused, provided it is cleaned after use. The inhaler canister should be removed, and the plastic inhaler housing and cap should be washed in warm running water, and left to dry in air in a clean, safe place. The canister should be returned to the housing when it is dry, the cap replaced, and the inhaler returned to the designated storage place. If there is any risk of contamination with blood i.e., if the inhaler has been used without a spacer, it should not be re-used but disposed of.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled. To do this legally, a school should register because a spent/out-of-date inhaler counts as waste for disposal.

Staff Use and Training

The Department of Health publication '*Guidance on the use of emergency salbutamol inhalers in schools*', March 2015 says specifically regarding staffing and training (paraphrased for brevity):

Schools should ensure that a named individual is responsible for overseeing the protocol for use of the emergency inhaler, monitoring its implementation and for maintaining the asthma register.

There should also be a reasonable number of designated staff to provide sufficient cover e.g. in small schools all staff may be designated staff. 'Designated staff' are people who have responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, been trained to do this, and are identified in school's Policy as people to whom all staff may have recourse in an emergency.

Staff should have appropriate training and support, relevant to their level of responsibility. It would be reasonable for **all staff** to be:

- trained to recognise the symptoms of an asthma attack, and ideally, how to distinguish them from other conditions with similar symptoms.

- aware of the school policy.
- aware of how to check if a child is on the register.
- aware of how to access the inhaler.
- aware of who the designated members of staff are and how to access their help.

As part of a Policy, the school should have agreed arrangements in place for all staff to summon the assistance of designated staff to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer.

The school's Policy should include a procedure for allowing a quick check of the register as part of initiating the emergency response (and a list of children with parental permission should be in the emergency asthma kit). This does not necessarily need to be undertaken by a designated member of staff, but there may be value in a copy of the register being held by at least each designated member. If the register is relatively succinct, it could be held in every classroom.

Designated staff should be trained in:

- recognising asthma attacks (and distinguishing them from other conditions with similar symptoms)
- responding appropriately to a request for help from another member of staff.
- recognising when emergency action is necessary.
- administering salbutamol inhalers through a spacer;.
- making appropriate records of asthma attacks; and
- ensuring parents are informed using Template Note Informing Parents of Emergency Salbutamol Inhaler Use.

What to do if an Asthma Attack occurs:

The following guidelines are suitable for both children and adults and are the recommended steps to follow in an asthma attack:

1. Take one to two puffs of the reliever inhaler (usually blue), immediately.

2. Sit them down/leaning slightly forwards and encourage them to try to take slow, steady breaths. Encouraging them to talk can also help to regulate breathing.

3. Get help – call school reception – DO NOT send the pupil to the sick room. Always get a first-aider to come to the child. NEVER leave the pupil alone.

4. If not starting to feel better, take two puffs of the reliever inhaler (one puff at a time) every two minutes. Try to encourage the child to hold their breath for 5-10 secs in order for the medication to have its effect. They can take up to ten puffs.

5. If they do not feel better after taking the inhaler as above, or if you are worried at any time, call reception and ask that they call for an ambulance.

6. If an ambulance does not arrive within 10 minutes and they are still feeling unwell, repeat step 4.

Allergens

Kitchen Catering staff

Our kitchen catering staff adhere to all allergen requirements and are suitably trained and made aware of all potential allergens in the foods they provide. They have undertaken to:

- take the pupil IHCPs that we share into account when planning menus and allergen management.
- record the ingredients used in each dish to display in the food preparation area, or be readily available to all relevant staff, and keep a copy of the ingredient information on labels of pre-packed foods e.g. sauces, desserts etc.;

- keep ingredients in their original containers, or a copy of the labelling information in a central place, with each product suitably enclosed to prevent cross-contamination in storage.
- ensure allergen information is kept up to date e.g., if foods purchased are changed or products substituted.

Their recipes are analysed, and details of allergen contents is available from our kitchen catering staff with each menu cycle. This information is posted to the school website.

