SAINT JAMES'

Church of England School

Nursery & Pre School

LDST

Liverpool Diocesan Schools Trust

Administration of Medicines Policy

This policy has been adopted by the governing body of St James' CofE Primary School.
It will be reviewed annually or as required.
If you require more information, please contact the school office.

September 2023

Signed: Mrs Alison Jackson/ Headteacher

Signed: Mr J Thornton / Chair of Governors
Mrs L Ryder / Chair of Governors

Review annually

St James' CofE Primary School

Walking hand in hand with Jesus, fulfilling the potential God has given us
For with God nothing shall be impossible - Luke 1:37

Mission Statement

Through him we learn to live abundant lives, especially treasuring the values of
friendship, trust, thankfulness, respect, forgiveness, hope and courage.

Vision Statement

Walking hand in hand with Jesus, fulfilling the potential God has given us.
Luke 1:37 'For with God nothing shall be impossible.'

Mission Aim

At St James' CofE Primary School, the Christian (and indeed, inclusive human) values "friendship, trust, respect, forgiveness, hope and courage" inform our whole life together.

The Christian values and character of the school inform this policy; consistent implementation and evaluation, ensure a positive impact on children's learning behaviours and staff well-being.

Administration of medicines policy

All medication will be administered to pupils in accordance with the DfE document

Supporting pupils at school with medical conditions - December 2015

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/484418/supporting-pupils-at-school-with-medical-conditions.pdf

Statutory Framework for the Early Years Foundation Stage - March 2017

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/596629/EYFS_STATUTORY_FRAMEWORK_2017.pdf

Aims of this policy

- To outline the circumstances under which medication may be administered.
- To outline the roles and responsibilities for the administration of medicines.
- To explain our procedures for managing medicines in school.

Purpose of this policy

This policy recognises that schools have a duty to take reasonable care of children, which includes the possibility of having to administer medicines and/or prescribed drugs. This may be required by pupils for regular medication or those requiring occasional dispensing of medicines for an ongoing medical condition, short illness/infection or a long-term illness, as described below. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety.

Ongoing medical conditions

Such conditions include asthma, eczema and other allergic conditions; diabetes; ADHD; and epilepsy, amongst others. In these cases, a pupil may need medication on a regular basis or 'as required', including as an emergency procedure. In each case, parents must inform school of what is needed in order to support their child and the school must ensure that this is carried out. In addition, the support of health professionals should be sought and used if necessary, to provide advice and training and/or help in writing and reviewing an individual health care plan for the child concerned.
See also specific appendices IX and X on Anaphylaxis and Asthma.

Short term illness/infection

These include the usual, everyday illnesses and infections such as coughs and colds, stomach upsets and childhood illnesses such as chickenpox. Once the child is feeling better **and/or the quarantine period is completed**, it may be appropriate to return to school whilst in the final stages of recovery. Occasionally, this may include needing a course of a prescription medicine or a medicine recommended by the GP (and supported by a GP's letter to this effect), for a short period. In such cases, as long as the child clearly feels well enough to return and take part in learning, school will agree to administer medication, under the conditions below (see Procedures). Where a child returns still clearly unwell, however, the parents or carers will be asked to keep the pupil at home until he/she is fit to be in school.

Long term, serious illness

In these cases, medication may be needed for a prolonged period of time, as part of a treatment

programme. In such cases, advice and any necessary training from a medical professional must be provided.

Roles and responsibilities

Parents and carers:

- To give sufficient information about their child's medical needs if treatment is required.
- To deliver all medicines to the school office in person.
- To complete and sign the parental agreement form. (Appendix I)
- To keep staff informed of changes to prescribed medicines.
- To keep medicines in date – particularly emergency medication, such as adrenaline pens.
- To sign the child's medical form when administering medicines on school grounds.
- To provide any medication in a container clearly labelled with the child's name and dosage (only prescribed medicine will be administered)

Headteacher:

- To have overall responsibility for the safe storage and administration of medicines in school and ensure that the school's policy on the administration of medicines is implemented.
- To ensure that parents are aware of the school's policy on the administration of medicines.
- To ensure that staff receive support and appropriate training where necessary, in the administration of medications.

