Specific Medical Needs

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We are a rights respecting school. All our policies and procedures are written and reviewed to ensure that children's rights, as detailed in the United Nations Convention on the Rights of the Child, are respected and promoted and this policy ensures:

Article 24 (health and health services) Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.

For more information on the convention and the rights of each child visit: http://www.unicef.org.uk/

Contents

Medical Needs Policy

This policy sets out the processes and procedures for managing individual medical needs, that do not fall under a first aid scenario. This policy covers medicines, specific medical needs, and intimate care.

Prescription Medications

Managing prescription medicines which need to be taken during the school day

Medicines may only be brought to school when they are essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. We will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Medicines must always be provided in the **original container** as dispensed by a pharmacist and include the **prescriber's instructions** for administration. School will never accept medicines that have been taken out of the container as originally dispensed or make changes to dosages on parental instructions.

Parents must fill in the medicine form from the school office. This will include details of dose and time of administration. The parent will sign the form. This will be kept with the medicine in the medicines fridge in the staffroom if needed and returned each day with the medicine, if it is returned home. The member of staff administering the medicine will counter sign the form. A copy of the form will be kept on the child's file when they have finished the medicine.

Managing prescription medicines on trips and outings

When on a trip if the medicine needs to be kept cool the parent must send the medicine into school in an appropriate cool bag. The first aider on the trip will carry the medicine and administer it following the above procedures.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate. Two members of staff (one must be a member of SLT) will administer a controlled drug to a child for whom it has been prescribed. Staff administering medicine will do so in accordance with the prescriber's instructions.

Parents must take any prescribed controlled drugs to the school office who will sign for them. They will then be kept in the school safe where only SLT and office staff will have access. A record will be kept for audit and safety purposes.

A controlled drug, as with all medicines, will be returned to the parent when no longer required who will arrange for safe disposal and will sign out the empty packet of medicine.

Non-Prescription Medicines

Staff will never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Non-prescribed medicine, such as Calpol will be administered to a child if it allows them to be in school when they would otherwise need to be absent but only if this is supplied by the parent, following the same procedures as for prescription medication. School will not hold a supply of Calpol.

If a child suffers regularly from frequent or acute pain the parents will be encouraged to refer the matter to the child's GP. A child under 16 will never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short -Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However,

such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. In this instance, the same procedure for administration will be followed as with all other medicines.

Long-Term Medical Needs

Please refer to later in this document for policy relating to Long-Term and Specific Medical Needs.

Process for Administering Medicines

1. No child will be given medicines without their parent's written consent.
2. Any member of staff giving medicines to a child should check:
    a. the child's name
    b. prescribed dose
    c. expiry date
    d. written instructions provided by the prescriber on the label or container
3. Staff will complete and sign a medicine form each time they give medicine to a child
4. Medicine and form to be returned at the end of each day, or as necessary for each case.

If in doubt about any procedure, staff will not administer the medicines but check with a senior leader who will then check with the parents or a health professional before taking further action. Good records help demonstrate that staff have exercised a duty of care.

Self-Management

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines. If children can take their medicines themselves, staff may only need to supervise. This will be discussed and arranged with parents beforehand who will sign a consent form.

Medicines will never be carried by children; they will be kept securely as stated previously. The exception to this rule is older children who can be responsible for their own inhaler and epi-pen. These will be kept in their classrooms, and available to them at all times. Children are told to inform their class teacher should they use their inhaler, in line with the medical needs policy.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and then inform parents by telephone. Parents will be requested to come into school to administer the medication.

Educational Visits

Children with medical needs will be encouraged to participate in safely managed visits. School will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This will include risk assessments for such children. The taking of medicines alone should not prevent a child participating in any of the school's activities, either on or off site.

Arrangements for taking any necessary medicines will be taken into consideration. Staff supervising visits will be aware of any medical needs, and relevant emergency procedures by the class teacher. A copy of any Individual Health Care Plans will be taken on visits in the event of the information being needed in an emergency.

Sporting Activities

Most children with medical conditions will be encouraged to participate in physical activities and extra-curricular sport. There will be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child's ability to participate in PE will be recorded in their Individual Health Care Plan. All adults should be aware of issues of privacy and dignity for children with particular needs. Some children may need to take precautionary measures before or during exercise and will be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children.

Roles and Responsibilities

The Directors of The Three Saints Academy Trust hold general responsibility for all of school's policies. If the administration of prescription medicines requires technical or medical knowledge then individual training should be provided to staff from a qualified health professional. Training is specific to the individual child concerned.

The Headteacher is responsible for putting the employer's policy into practice and for developing detailed procedures. Day to day decisions will fall to the Headteacher or to whosoever they delegate this to. The employer must ensure that staff receive proper support and training where necessary. Equally, there is a contractual duty on Headteachers to ensure that their staff receive adequate and necessary training. The Headteacher will agree when and how such training takes place. The Headteacher will make sure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The Headteacher will also make sure that the appropriate systems for information sharing are followed. For a child with medical needs, the Headteacher or SENDCO will agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the Headteacher will seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer.

Teachers and other staff with children with medical needs in their class or group will be informed about the nature of the condition, and when and where the children may need extra attention. A notification will be kept both in the classroom and in the staff room for all children requiring specific medical support. All staff are made aware of the likelihood of an emergency arising and what action to take if one occurs. At different times of the day other staff may be responsible for children, such as lunchtime supervisors who will also be provided with training and advice.

School Staff Giving Medicines

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. School has identified members of staff who will carry out this role and this includes trained First Aiders.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. They will be made aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case.

Emergency Procedures

As part of general risk management processes, school has arrangements in place for dealing with emergency situations. All staff have been briefed on this procedure. Children know to tell a member of staff in the event of an emergency. All staff know how to call the emergency services. All staff know who is responsible for carrying out emergency procedures in the event of need, a list of first aiders is displayed around the school, their normal working location and the location of First Aid Kits

(in H&S Folders). Nearest first aiders are identified on the list of the staff who are First Aiders. A member of staff will always accompany a child taken to hospital by ambulance in the absence of a parent and will stay until the parent arrives. Staff will never take children to hospital in their own car. Individual Health Care plans include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency.

School has a defibrillator, located opposite the school office, and all staff have received training in its use.

Intimate Care

Toileting/Changing

If staff are required to change a child they should inform another member of staff that they are doing this and it should be done in view of another member of staff. Where possible and always with older children, the child should be given the equipment needed and asked to do this themselves. Parents may have to be called into school if a child is badly soiled, but school would endeavour to reduce these incidents to a minimum. Children who soil on a regular basis should be encouraged to bring in spare clothes and keep them on their coat peg. In the case of unexpected accidents school will hold clean, dry replacement clothes for children in different year groups.

Sun Cream

Sun cream must not be applied by staff in school. During hot weather, parents will be requested to put cream on their children before they come to school. Children should bring sun cream and hats into school to wear during hot weather. All pupils will be encouraged/supported to apply their own sun cream. There is an exception for older pupils who have additional needs and would not be able to safely reapply sun cream as needed throughout the day. In this instance, parents/ carers should apply sun cream before their child comes to school and then provide sun cream for the adults to apply throughout the day. Warnings will be given to parents to ensure that any creams/lotions applied do not contain any peanut oil.