Information is passed to kitchen catering staff to make sure all dietary requirements and food intolerances are met and catered for. Children with food allergies have an IHCP which is shared as necessary to inform menus and practices.

Part of the educational visits planning process written into our risk assessment is to ensure dietary needs are addressed in advance and needs shared appropriately with third party providers like residential centres.

All food handlers receive suitable training on their first day of employment and before food handling duties commence in relation to managing food allergens to include:

- cross referencing IHCPs with ingredients regularly, especially when changing products or recipes.
- handling requests for allergen information.
- how cross contamination can occur and how to prevent it.
- the signs and symptoms of an allergic reaction and what to do, and who to report to should this occur.

Other Food Handlers

Other potential food handlers (food technology, classroom baking and other staff serving snacks and treats etc.), will be made aware of information about the major food allergens and understand that they must take this into account when planning any food-related activity for children with known allergies.

Staff or volunteers working with food in play, or the curriculum will receive sufficient instruction on and follow the good practice in managing exposure to allergens.

Emergency Situations

All staff receive basic awareness training in the common medical and health needs that we manage at school. This includes anaphylaxis, the causes, signs, symptoms, and treatment.

There are three brands of adrenaline auto-injector (AAI) devices licensed for distribution in the UK. Specific training in administering the Jext, the Emerade, and/or the Epi-Pen has been provided for relevant staff and will always be requested of our first aid providers on first aid courses that our staff attend. We are also able to view appropriate training videos provided by the manufacturer via their websites at any time and trained staff are encouraged to view them regularly.

Procedures are in place to ensure that every child requiring AAIs, and who is deemed competent to by us, carries them on their person at all times with other arrangements in place where impractical e.g. carried by staff in a travel first aid kit on shore whilst canoeing. Arrangements are also in place to ensure that a spare AAI is available in suitable locations depending on the likelihood and severity of an incident of anaphylaxis.

Staff will refer to 'Guidance on the use of Adrenaline Auto-Injectors in Schools'

Emergency Adrenaline

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

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 allows (but does not require) all schools to buy adrenaline auto-injector (AAI) devices without a prescription, for emergency use in children who are at risk of anaphylaxis but their own device is not available or not working e.g. because it is broken, or out-of-date.

We feel that keeping an AAI for emergency use will benefit children at this school and have decided to purchase and manage devices on a risk assessment basis i.e., one or more depending on likelihood of device failure and need.

Our procedures will ensure that the spare AAI will only be used on pupils known to be at risk of anaphylaxis, and for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

Steps to Reduce Anaphylaxis Risks

We seek the cooperation of the whole school community in implementing the following to reduce the risk of exposure to allergens.

- Bottles, other drinks and lunch boxes provided by parents for children with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen, parents should check the appropriateness of foods by speaking directly to the catering manager. The child should also be taught to check allergen information with catering staff, before purchasing.
- Where we provide the food, our staff will be educated on how to read labels for food allergens and instructed about measures to prevent cross-contamination during the handling, preparation and serving of food. Examples include preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils.
- Trading and sharing of food, food utensils or food containers will be actively discouraged and monitored.
- Training will include that unlabelled food poses a potentially greater risk of allergen exposure than packaged food with precautionary allergen labelling suggesting a risk of contamination with allergen.
- Careful planning for the use of food in crafts, cooking classes, science experiments and special events (e.g., fetes, assemblies, cultural events) with adequate substitutions, restrictions or protective measures put in place (e.g. wheat-free flour for cooking, non-food containers for egg cartons)
- Careful planning for out-of-school activities such as sporting events, excursions (e.g., restaurants and food processing plants), outings or camps, thinking early about the catering requirements and emergency planning (including access to emergency medication and medical care).

Supplies of Auto-Injectors

We will use the template letter available from www.sparepensinschools.uk, signed by the headteacher, to purchase a reasonable number of AAIs of the brand our pupils most commonly use, in the doses necessary (based on the 'Guidance on the use of Adrenaline Auto-Injectors in Schools', September 2017), on an occasional basis (due to their expiry dates averaging 12-18 months) and, in accordance with our assessment of the risks.