Procedures

- When medicines are to be administered in school, parents must request this using the specific permission form at the school office (Appendix I) The form should be signed by the parent or carer and placed in the Administration of Medicines file, which is kept in the staffroom for reference by staff involved. (Please note that blanket consent is not to be used to cover, written permission should be obtained for each particular medication) (Appendix 1)
- Medication must be in its original packaging including the prescriber's instructions/ recommended dosage and should be delivered to the school office by the parent or carer. Teachers and teaching assistants should not take receipt of any medicines and in no circumstances should medicines be left in a child's possession.
- All medicines must be stored in the supplied container and be clearly labelled with the name of the child; the name and dose of the medicine; and the frequency of administration. **For the Early Years unit, inhalers must have the prescribed dosage instructions label on the canister, not the box.**
- In the case of some ongoing conditions, specific arrangements may be made for the storage and administration of any medication needed.
- All medicines should be stored in accordance with product instructions (paying particular attention to temperature). Medicines will be kept/locked in the school staffroom medical fridge or staffroom medical cabinet and should not be kept in classrooms, with the exception of those that may be needed in an emergency e.g. Epi-pens (which should be kept in a secure box , out of reach of children). **For the Early Years unit, medicines must be kept in the medical fridges or in fridge medicine box in setting or a secure medical cupboard depending on temperature requirement.**
- Parents are responsible for ensuring that date-expired medicines are returned to the

pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period and/or when requested by staff. If not collected for disposal, they may be disposed of by returning to the local pharmacy collection point when deemed appropriate.

- In all but emergency cases, medicines are administered by agreed persons / members of staff working with the child, arrangements for which are known to the headteacher. Only the prescribed/recommended dose will be administered; this cannot be changed unless written instructions are given from a medical professional.
  In the case of eye drops/ointment and ear drops, these must be administered by the parent/carer only; they will need to come into school as necessary, to do this. In the case of creams for eczema etc, these must be applied by the child (See Appendix VIII(b) and the additional guidance for the administration of Nappy cream – Child Protection & Safeguarding policy).
- A record must be completed and signed by 2 members of staff each time a medicine is dispensed. The record sheet must be stored in the record file (Appendix II) kept in the medical cabinet, held in the staffroom.
- A record must be completed and signed by a parent and member of staff each time a medicine is dispensed in school by a parent, in the record file (Appendix II) kept in the medical needs file held in the staffroom.
- **In case of EYFS practitioners administering medicine, parents/carers are informed and asked to sign each time, as soon as possible after each occasion. (Appendix III).**
- In the event that a child refuses to take medicines, this is noted in the records and parents are informed immediately.

Children who have a temperature

- If a child appears to have a temperature, any member of the staff may take the child's temperature, using the forehead equipment kept in the Early Years, or the Black Store Cupboard in the office, providing that:
  - ✓ The child's parents have given written consent (Appendix IV) and/or verbal consent, by phone if necessary (in the case of all other pupils);
  - ✓ A forehead strip or electronic thermometer is used according to the manufacturer's instructions.

- If the child's temperature is: Follow COVID risk assessment procedure of isolating a child with a temperature above 37.5
  - ✓ above 37.5 degrees, it will be monitored and taken again after 30 minutes;
  - ✓ above 38 degrees, the child's parent/carer will be contacted and asked to collect their child and seek medical advice.

Training

- Training is given to all relevant staff members - those involved in administering medicines on a day to day basis.
- In some cases, the whole staff team may be trained; for example, in administering an Epi-pen, De Fib etc.
- First aid and other health and safety training is covered under the school Health and Safety policy.
- As of the 1st of September 2021. Paediatric First Aid Course should incorporate basic training on how to 'Help a baby or child having: a diabetic emergency; an asthma attack; an allergic reaction;

meningitis; and/or febrile convulsions. Therefore, the school will check our training provider meets Early Years Foundation Stage Statutory Criteria. Annex A

- https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

Related policies

In reading this policy, reference should also be made to the following policies:

- Health and safety;
- Supporting Pupils in School with Medical needs;
- Intimate care;
- Safeguarding & Child protection.

Monitoring, evaluation and review of this policy

The 'buddy' governors for Special Educational Needs and Disabilities and for Child Protection will be responsible for evaluating the effectiveness of this policy, as part of the annual review of the Child Protection policy.