Individual Health Care Plans (IHCP)

Some children will have an IHCP due to toileting issues. This will be reviewed alongside SEND support plans or annually and involve other agencies (health) where necessary. Pupils needing creams applying due to eczema will have this detailed on an IHCP, in addition their parents will have completed the appropriate medicine form.

Education of Pupils with Long-Term or Specific Medical Needs (SMN)

At St Ann's Church of England Primary School, we believe all pupils have the right to receive an education commensurate with their individual needs. We aim to offer pupils a curriculum that presents them with interesting and challenging programmes of work and we endeavour to encourage all our pupils to develop co-operation, self-discipline and perseverance.

School will ensure they have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2015 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered.

School must be informed about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. School will put in place an Individual Health Care Plan (IHCP). School and medical professionals will agree an Individual Health Care Plan (IHCP) and indicate this to all staff through the Specific Medical Needs process, involving the parents and relevant health professionals.

Outcomes

The Headteacher is identified co-ordinator with overall responsibility for Pupils with SMN. The Lead Senior First Aider is made aware of all pupils with SMN. Where appropriate, the SENCO will place pupils with SMN on the SEND register in order to help them overcome any barriers to learning. Monitoring of progress and attainment for these pupils will be undertaken through careful data analysis. There will be clear guidelines on how to deal in a sensitive way with pupils with SMN.

Whole School Approach

All staff will be required to deal with these pupils in a positive and sensitive manner. All staff will have an understanding and empathy for the particular issues affecting pupils with SMN. All staff will be aware of the pupils in the school with SMN. Class teachers must inform visitors of any specific medical needs. The Headteacher will have overall responsibility for monitoring of pupils with SMN. Staff Development will be planned according to School Improvement Plan priorities.

Handling of Medical Information

All medical information will be handled in line with GDPR guidance. Up to date Individual Health Care Plans (IHCP) displaying the pupil's name and photograph, year group, date of birth, medical needs and treatment requirements will be placed in IHCP File in the medical cupboard in the staffroom. Copies of IHCPs are stored in individual medical bags in each class green medical box. Each class teacher will maintain a record of individual children's medical needs, which should be shared with Learning Assistants, external providers and Supply staff. This information is updated, at least termly and given to the new class teacher at the transition staff meeting in the summer term.

Midday Supervisors/Learning Assistants not linked to classes

Any adults working with pupils with SMN will be kept updated by the Senior First Aiders.

Specific Medical Conditions and Equipment

Inhalers

Pupils requiring inhalers will keep them in their individual blue bag which is stored in the green medical box in the classroom with their 'spacers' if required. The pupils will have free access to these whenever they need them. For younger children, support will be given to administer the inhaler if needed or required and parents will be informed. If a pupil is deemed able to administer their inhaler them self, parents do not need to be informed. On trips, these inhalers will be taken and kept with the group leader responsible for the pupil's group.

Monitoring asthma medication in school

Asthma inhalers will be checked once per half term to ensure that they are in date and contain sufficient medication for the next half term by a First Aider. If replacement is required, the parents will be informed immediately. Records of these checks are kept.

Epi-Pens

Pupils requiring the use of an epi-pen will keep it in their individual green bag in the class green medical box. Free access must be ensured at all times.

Diabetes

Adults involved with supporting any pupils with diabetes will receive regular training and always act in accordance with the Individual Health Care Plan put in place for the individual. Pupils' food and equipment to support them with their diabetes is stored in their individual red bag in the class green medical box.

School will:

- Consult healthcare professionals, pupils and parents to ensure that the needs of the pupils with SMN are effectively supported
- Ensure that an appropriately trained member of staff will always be available to support a child with SMN
- Ensure that specific staff will be trained by healthcare professionals to provide specific medication to a child with SMN. When such medication is given, appropriate records will be kept using the procedures in place in school
- Endeavour to support the pupil with SMN in school and only send for parental support if absolutely necessary

Training

Training for First Aiders will be coordinated by the Lead First Aider, ensuring enough people are trained across the school and to cover trips and residentials. Additional training will be organised as and when needed for the adults working with pupils with specific medical needs that require additional support. All staff will have bi-annual training in the identification of allergic reactions, diabetes and asthma problems and the administration of appropriate medication, including epi-pen and inhaler training.

APPENDIX 1: Use of Emergency Salbutamol Inhaler

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allowed primary and secondary schools in the UK to buy salbutamol inhalers, without a prescription, for use in emergencies. Although schools are not required to hold an inhaler – this is a discretionary power enabling schools to do this if they wish, St Ann's have made the decision to keep an emergency inhaler on site as we believe that this brings with it many benefits. It could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life. Also, parents are likely to have greater peace of mind about sending their child to school.

The emergency salbutamol inhaler will only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler will also be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty).

Arrangements for the supply, storage, care and disposal of the inhaler

Supply

Schools will buy inhalers and spacers (these are enclosed plastic vessels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed. The supplier will need a request signed by the Headteacher on letter-headed paper. The letter will state:

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

Schools will discuss with their community pharmacist the different plastic spacers available and what is most appropriate for the age-group in the school. The community pharmacists will provide advice on use of the inhaler.

The emergency kit

An 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 half termly 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 Health Care Plans;
- a record of administration (i.e. when the inhaler has been used).

Schools will consider keeping more than one emergency asthma kit, to ensure that all children within the school environment are close to a kit. *The experience of some respondents to the consultation on this guidance suggested a stock of 5 spacers would be adequate for a typical school.*

Salbutamol

Salbutamol is a relatively safe medicine, particularly if inhaled, but all medicines can have some adverse effects. Those of inhaled salbutamol are well known, 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. 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. To prevent this from happening, school will only use the inhaler for children who have asthma or who have been prescribed a reliever inhaler, and for whom written parental consent has been given.

Storage and care of the inhaler

School will have at least two named volunteers (Mrs Sandra Roberts & Mrs Jacqui Crawford) amongst school staff who have responsibility for ensuring that:

• on a half termly 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.

Schools will ensure that the inhaler and spacers are kept in a safe and suitably central location in the school (medical cupboard in the staffroom), which is 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. The inhaler and spacer will not be locked away.

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 will be kept separate from any child's inhaler which is stored in a nearby location and the emergency inhaler will be clearly labelled to avoid confusion with a child's inhaler. 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, it should be regularly primed by spraying two puffs. To avoid possible risk of cross-infection, the plastic spacer should not be reused. It will be given to the child to take home for future personal use. The inhaler itself however will be reused as it will be cleaned after use. The inhaler canister will be removed, and the plastic inhaler housing and cap will be washed in warm running water, and left to dry in air in a clean, safe place. The canister will be returned to the housing when it is dry, and the cap replaced, and the inhaler returned to the designated storage place. However, if there is any risk of contamination with blood (for example if the inhaler has been used without a spacer), it will not be re-used but disposed of.