The Register and Emergency Adrenaline Kit

The spare AAI in the Emergency Adrenaline Kit may only be used in a pupil where both medical authorisation and written parental consent have been provided.

This includes children at risk of anaphylaxis who have been provided with a medical plan confirming this, but who have not been prescribed AAI. In such cases, specific consent for use of the spare AAI from both a healthcare professional and parent or legal guardian must be obtained. Such a plan is available from the British Society for Allergy and Clinical Immunology (BSACI www.sparepensinschools.uk/plans or www.bsaci.org/about/pag-allergy-action-plans-for-children).

The spare AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay. This information will be recorded in the pupil's IHCP and where they have no healthcare needs other than the risk of anaphylaxis, we will consider only using the BSACI Allergy Action Plan suitable for their prescribed device.

We will compile a register of all children who have a diagnosed allergy and have been prescribed an AAI (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis) which includes:

- Known allergens and risk factors for this individual's anaphylactic reaction;
- Whether the individual has been prescribed AAI(s), and if so, what type and dose;
- What type and dose of AAI the individual can receive if they have **not** been prescribed one of their own, but they **do** have a written medical plan confirming that an allergen exposure incident could require AAIs to be administered which includes specific consent for use of the spare AAI from both a healthcare professional and parent or legal guardian;
- Whether written parental consent has been given (usually agreed as part of the IHCP) for use of the spare AAI which may be different to the personal AAI prescribed;
- A photograph of each pupil to allow a simple visual check to be made;

The spare AAIs will be stored as part of an emergency anaphylaxis kit which will include:

- One or more AAI(s);
- Instructions on how to use and store the device(s);
- Manufacturer's information;
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded (including the locations of other devices if more are needed);
- A note of the arrangements for replacing the injectors;

A list of pupils to whom the AAI can be administered;

- An administration record (Record card: Emergency Adrenaline Administration)

This kit will be stored with the emergency asthma kit and in other places as necessary because many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

Storage and Care of Auto-Injectors

It is the responsibility of The Pastoral Team to maintain the emergency adrenalin kit ensuring that, on a monthly basis, the AAIs (and sharps box if necessary) are present and appear to be in working order and that replacement AAIs are obtained when expiry dates approach.

AAIs are kept in the school office, which is a safe and suitably central location, known to all staff, accessible at all times, but which is out of the reach and sight of children. They will not be locked away and will be kept separate from any child's own prescribed AAI (if stored nearby) and be clearly labelled to avoid any confusion with a child's own AAI.

Storage will always be in line with manufacturer's guidelines, usually at room temperature in a cool dark place preferably at 18-26°C, and we take into account what the prolonged ambient temperature might be in storage locations during holiday periods without any heating on.

Disposal

Manufacturers' guidelines usually recommend that out of date medicines are returned to the pharmacy to be recycled. To do this legally, a school should register because an out-of-date AAI counts as waste for disposal. Registration only takes a few minutes online at www.gov.uk/waste-carrier-or-broker-registration, it is free, and does not usually need to be renewed in future years.

Staff Use and Training

Staff will be trained on managing anaphylaxis. When staff recognise the signs of anaphylaxis:

- the child should be made as comfortable as possible and their own AAI located, and the spare sent for at the same time;
- the spare AAI will be administered only if the child's own devices are not functioning, in-date, sufficient, or available;
- the child will be checked against the register for confirmed identity, consents, and dose before administration;
- although all staff have received allergen awareness training which included training videos on AAI administration and there are very clear administration instructions in each kit, where possible, the AAI will be administered by a first aider whose first aid course included AAI practice;
- administration will be recorded in the kit record and on the individual child's personal administration record (where one is being kept);
- in line with the Department of Health guidance, arrangements will be made as soon as possible to transfer to hospital any pupil that we have administered adrenaline to for further monitoring of their condition;
- parents will be informed about AAI administration through normal emergency contact arrangements as soon as possible, and usually by telephone.