Appendix I

Authorisation for the school to administer Drugs/Medication to a pupil

Name of Pupil: ……

I hereby authorise Mr G. Lövgreen, Headteacher at St James' CE Primary School (or such persons as appointed by the Headteacher) to administer the following drug/medication*

……

……

(which has been prescribed by a General Practitioner or Consultant) at the following times and days:

……

……

To my son/daughter*

Signed………Parent/Carer*

Date……

*Delete as appropriate

Appendix II

Confidential

Register of Drugs/Medical preparations administered to Pupils

Drugs and Medication of any Kind Should Only be Administered on Written Authorisation from the Parent

The School should ensure that an entry is made for every occasion when a drug or medical preparation is administered to a pupil by two members of staff and that the register is kept up-to-date.

The information contained in this register should be treated as confidential and entries should be made available only at the request of a qualified nurse or qualified medical practitioner.

Date	Time	Name of Pupil	Drug or Medication	Amount or Quantity	Written Parental Authorisation Received	Signature of Persons Administering Drug/Medication

Appendix III

Register of drugs / medication Administered to pupils
Confidential
EYFS

Drugs and Medication of any kind should only be administered on written authorisation from the parent / carer.

The Headteacher should ensure that an entry is made for every occasion when a drug or medical preparation is administered to a pupil by two members of staff and that the register is kept up to date.

The information contained in this register should be treated as confidential and entries should be made available only at a request of a qualified nurse or qualified medical practitioner.

Pupil's Name: ……

Date	Time	Name & strength of medication	Amount or quantity	Signature of the person administering	Counter signature of witness	Signature of the parent at end of day

Appendix IV

Dear Parent/Carer,

If ever we feel your child may be unwell, our procedure would be to take your child's temperature, using a forehead gauge.

Please give permission for us to do this, using and returning the slip below.

✂----------

I give permission to take my child's temperature if we feel that he/she is unwell

Child's Name ……

Parent/Carers Name……

Parents/Carers Signature……

Date……

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Appendix VI

Medical Administration Sheet (MARS) for use when on external outings.

The school should ensure than an entry be made when medication is administered.

ONE SHEET PER CHILD

Name of pupil: ……

Medication: ……

Date	Time	Quantity	Written parental consent	Where was it administered	Signature	Counter signature

Appendix VII

Authorisation for pupil to apply prescribed creams

Name of Pupil: ……

I hereby authorise Mrs Alison Jackson, Headteacher at St James' CE Primary School (or such persons as appointed by the Headteacher) to witness the pupil applying the prescribed creams below

……

……

(which has been prescribed by a General Practitioner or Consultant) at the following times and days:

……

……

To my son/daughter*

Signed………Parent/Carer*

Date……

*Delete as appropriate

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For with God nothing shall be impossible - Luke 1:37

Appendix VIII (a)

Confidential

Register of Prescribed Creams administered by Pupils

Prescribed Creams of any Kind Should Only be Administered on Written Authorisation from the Parent

The School should ensure that an entry is made for every occasion when a prescribed cream is applied by a pupil by two members of staff and that the register is kept up-to-date.

The information contained in this register should be treated as confidential and entries should be made available only at the request of a qualified nurse or qualified medical practitioner.

Date	Time	Name of Pupil	Drug or Medication	Amount or Quantity	Written Parental Authorisation Received	Signature of Persons witnessing Administration of Prescribed Cream

Appendix VIII (b)

Confidential

Register of Nappy Creams administered by staff

Nappy Creams of any Kind Should Only be Administered on Written Authorisation from the Parent

The School should ensure that an entry is made for every occasion when a nappy cream is applied by a member of staff. Two members of staff must sign and the register must be kept up-to-date.

The information contained in this register should be treated as confidential and entries should be made available only at the request of a qualified nurse or qualified medical practitioner.