Disposal

Manufacturers' guidelines usually recommend that spent inhalers are returned to the pharmacy to be recycled, rather than being thrown away. If school decide to dispose of it, to do this legally we will register as a lower-tier waste carrier, as a spent inhaler counts as waste for disposal. *Registration only takes a few minutes online, and is free, and does not usually need to be renewed in future years. https://www.gov.uk/waste-carrier-or-broker-registration*

Children who can use an inhaler

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.

This information should be recorded in a child's Individual Health Care Plan.

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

School keeps an asthma register. The asthma register is crucial as there may be many children with asthma, and it is not feasible for individual members of staff to be aware of which children these are. The asthma register is easy to access, and is designed to allow a quick check of whether or not a child is recorded as having asthma, and consent for an emergency inhaler to be administered. The asthma register shows a photograph of each child, to allow a visual check to be made.

As part of our medical needs policy and asthma procedure, when the emergency inhaler is to be used, a check is made that parental consent has been given for its use, in the register. Consent is sought at the beginning of each new school year via the general consent on Arbor. If a child is diagnosed with asthma mid-year, the Lead First Aider asks parents to give their consent via Arbor at the same time the Individual Health Care Plan is being written.

A record of parental consent is kept on the asthma register to enable staff to quickly check whether a child is able to use the inhaler in an emergency. Consent is updated annually - to take account of changes to a child's condition.

Responding to asthma symptoms and an asthma attack

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 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 whose parents have given consent for an emergency inhaler to be used.

Appendix 2 provides general information on how to recognise and respond to an asthma attack, and what to do in emergency situations. Staff are aware in particular of the difficulties very young children may have in explaining how they feel.

Common 'day to day' symptoms of asthma are:

- Cough and wheeze (a 'whistle' heard on breathing out) when exercising
- Shortness of breath when exercising
- Intermittent cough

These symptoms are usually responsive to use of their own inhaler and rest (e.g. stopping exercise). They would not usually require the child to be sent home from school or to need urgent medical attention.

Signs of an asthma attack include:

• Persistent cough (when at rest)

• A wheezing sound coming from the chest (when at rest)

• Being unusually quiet

• The child complains of shortness of breath at rest, feeling tight in the chest (younger children may express this feeling as a tummy ache)

• Difficulty in breathing (fast and deep respiration)

• Nasal flaring

• Being unable to complete sentences

• Appearing exhausted

• A blue / white tinge around the lips

• Going blue

If a child is displaying the above signs of an asthma attack, the guidance below on responding to an asthma attack should be followed.

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

Responding to signs 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 child while inhaler and spacer are brought to them

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

• If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between 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

• The child's parents or carers should be contacted after the ambulance has been called.

• A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

Recording use of the inhaler and informing parents/carers

Use of the emergency inhaler will be recorded. This will include where and when the attack took place (e.g. PE lesson, playground, classroom), how much medication was given, and by whom. Supporting pupils requires written records to be kept of medicines administered to children. The child's parents must be informed in writing so that this information can also be passed onto the child's GP. The draft letter in Appendix 3 may be used to notify parents.

Staff

Any member of staff may volunteer to take on the above responsibilities, but they cannot be required to do so. These staff are likely to already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

The term 'designated member of staff' refers to any member of staff who has responsibility for helping to administer an emergency inhaler, e.g. they have volunteered to help a child use the emergency inhaler, and been trained to do this, and are identified in the school's medical needs policy as someone to whom all members of staff may have recourse in an emergency.

Schools will ensure there are a reasonable number of designated members of staff to provide sufficient coverage. Schools will ensure staff have appropriate training and support, relevant to their level of responsibility. Supporting Pupils requires School Committees to ensure that staff supporting children with a medical condition have appropriate knowledge, and where necessary, support.

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 Medical Needs 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 the policy on how to access their help.

As part of the Medical Needs Policy, the school has agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an emergency inhaler, as well as for collecting the emergency inhaler and spacer. This includes phone calls being made or another member of staff collecting the inhaler and checking the register, and procedures for supporting a designated member's class while they are helping to administer an inhaler. The response includes a quick check of the register as part of initiating the emergency response. This does not necessarily need to be undertaken by a designated member of staff. The register is relatively succinct, and held in several locations (including each class green medical box).

Designated members of staff will 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.

Children with inhalers will also be able to demonstrate to their teacher how they use it; the school nurse may also be able to advise on appropriate use.

School ensures that:
• a named individual is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register;
• at least two individuals are responsible for the supply, storage care and disposal of the inhaler and spacer.

Liability and indemnity

Supporting pupils requires that School Committees ensure that when schools are supporting pupils with medical conditions, they have appropriate levels of insurance in place to cover staff, including liability cover relating to the administration of medication.

APPENDIX 2

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

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 3

DRAFT LETTER TO PARENTS

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY SALBUTAMOL INHALER USE

Child's name: ……

Class: ……

Date: ……

Dear……., [Delete as appropriate]

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. They were given …… puffs.

Their own asthma inhaler was not working, so a member of staff helped them to use the emergency asthma inhaler containing salbutamol. They were given …… puffs.

[Delete as appropriate]

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 4

CONSENT FOR USE OF EMERGENCY SALBUTAMOL INHALER (Sought via Arbor Consents)

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's address and contact details:

……

……

……

Telephone: ……

E-mail: ……

APPENDIX 5

USE OF EMERGENCY ADRENALINE AUTO-INJECTOR (AAI)

From 1 October 2017 the Human Medicines (Amendment) Regulations 2017 will allow 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).

The school's spare AAI should only be used on pupils known to be at risk of anaphylaxis, for whom both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

An anaphylactic reaction always requires an emergency response

Any AAI(s) held by a school should be considered a spare / back-up device and not a replacement for a pupil's own AAI(s). Current guidance from the Medicines and Healthcare Products Regulatory Agency (MHRA) is that anyone prescribed an AAI should carry two of the devices at all times. This guidance does not supersede this advice from the MHRA,1 and any spare AAI(s) held by a school should be in addition to those already prescribed to a pupil.

This change applies to all primary and secondary schools (including independent schools) in the UK. Schools are not required to hold AAI(s) – this is a discretionary change enabling schools to do this if they wish. Those facilities choosing to hold a spare AAI(s) should establish a policy or protocol for their use in line with "Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England"2 (Supporting Pupils), and with reference to the guidance in this document.

The protocol could be incorporated into the wider medical conditions policy required by Supporting Pupils. An effective protocol should include the following – on which this guidance provides advice:

- arrangements for the supply, storage, care, and disposal of spare AAI(s) in line with Supporting Pupils.
- a register of pupils who have been prescribed an AAI(s) (or where a doctor has provided a written plan recommending AAI(s) to be used in the event of anaphylaxis).