Hypoglycaemia - relevant to pupils with Diabetes

Hypoglycaemia occurs suddenly when the blood glucose levels fall below 4mmol.

Common signs and symptoms are: pale, cold, sweaty skin, bizarre, uncharacteristic, uncooperative behaviour, confusion/memory loss, feeling weak/dizzy/ hungry/shaky/trembling, shallow rapid breathing.

This can occur because of the following: too much insulin, not enough food to fuel an activity, cold weather/hot weather, missed /delayed meals or snacks, vomiting.

What to do if hypoglycaemia occurs:
Get help – call school reception – DO NOT send the pupil to the sick room. Always get a first-aider to come to the child.

Pupil may be able to self-administer. If not, immediately give the pupil something sugary e.g. Glucose tablets x 3, Lucozade, fresh fruit juice, or sugary pop (about 100 ml). If it is not close to lunchtime, follow this with some starchy food to prevent the blood glucose from dropping again e.g. sandwich or cereal bar, or fruit, or two biscuits, e.g. garibaldi, ginger nuts

If still hypo after **10** minutes **call for an ambulance.**

Hypo stop can be massaged into the pupil's cheek if they are too drowsy to take anything themselves (check if this is kept in school for the relevant pupil).

If the pupil is unconscious, **place in the recovery position** do not give anything to eat or drink and ask school reception to CALL 999 for an ambulance. **Office staff will** contact parents/carers on contact numbers immediately.

Burns

Burns occur when the skin is exposed to temperatures greater than 140 degrees F (60 C). Exposure to various substances and elements can cause burns. The following lists the many causes of burns.

- Fire
- Hot liquid or steam
- Hot objects like metal or glass
- Electricity

- Radiation from cancer treatments or diagnostic equipment like X-ray machines
- Ultraviolet light from tanning beds or the sun
- Chemicals like acids, alkalis, gasoline, paint thinner, and others
- Friction such as a rug burn

What to do to treat a burn:

Minor Burns

- Immediately run the affected area under cool (not cold) water for 10 mins or submerge the burn in cool water if running water is not available. **NEVER** apply ice or ice packs as this can further damage the skin.
- Send the pupil to the medical room for further first aid treatment or call for a first aider.

Major Burns

- Call for help. Ring the office for an **ambulance** and a first aider.
- Do not remove items of charred/melted clothing. **Jewellery** and clothing not stuck to the burn can be removed if it is getting in the way of treating the burn.
- **If available, apply 'Burnshield' dressing on the affected area if not available then** apply clean cool wet compresses to the area for a short period of time to lower the temperature (for example, a wet towel).
  DO NOT apply ice or submerge the body for long periods of time.
- Elevate the **legs above the level of the heart by resting them on a chair or similar to help alleviate/prevent shock.**

Choking

If someone is choking, lean them slightly forwards with your arm across their chest supporting their weight and give 5 back blows between the shoulder blades with the heel of your hand. If this does not work, get help and call for a first aider immediately.

If you know how to do abdominal thrusts, start the cycle of 5 abdominal thrusts then 5 back blows until **the obstruction is removed** or help arrives.

Do not wait for a first aider for an ambulance to be called. If someone is choking and you cannot dislodge the blockage, call reception and request an ambulance immediately.

If the casualty becomes unconscious then be prepared to do CPR

Bleeding

NB. When dealing with any fluid spillage from the body – blood, vomit, urine etc.,the first-aider MUST ALWAYS wear protective gloves.

The aims of the treatment for external bleeding are to firstly stop the bleeding, to prevent the casualty going into shock and then to prevent infection.