- written consent from the pupil's parent/legal guardian for use of the spare AAI(s), as part of a pupil's individual healthcare plan.
- ensuring that any spare AAI is used only in pupils where both medical authorisation and written parental consent have been provided.
- appropriate support and training for staff in the use of the AAI in line with the schools wider policy on supporting pupils with medical conditions.
- keeping a record of use of any AAI(s), as required by Supporting Pupils and informing parents or carers that their pupil has been administered an AAI and whether this was the school's spare AAI or the pupil's own device.

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

What can cause anaphylaxis?

Common allergens that can trigger anaphylaxis are:

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

The severity of an allergic reaction can be influenced by a number of factors including minor illness (like a cold), asthma, and, in the case of food, the amount eaten. It is very unusual for someone with food allergies to experience anaphylaxis without actually eating the food: contact skin reactions to an allergen are very unlikely to trigger anaphylaxis.

The time from allergen exposure to severe life-threatening anaphylaxis and cardio-respiratory arrest varies, depending on the allergen:

- Food: While symptoms can begin immediately, severe symptoms often take 30+ minutes to occur. However, some severe reactions can occur within minutes, while others can occur over 1-2 hours after eating.4 Severe reactions to dairy foods are often delayed, and may mimic a severe asthma attack without any other symptoms (e.g. skin rash) being present.

- Severe reactions to insect stings are often faster, occurring within 10-15 minutes.

Why does anaphylaxis occur?

An allergic reaction occurs because the body's immune system reacts inappropriately to a substance that it wrongly perceives as a threat. The reaction is due to an interaction between the substance ("allergen") and an antibody called Immunoglobulin E (IgE). This results in the release of chemicals such as histamine which cause the allergic reaction. In the skin, this causes an itchy rash, swelling and flushing. Many children (not just those with asthma) can develop breathing problems, similar to an asthma attack. The throat can tighten, causing swallowing difficulties and a high pitched sound (stridor) when breathing in.

In severe cases, the allergic reaction can progress within minutes into a life-threatening reaction. Administration of adrenaline can be lifesaving, although severe reactions can require much more than a single dose of adrenaline. It is therefore vital to contact Emergency Services as early as possible. Delays in giving adrenaline are a common finding in fatal reactions. Adrenaline should therefore be administered immediately, at the first signs of anaphylaxis.

How common is anaphylaxis in schools?

Up to 8% of children in the UK have a food allergy. However, the majority of allergic reactions to food are not anaphylaxis, even in children with previous anaphylaxis. Most reactions present with mild-moderate symptoms, and do not progress to anaphylaxis. Fatal allergic reactions are rare, but they are also very unpredictable. In the UK, 17% of fatal allergic reactions in school-aged children happen while at school. Schools therefore need to consider how to reduce the risk of an allergic reaction, in line with Supporting Pupils.

Treatment

While "allergy" medicines such as antihistamines can be used for mild allergic reactions, they are ineffective in severe reactions – only adrenaline is recommended for severe reactions (anaphylaxis). The adrenaline treats both the symptoms of the reaction, and also stops the reaction and the further release of chemicals causing anaphylaxis. However, severe reactions may require more than one dose of adrenaline, and children can initially improve but then deteriorate later. It is therefore essential to always call for an ambulance to provide further medical attention, whenever anaphylaxis occurs. The use of adrenaline as an injection into the muscle is safe and can be life-saving.

Children and young people diagnosed with allergy to foods or insect stings are frequently prescribed AAI devices, to use in case of anaphylaxis. AAIs (current brands available in the UK are EpiPen®, Emerade®, Jext®) contain a single fixed dose of adrenaline, which can be administered by non-healthcare professionals such as family members, teachers and first-aid responders.

Children at risk of anaphylaxis should have their prescribed AAI(s) at school for use in an emergency. The MHRA recommends that those prescribed AAIs should carry TWO devices at all times, as some people can require more than one dose of adrenaline and the AAI device can be used wrongly or occasionally misfire.

Depending on their level of understanding and competence, children and particularly teenagers should carry their AAI(s) on their person at all times or they should be quickly and easily accessible at all times. If the AAI(s) are not carried by the pupil, then they should be kept in a central place in a box marked clearly with the pupil's name but NOT locked in a cupboard or an office where access is restricted.

It is not uncommon for schools (often primary schools) to request a pupil's AAI(s) are left in school to avoid the situation where a pupil or their family forgets to bring the AAI(s) to school each day. Where this occurs, the pupil must still have access to an AAI when travelling to and from school.

Arrangements fort the supply, storage, care and disposal of AAIs

Schools can purchase AAIs from a pharmaceutical supplier, such as a local pharmacy, without a prescription, provided the general advice relating to these transactions are observed: i.e. small quantities on an occasional basis and the school does not intend to profit from it. A supplier will need a request signed by the principal or head teacher (ideally on appropriate headed paper) stating:

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

A template letter which can be used for this purpose is provided in Appendix 1, and can also be downloaded at: www.sparepensinschools.uk Please note that pharmacies are not required to provide AAIs free of charge to schools: the school must pay for them as a retail item.

A number of different brands of AAI are available in different doses depending on the manufacturer. It is up to the school to decide which brand(s) to purchase. Schools are advised to hold an appropriate quantity of a single brand of AAI device to avoid confusion in administration and training. Where all pupils are prescribed the same device, the school should obtain the same brand for the spare AAI. If two or more brands are currently held by the school, the school may wish to purchase the brand most commonly prescribed to its pupils. However, the decision as to how many devices and brands to purchase will depend on local circumstances and is left to the discretion of the school.

AAIs are available in different doses, depending on the manufacturer. The Resuscitation Council (UK) recommends that healthcare professionals treat anaphylaxis using the agebased criteria,8 as follows:

- For children age under 6 years: a dose of 150 microgram (0.15 milligram) of adrenaline is used (e.g. using an Epipen Junior (0.15mg), Emerade 150 or Jext 150 microgram device).
- For children age 6-12 years: a dose of 300 microgram (0.3 milligram) of adrenaline is used (e.g. using an Epipen (0.3mg), Emerade 300 or Jext 300 microgram device).
- For teenagers age 12+ years: a dose of 300 or 500 microgram (Emerade 500) can be used.

In the context of supplying schools rather than individual pupils with AAIs for use in an emergency setting, using these same age-based criteria avoids the need for multiple devices/ doses, thus reducing the potential for confusion in an emergency. Schools should consider the ages of their pupils at risk of anaphylaxis, when deciding which doses to obtain as the spare AAI. Schools may wish to seek appropriate medical advice when deciding which AAI device(s) are most appropriate.

The emergency anaphylaxis kit

It is good practice for schools holding spare AAIs to store these as part of an emergency anaphylaxis kit which should include:

- 1 or more AAI(s).
- Instructions on how to use the device(s).
- Instructions on storage of the AAI device(s).
- Manufacturer's information.
- A checklist of injectors, identified by their batch number and expiry date with monthly checks recorded.

- A note of the arrangements for replacing the injectors.
- A list of pupils to whom the AAI can be administered.
- An administration record.

Schools might like to keep the emergency kit together with an "emergency asthma inhaler kit" (containing a salbutamol inhaler device and spacer). Many food-allergic children also have asthma, and asthma is a common symptom during food-induced anaphylaxis.

Severe anaphylaxis is an extremely time-critical situation: delays in administering adrenaline have been associated with fatal outcomes. Schools should ensure that all AAI devices – including those belonging to a younger child, and any spare AAI in the Emergency kit – are kept in a safe and suitably central location: for example, the school office or staffroom to which all staff have access at all times, but in which the AAI is out of the reach and sight of children. They must not be locked away in a cupboard or an office where access is restricted. Schools should ensure that AAIs are accessible and available for use at all times, and not located more than 5 minutes away from where they may be needed. In larger schools, it may be prudent to locate a kit near the central dining area and another near the playground; more than one kit may be needed.

Any spare AAI devices held in the Emergency Kit should be kept separate from any pupil's own prescribed AAI which might be stored nearby; the spare AAI should be clearly labelled to avoid confusion with that prescribed to a named pupil.

Storage and care of the AAI

A school's allergy/anaphylaxis policy should include staff responsibilities for maintaining the spare anaphylaxis kit. It is recommended that at least two named volunteers amongst school staff should have responsibility for ensuring that:

- on a monthly basis the AAIs are present and in date.
- that replacement AAIs are obtained when expiry dates approach (this can be facilitated by signing up to the AAI expiry alerts through the relevant AAI manufacturer).

The AAI devices should be stored at room temperature (in line with manufacturer's guidelines), protected from direct sunlight and extremes of temperature.

Schools may wish to require parents to take their pupil's own prescribed AAIs home before school holidays (including half-term breaks) to ensure that their own AAIs remain in date and have not expired.

Disposal

Once an AAI has been used it cannot be reused and must be disposed of according to manufacturer's guidelines. Used AAIs can be given to the ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin for collection by the local council.

School trips including sporting activities

Schools should conduct a risk-assessment for any pupil at risk of anaphylaxis taking part in a school trip off school premises, in much the same way as they already do so with regards to safe-guarding etc. Pupils at risk of anaphylaxis should have their AAI with them, and there should be staff trained to administer AAI in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare AAI(s) obtained for emergency use on some trips.

Children to whom a spare AAI can be administered

The spare AAI in the Emergency Kit should only be used in a pupil where both medical authorisation and written parental consent have been provided for the spare AAI to be used on them. 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/guardian must be obtained. Such a plan is available from the British Society for Allergy and Clinical Immunology (BSACI).

The school's spare AAI can be used instead of a pupil's own prescribed AAI(s), if these cannot be administered correctly, without delay

This information should be recorded in a pupil's individual healthcare plan. Where a pupil has no other healthcare needs other than a risk of anaphylaxis, schools may wish to consider using the BSACI Allergy Action Plan10. All children with a diagnosis of an allergy and at risk of anaphylaxis should have a written Allergy Management Plan.

Procedures should already be in place to ensure that schools are notified of pupils that have additional health needs, and this information will enable them to compile an allergy register. Some schools will already have such a register as part of their medical conditions policy.

The register could include:

- Known allergens and risk factors for anaphylaxis.
- Whether a pupil has been prescribed AAI(s) (and if so what type and dose).
- Where a pupil has been prescribed an AAI whether parental consent has been given for use of the spare AAI which may be different to the personal AAI prescribed for the pupil.
- A photograph of each pupil to allow a visual check to be made (this will require parental consent).

The register is crucial as in larger schools (and secondary schools in particular), it may not be feasible for individual members of staff to be aware of which pupils have been prescribed AAIs. Consequently, schools should ensure that the register is easy to access and easy to read. Schools will also need to ensure they have a proportionate and flexible approach to checking the register. **DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES.** Allowing pupils to keep their AAIs with them will reduce delays, and allows for confirmation of consent without the need to check the register.

Schools will want to consider when consent for use of the AAI is best obtained but the most appropriate time would be as part of the introduction or development of the individual care plan. Consent should be updated regularly – ideally annually – to take account of changes to a pupil's condition.

Responding to the symptoms of an allergic reaction

AAIs are intended for use in emergency situations when an allergic individual is having a reaction consistent with anaphylaxis, as a measure that is taken until an ambulance arrives. Therefore, unless directed otherwise by a healthcare professional, the spare AAI should only be used on pupils known to be at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI ha been provided.

This information should be recorded in a pupil's individual healthcare plan which should be signed by a healthcare professional and kept in the schools allergy register.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate.

It is recommended the school allergy policy includes general information on how to recognise and respond to an allergic reaction, and what to do in emergency situations. Some schools will already have this information in an allergy policy or medical conditions policy. Staff should be aware of the difficulties younger children may have in explaining how they feel.

Further information and film clips showing adrenaline being administered can be found at: http://www.sparepensinschools.uk

Recording use of the AAI and informing parents/carers

In line with Supporting Pupils, use of any AAI device should be recorded. This should include:

- Where and when the REACTION took place (e.g. PE lesson, playground, classroom).
- How much medication was given, and by whom.
- Any person who has been given an AAI must be transferred to hospital for further monitoring. The pupil's parents should be contacted at the earliest opportunity. The hospital discharge documentation will be sent to the pupil's GP informing them of the reaction.

Staff

Any member of staff may volunteer to take on the responsibilities set out in this guidance, but they cannot be required to do so. These staff may already have wider responsibilities for administering medication and/or supporting pupils with medical conditions.

SEVERE ANAPHYLAXIS IS AN EXTREMELY TIME-CRITICAL SITUATION: DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES. It is therefore appropriate for as many staff as possible to be trained in how to administer AAI.

In the following advice, the term 'designated members of staff' refers to any member of staff who has responsibility for helping to administer a spare AAI (e.g. they have volunteered to help a pupil use the emergency AAI, and been trained to do this, and are identified in the school's medical conditions or allergy policy as someone to whom all members of staff may have recourse in an emergency.)

Schools will want to ensure there are a reasonable number of designated members of staff to provide sufficient coverage, including when staff are on leave. In many schools, it would be appropriate for there to be multiple designated members of staff who can administer an AAI to avoid any delay in treatment.

Schools should ensure staff have appropriate training and support, relevant to their level of responsibility. Supporting Pupils requires governing bodies to ensure that staff supporting children with a medical condition should have appropriate knowledge, and where necessary, support.

It would be reasonable for ALL staff to:

- be trained to recognise the range of signs and symptoms of an allergic reaction;
- understand the rapidity with which anaphylaxis can progress to a life-threatening reaction, and that anaphylaxis may occur with prior mild (e.g. skin) symptoms;
- appreciate the need to administer adrenaline without delay as soon as anaphylaxis occurs, before the patient might reach a state of collapse (after which it may be too late for the adrenaline to be effective);
- be aware of the anaphylaxis policy;
- be aware of how to check if a pupil is on the register;
- be aware of how to access the AAI;
- be aware of who the designated members of staff are, and the policy on how to access their help.