- Sit or lay the casualty down (depending on the position of the wound)
- Examine the wound – try to see how deep it is and look for foreign objects
- Elevate the wound – ensure wound is above the level of the heart to slow down the bleeding
- Apply pressure over the wound to stem the bleeding using for example, a sterile wound dressing.
- Seek medical advice

Shock

Severe bleeding/severe burns can result in the life threatening condition of shock, so if this type of injury occurs, be on the lookout for the following signs/symptoms:-

- Pale clammy skin
- Dizziness or passing out
- Both pupils dilated
- Rapid shallow breathing

Action

- Lay casualty down and elevate their legs
- Keep the casualty warm – give nothing to eat or drink

- **Day Trips, Residential Visits and Sporting Activities**

Through development of the IHCP staff will be made aware of how a child's medical condition might impact on their participation in educational visits or sporting activities. Every effort will be made to ensure there is enough flexibility in arrangements so that all children can participate according to their abilities and with any reasonable adjustments. This may include reasonable adjustment of the activities offered to all children i.e. changing a less accessible venue for one that is more so but can still achieve the same educational aims and objectives. A pupil will only be excluded from an activity if the Head teacher considers, based on the evidence, that no reasonable adjustment can make it safe for them or evidence from a clinician such as a GP states that an activity is not possible for that child.

A risk assessment for an educational visit may need to especially consider planning arrangements and controls required to support a pupil with a medical condition. The IHCP will be used alongside usual school risk assessments to ensure arrangements are adequate. This may also require consultation with parents and pupils and advice from a relevant healthcare professional.

Home to School Transport

While it is the responsibility of the LA to ensure pupil safety on statutory home to school transport the LA may find it helpful to be aware of the contents of a pupil's IHCP that school has prepared.

The LA *must* know if a pupil travels on home to school transport and has a life-threatening condition and carries emergency medicine so that they can develop an appropriate transport healthcare plan. School undertakes to appropriately share IHCP information with the LA for this purpose and will make this clear to parents in the development meeting.

Where transport is organised by the school on a private arrangement with parents, the responsibility for ensuring that the transport operator is aware of a pupil with a life-threatening medical condition rests with the school in consultation with the parents. In some cases, it may be appropriate to share elements of the pupil's IHCP with the transport operator.

Defibrillators

Sudden cardiac arrest is when the heart stops beating and it can happen to people at any age and without warning. When it does happen, quick action (in the form of early Cardio-Pulmonary Resuscitation - CPR - and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's normal heart rhythm when they are in cardiac arrest. Modern defibrillators are easy to use, inexpensive and safe and Woodhey school has two as part of our first aid equipment.

School staff are appropriately trained in its use and the local NHS and ambulance service have been notified of its location.

Procedure for calling an ambulance

Call a first-aider by contacting reception: use internal telephone or radio or send a pupil or member of staff.

First-aider decides if emergency services should be called. If so, call reception.

Reception will:-

- Ring for ambulance;
- Send message back to first-aider that ambulance is on its way;
- Radio premises to escort ambulance;
- Inform parents;
- Inform School Business Manager

A member of staff accompanies the pupil to hospital and waits until parents arrive. Taxi or lift back to School.

At all stages there must be no delay.

NB: If the situation is very serious (such as choking or an unconscious casualty) and you know an ambulance is required, do not wait for the first aider - tell the Reception staff. Be prepared to answer questions about the condition of the pupil.

Unacceptable Practice

While it is essential that all staff act in accordance with their training, in any given situation they should be confident in using their discretion and judging each case on its merits with reference to a child's IHCP. It is not however, generally acceptable practice at this school to:

- prevent children from easily accessing their inhalers and medicine and administering their medicines when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although staff will be supported to appropriately challenge this where they have genuine concerns);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children 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 medicine or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child.

Insurance

Staff will be appropriately insured to carry out tasks associated with supporting pupils with medical conditions and the Insurance Policy wording is made available to such staff on request

The Insurance Policy provides liability cover relating to the administration of medicines and any required healthcare procedures as identified through the IHCP process.

Every IHCP review must consider whether current insurance arrangements remain compatible with any identified changes required. A significant change, for example an entirely new medical procedure required, will be checked as compatible with current insurance arrangements direct with the school's insurers. If current insurance is inadequate for the new procedure additional insurance will be arranged.

Complaints

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the Headteacher. If for whatever reason this does not resolve the issue, they may make a formal complaint through the normal school complaints procedure