Schools must arrange specialist anaphylaxis training for staff where a pupil in the school has been diagnosed as being at risk of anaphylaxis. The specialist training should include practical instruction in how to use the different AAI devices available. Online resources and introductory e-learning modules can be found at http://www.sparepensinschools.uk, although this is NOT a substitute for face-to-face training.

As part of the medical conditions policy, the school should have agreed arrangements in place for all members of staff to summon the assistance of a designated member of staff, to help administer an AAI, as well as for collecting the spare AAI in the emergency kit. These should be proportionate, and flexible – and can include phone calls being made to another member of staff or responsible secondary school-aged children asking for the assistance of another member of staff and/or

collecting the AAI (but not checking the register), and procedures for supporting a designated staff member's class while they are helping to administer an AAI.

DELAYS IN ADMINISTERING ADRENALINE HAVE BEEN ASSOCIATED WITH FATAL OUTCOMES. Thought should be given to where delays could occur (for example, a phone call is made to summon help but there is no answer).

The school's policy should include a procedure for allowing a quick check of the register as part of initiating the emergency response. 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. Alternatively, allowing pupils to keep their AAI(s) with them will reduce delays, and allows for confirmation of consent without the need to check the register.

Designated members of staff should be trained in:

- recognising the range of signs and symptoms of severe allergic reactions;
- responding appropriately to a request for help from another member of staff;
- recognising when emergency action is necessary;
- administering AAIs according to the manufacturer's instructions;
- making appropriate records of allergic reactions.

Training material

It is recommended that schools should also ensure that:

- a named individual is responsible for overseeing the protocol for use of the spare AAI, and monitoring its implementation and for maintaining the allergy register;

at least two individuals are responsible for the supply, storage care and disposal of the AAI.

APPENDIX 6

HOW TO RECOGNISE ALLERGIC REACTION/ ANAPHYLAXIS

Recognition and management of an allergic reaction/anaphylaxis

Signs and symptoms include:

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 according to the child's allergy treatment plan
- Phone parent/emergency contact

Watch for signs of ANAPHYLAXIS (life-threatening allergic reaction):

AIRWAY:	Persistent cough Hoarse voice Difficulty swallowing, swollen tongue
BREATHING:	Difficult or noisy breathing Wheeze or persistent cough
CONSCIOUSNESS:	Persistent dizziness Becoming pale or floppy Suddenly sleepy, collapse, unconscious

IF ANY ONE (or more) of these signs 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** to request ambulance and say ANAPHYLAXIS

***** 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 dose** of adrenaline using another autoinjector device, if available.

Anaphylaxis may occur without initial mild signs: **ALWAYS use adrenaline autoinjector FIRST in someone with known food allergy who has SUDDEN BREATHING DIFFICULTY** (persistent cough, hoarse voice, wheeze) – even if no skin symptoms are present.

Mild-moderate symptoms are usually responsive to an antihistamine. The pupil does not normally need to be sent home from school, or require urgent medical attention. However, mild reactions can develop into anaphylaxis: children having a mild-moderate (nonanaphylactic) reaction should therefore be monitored for any progression in symptoms.

What to do if any symptoms of anaphylaxis are present

Anaphylaxis commonly occurs together with mild symptoms or signs of allergy, such as an itchy mouth or skin rash. Anaphylaxis can also occur on its own without any mild-moderate signs. In the presence of any of the severe symptoms listed in the red box, it is vital that an adrenaline auto-injector is administered without delay, regardless of what other symptoms or signs may be present.

Always give an adrenaline auto-injector if there are ANY signs of anaphylaxis present.

You should administer the pupil's own AAI if available, if not use the spare AAI. The AAI can be administered through clothes and should be injected into the upper outer thigh in line with the instructions issued for each brand of injector.

IF IN DOUBT, GIVE ADRENALINE

After giving adrenaline do NOT move the pupil. Standing someone up with anaphylaxis can trigger cardiac arrest. Provide reassurance. The pupil should lie down with their legs raised.11 If breathing is difficult, allow the pupil to sit.

If someone appears to be having a severe allergic reaction, it is vital to call the emergency services without delay – even if they have already self-administered their own adrenaline injection and this has made them better. A person receiving an adrenaline injection should always be taken to hospital for monitoring afterwards.

ALWAYS DIAL 999 AND REQUEST AN AMBULANCE IF AN AAI IS USED.

Practical points:

- Try to ensure that a person suffering an allergic reaction remains as still as possible, and does not get up or rush around. Bring the AAI to the pupil, not the other way round.
- When dialling 999, say that the person is suffering from anaphylaxis ("ANA-FIL-AX-IS").

- Give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition does not improve 5 to 10 minutes after the initial injection you should administer a second dose. If this is done, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Arrange to phone parents/carer
- Tell the paramedics:

– if the child is known to have an allergy;

– what might have caused this reaction e.g. recent food;

– the time the AAI was given.

APPENDIX 7

DRAFT LETTER TO PARENTS

SPECIMEN LETTER TO INFORM PARENTS OF EMERGENCY ADRENALINE AUTO-INJECTOR (AAI) USE

Child's name: ……

Class: ……

Date: ……

Dear……, [Delete as appropriate]

This letter is to formally notify you that……has had an allergic reaction/ anaphylaxis today. This happened (when and where) ……

A member of staff helped them to use their emergency adrenaline auto-injector (AAI)

They did not have their own emergency adrenaline auto-injector (AAI) with them, so a member of staff helped them to use the emergency adrenaline auto-injector (AAI)containing salbutamol held by school. They were given 1 or 2 injections by …….

Their own emergency adrenaline auto-injector (AAI) was not working, so a member of staff helped them to use the school emergency adrenaline auto-injector (AAI). They were given 1 or 2 injections by …….

[Delete as appropriate]

Yours sincerely,

APPENDIX 8

CONSENT FOR USE OF EMERGENCY ADRENALINE AUTO-INJECTOR (AAI)

(Sought via Arbor Consents)

Child showing symptoms of allergic reaction/ anaphylaxis

1. I can confirm that my child has been diagnosed with a severe allergy and has been prescribed an emergency adrenaline auto-injector (AAI)

2. My child has a working, emergency adrenaline auto-injector (AAI), 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 allergic reaction/ anaphylaxis, and if their emergency adrenaline auto-injector (AAI) not available or is unusable, I consent for my child to receive adrenaline from an emergency adrenaline auto-injector (AAI) held by the school for such emergencies.

Signed: Date: ……

Name (print)……

Child's name: ……

Class: ……

Parent's address and contact details:

……..

……..

……..

Telephone: ……..

E-mail: ……

APPENDIX 9

Together, we aim high; with God's love, we can fly

St. Ann's Church of England Primary School

MEDICAL FORM – 1
INDIVIDUAL HEALTH CARE PLAN

PUPIL INFORMATION	
	NAME:
	DATE OF BIRTH:
	CLASS:
	MEDICAL CONDITION:

EMERGENCY CONTACT INFORMATION	
NAME:	**NAME:**
RELATIONSHIP:	**RELATIONSHIP:**
TELEPHONE NUMBERS **HOME:** **MOBILE:** **WORK:**	**TELEPHONE NUMBERS** **HOME:** **MOBILE:** **WORK:**

MEDICAL CONDITION INFORMATION
Describe condition and give details of pupil's individual symptoms: **Daily care requirements e.g. lunchtimes, before sports:**

Describe what constitutes an emergency for the pupil, and the action to take if this occurs:
Follow up care if necessary:
Any more information you feel we need to know:

I AGREE THAT THE MEDICAL INFORMATION CONTAINED IN THIS CARE PLAN MAY BE SHARED WITH INDIVIDUALS INVOLVED WITH MY CHILD. I UNDERSTAND THAT I MUST NOTIFY THE SCHOOL OF ANY CHANGES.

PARENT/CARER SIGNATURE: **DATE:**

RELATIONSHIP TO CHILD:

For Office Use only

Arbor updated	Class Teacher advised	Kitchen list updated & reprinted	Base Register updated

APPENDIX 10

Together, we aim high; with God's love, we can fly

St. Ann's Church of England Primary School

MEDICAL FORM – 2A

PARENTAL AGREEMENT FOR THE SCHOOL TO ADMINISTER PRESCRIBED MEDICINES The school will not administer medicine to your child unless you complete and sign this form	
NAME OF SCHOOL: Rainhill St Ann's C.E Primary School	
CHILD'S NAME:	**DATE OF BIRTH:**
CLASS:	
NAME/TYPE OF MEDICATION (as described on the container):	
DATE OF EXPIRY:	
DOSE & METHOD OF ADMINISTRATION (the amount taken and how it is to be taken e.g. tablets, inhaler, injection):	**WHEN IS IT TO BE TAKEN (time of day):** **HOW LONG FOR:**
ANY SIDE EFFECTS OF THE MEDICATION THAT THE SCHOOL SHOULD BE AWARE OF:	**SELF ADMINISTRATION: can the pupil administer the medication themselves?** **YES** / **NO** **NOTES:**
I GIVE PERMISSION FOR STAFF AT RAINHILL ST ANN'S C.E PRIMARY SCHOOL TO GIVE MY CHILD MEDICATION HE/SHE HAS BEEN PRESCRIBED: **PARENT/CARER SIGNATURE:** **DATE:** **RELATIONSHIP TO CHILD:**	

MEDICATION WILL ONLY BE ADMINISTERED IF IT HAS BEEN PRESCRIBED TO THE CHILD AND IS IN ITS ORIGINAL PACKAGING & SCHOOL WILL ONLY ADMINISTER PRESCRIBED DOSE.

Office use only:

Is medication ongoing	Where is medication stored	Arbor UDF updated

APPENDIX 11

Together, we aim high; with God's love, we can fly

St. Ann's Church of England Primary School

MEDICAL FORM – 2B

PARENTAL AGREEMENT FOR THE SCHOOL TO ADMINISTER NON-PRESCRIBED MEDICINES The school will not administer medicine to your child unless you complete and sign this form	
NAME OF SCHOOL: Rainhill St Ann's C.E Primary School	
CHILD'S NAME:	**DATE OF BIRTH:**
CLASS:	
NAME/TYPE OF MEDICATION (as described on the container):	
DATE OF EXPIRY:	
DOSE & METHOD OF ADMINISTRATION (the amount taken and how it is to be taken e.g. tablets, inhaler, injection):	**WHEN IS IT TO BE TAKEN (time of day):** **HOW LONG FOR:**
ANY SIDE EFFECTS OF THE MEDICATION THAT THE SCHOOL SHOULD BE AWARE OF:	**SELF ADMINISTRATION: can the pupil administer the medication themselves?** **YES** / **NO** **NOTES:**
I GIVE PERMISSION FOR STAFF AT RAINHILL ST ANN'S C.E PRIMARY SCHOOL TO GIVE MY CHILD THE NON-PRESCRIPTION MEDICATION I HAVE PROVIDED: **PARENT/CARER SIGNATURE:** **DATE:** **RELATIONSHIP TO CHILD:**	

NON-PRESCRIBED MEDICATION WILL ONLY BE ADMINISTERED TO YOUR CHILD IN SPECIAL CIRCUMSTANCES WHICH HAS BEEN APPROVED BY THE HEADTEACHER AND IF IT IS IN THE ORIGINAL PACKAGING

APPENDIX 12

Together, we aim high; with God's love, we can fly

St. Ann's Church of England Primary School

MEDICAL FORM – 3

AUTHORISATION FOR THE ADMINISTRATION OF CONTROLLED MEDICATION	
Child's Name	
Class	
Receipt of *(name of medication)*	
Number of tablets	
Received on *(date)*	
To start on *(date)*	
I confirm medication is in originally dispensed packaging with prescriber's instructions	
Parent/ carer signature	
Date	
Staff signature	
Date	

INDEMNITY – I am aware that my child named above needs to take the medication mentioned above in school hours. I have provided the Headteacher with information about how the medication is to be administered and I undertake to ensure that the school has an adequate supply of the medication. I accept that as long as it is administered responsibly in accordance with the Doctor's instructions, then I will not hold the Headteacher, nor the Academy nor its servants or agents responsible in the event that my child named above suffers any adverse effect from the administration of the above named medication.	
Parent/ carer signature	

Medication completed/ no longer required & returned to parent/carer *(date)*	
Number of tablets returned	
Parent/ carer signature	
Staff signature	

APPENDIX 13

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St. Ann's Church of England Primary School

MEDICAL FORM – 4

AUTHORISATION FOR THE ADMINISTRATION OF RECTAL DIAZEPAM	
NAME OF SCHOOL:	
NAME OF CHILD:	**DATE OF BIRTH:**
HOME ADDRESS:	
TELEPHONE NUMBERS **HOME:** **MOBILE:** **WORK:**	**G.P NAME:** **ADDRESS:** **TELEPHONE NUMBER:**
HOSPITAL CONSULTANT:	

_____ (name of child) SHOULD BE GIVEN RECTAL DIAZAPAM _____ mg (dosage) IF HE/SHE HAS A PROLONGED EPILEPTIC SEIZURE LASTING OVER _____ MINUTES.

OR

SERIAL SEIZURES LASTING OVER _____ MINUTES AN AMBULANCE SHOULD BE CALLED FOR AT THE BEGINNING OF THE SEIZURE / AFTER _____ SEIZURES

OR

IF THE SEIZURE HAS NOT RESOLVED AFTER _____ MINUTES

(please delete as appropriate)

DOCTOR'S SIGNATURE:	**DATE:**
PARENT/CARER SIGNATURE:	**DATE:**

APPENDIX 14

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MEDICAL FORM – 5

HEADTEACHER AGREEMENT TO ADMINISTER MEDICATION
NAME OF SCHOOL:
It is agreed that (name of child)_____ **will receive (name & quantity of medication)** _____ **daily at (time)** _____ _____ **(name of child)** **will be given medication stated by a member of staff / supervised while he/she administers it him/herself/** **administers it him/herself** (circle one) **THIS ARRANGEMENT WILL CONTINUE UNTIL THE COURSE OF THE MEDICATION ENDS OR WE ARE INSTRUCTED BY PARENTS**
FIRST AIDER SIGNATURE: **DATE:**
HEADTEACHERS SIGNATURE: **DATE:**

APPENDIX 15

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MEDICAL FORM – 6

CHILD'S NAME:_____

CLASS:_____

MEDICATION LOG: TO BE FILLED IN WHEN MEDICATION GIVEN				
Date	**Name of Medication & Dosage given**	**Time Given**	**Parent Informed**	**Given by**

APPENDIX 16

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MEDICAL FORM - 7

STAFF EMERGENCY DETAILS	
FORENAME:	**SURNAME:**
ADDRESS: **POSTCODE:**	**TELEPHONE NUMBERS** **HOME:** **MOBILE:**
DATE OF BIRTH:	**CAR REGISTRATION:**
GP's NAME: **ADDRESS:** **TELEPHONE NUMBER:**	**MEDICAL INFORMATION:** (conditions/allergies e.g. penicillin) **MEDICATION:**
EMERGENCY CONTACT 1 **NAME:** **RELATIONSHIP:** **TELEPHONE NUMBERS** **HOME:** **MOBILE:**	**EMERGENCY CONTACT 2** **NAME:** **RELATIONSHIP:** **TELEPHONE NUMBERS** **HOME:** **MOBILE:**
ARE YOU UNDER A CONSULTANT? **YES/NO** (delete) **NAME:** **HOSPITAL:**	**ANY OTHER INFORMATION:**
SIGNATURE:	**DATE:**

APPENDIX 17

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MEDICAL FORM - 8

REQUEST FOR A CHILD TO CARRY HIS/HER OWN MEDICATION THIS FORM MUST BE COMPLETED BY THE PARENT/CARER AFTER CONSULTATION WITH A HEALTH PROFESSIONAL, PUPIL, FIRST AIDER AND PARENTS.	
NAME OF SCHOOL:	**CLASS:**
NAME OF CHILD:	**DATE OF BIRTH:**
ADDRESS:	
NAME OF MEDICATION:	**DOSAGE:** **TIME TO BE TAKEN:**
PROCEDURE TO BE TAKEN IN AN EMERGENCY:	
NAME OF PARENT:	**RELATIONSHIP:**
TELEPHONE NUMBERS **HOME:**	**WORK:** **MOBILE:**
I AGREE AND GIVE PERMISSION FOR MY SON/DAUGHTER TO KEEP HIS/HER MEDICATION ON HIM/HER FOR USE AS NECESSARY **SIGNED:** **DATE:**	

APPENDIX 18

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MEDICAL FORM - 9

STAFF TRAINING – ADMINISTRATION OF MEDICINES	
NAME OF SCHOOL:	
NAME:	**ROLE:**
TYPE OF TRAINING RECEIVED:	**DATE OF TRAINING:**
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 reviewed on:** **DATE OF REVIEW:**	
TRAINER'S SIGNATURE: **DATE:**	**I CONFIRM THAT I HAVE RECEIVED THE TRAINING DETAILED ABOVE** **SIGNATURE:** **DATE:**

APPENDIX 19

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MEDICAL FORM – 10

MEDICINE ADMINISTERED ON RESIDENTIAL TRIPS

Child's Name:_____

DOB:_____

Class:_____

I give permission for a member of St. Ann's staff to give my child the following medicines, should the necessity arise whilst he/she is on a residential holiday in _____ if they think it is appropriate.

Please answer yes or no to each item below or if you wish add an alternative**.**

If you do not give your permission on this form we will not be able to administer these if your child needs them

TYPE OF MEDICINE	YES	NO
Calpol		
Paracetamol tablets		
Anthisan Cream (an antihistamine cream for bites & stings)		
Piriton (allergy)		
Lip balm/Vaseline		
Tweezers (for splinters)		
Throat lozengers		
Cough medicine		
Travel sickness tablets		
Sun Cream		
After Sun lotion		
Cotton wool		
Calamine lotion		
Plasters		
Ice pack		
Savlon		
A suitable medicine for diarrhoea Kaolin/Dioralyte		

PARENT/CARER SIGNATURE:

RELATIONSHIP:

DATE:

APPENDIX 20

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MEDICAL FORM – 11

RESIDENTIAL CARE PLAN	
NAME OF CHILD:	**DATE OF BIRTH:**
ADDRESS: **POSTCODE:**	
PARENT'S TELEPHONE NUMBERS: **RELATIONSHIP:** **HOME – DAY:** **NIGHT:** **MOBILE:**	**PARENT'S TELEPHONE NUMBERS:** **RELATIONSHIP:** **HOME – DAY:** **NIGHT:** **MOBILE:**
NEXT OF KIN: **RELATIONSHIP:** **ADDRESS** (if different from above) **POSTCODE:**	**GP's NAME:** **ADDRESS:** **TELEPHONE NUMBER:**
MEDICAL INFORMATION: Please give brief details of any medical condition or medication your child is currently taking – including all tablets and sprays	

CAN YOUR CHILD ADMINISTER THEIR OWN MEDICATION?	**YES**	**NO**
HAS YOUR CHILD HAD AN ANTI-TETNUS INJECTION? Date of last injection:	**YES**	**NO**

DETAILS OF ANY RECENT ILLNESS REQUIRING MEDICATION:		
IS YOUR SON/DAUGHTER ALLERGIC TO ANY MEDICATION? (if yes please specify)	**YES**	**NO**
DOES YOUR SON/DAUGHTER HAVE ANY DIETARY NEEDS? (if yes please specify)	**YES**	**NO**
ANY FURTHER INFORMATION YOU WISH THE STAFF OR FIRST AIDERS TO KNOW:		
I AGREE TO MY SON/DAUGHTER RECEIVING EMERGENCY MEDICAL TREATMENT, INCLUDING BLOOD TRANSFUSION AND ANAESTHETIC, AS CONSIDERED NECESSARY BY THE QUALIFIED MEDICAL PRACTITIONER PRESENT. I UNDERSTAND THE EXTENT AND LIMITATIONS OF THE INSURANCE COVERED. **PARENT/CARER SIGNATURE:** **DATE:** **RELATIONSHIP TO CHILD:**		

Please note all medicines MUST be labelled clearly with your child's name. These must be handed in to the appointed first aider on the day of travel.

If your son/daughter is asthmatic then they may keep their own inhaler, however a spare inhaler must be handed in to the first aider as a precaution.

APPENDIX 21

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MEDICAL FORM – 12

EMERGENCY CONTACTS FOR CHILDREN ON RESIDENTIALS		
NAME	**DAYTIME**	**EVENING**

APPENDIX 22

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MEDICAL FORM – 13

MEDICAL INFORMATION FOR CHILDREN ON RESIDENTIALS		
NAME	**MEDICAL CONDITION**	**MEDICATION NOT TO USE**