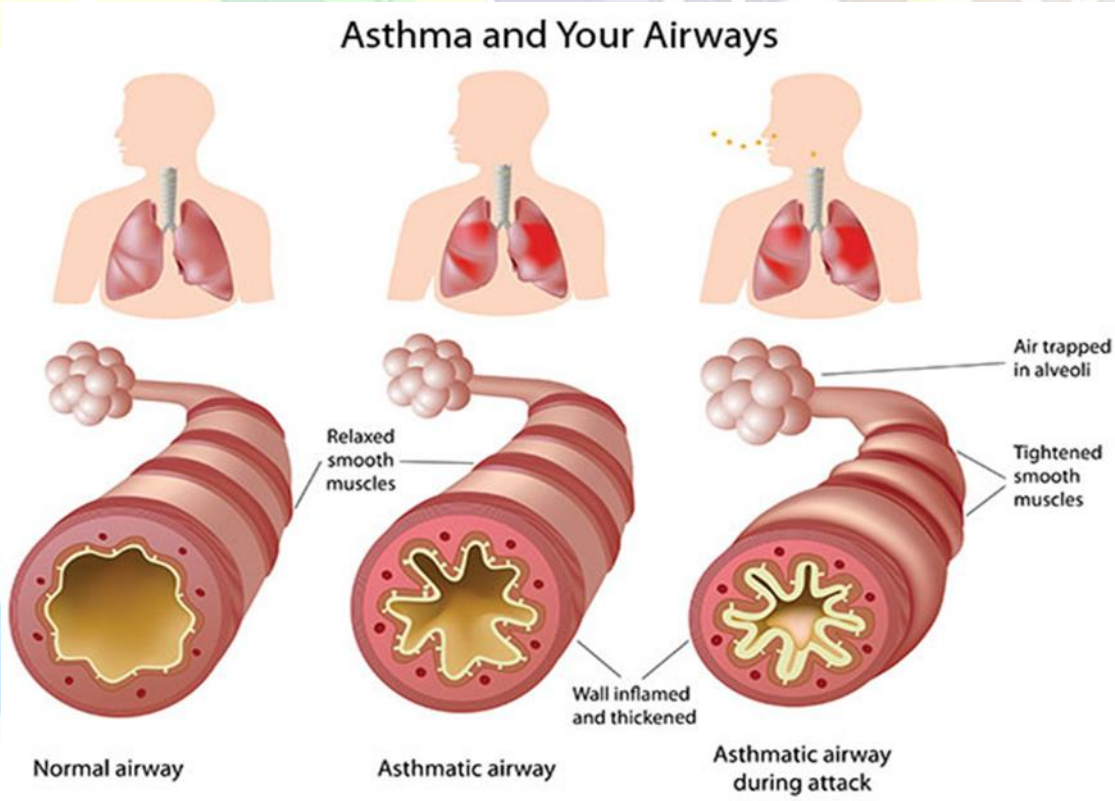
Date	Time	Name of Pupil	Drug or Medication	Amount or Quantity	Written Parental Authorisation Received	Signature of Persons witnessing Administration of nappy Cream

Appendix IX

Administration of Medicines Policy

Asthma

Asthma is a condition that affects small tubes (airways) that carry air in and out of the lungs. When a person with asthma comes into contact with something that irritates their airways (an asthma trigger), the muscles around the walls of the airways tighten so that the airways become narrower and the lining of the airways becomes inflamed and starts to swell. Sometimes, sticky mucus or phlegm builds up, which can further narrow the airways. These reactions make it difficult to breathe, leading to symptoms of asthma.



As a school, we recognise that asthma is a widespread, serious, but controllable condition. This school welcomes all pupils with asthma and aims to support these children in participating fully in school life. We endeavour to do this by ensuring we have:

- ✓ an asthma register
- ✓ up-to-date asthma policy,
- ✓ an asthma lead,
- ✓ all pupils with immediate access to their reliever inhaler at all times,

- ✓ all pupils have an up-to-date asthma action plan,
- ✓ an emergency salbutamol inhaler
- ✓ ensure all staff have regular asthma training
- ✓ promote asthma awareness pupils, parents/carers and staff.

Asthma Register

We have an asthma register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed as asthmatic or has been prescribed a reliever inhaler. When parents/carers have confirmed that their child is asthmatic or has been prescribed a reliever inhaler we ensure that the pupil has been added to the asthma register and has:

- an up-to-date copy of their personal asthma action plan,
- their reliever (salbutamol/terbutaline) inhaler in school,
- permission from the parents/carers to use the emergency salbutamol inhaler if they require it and their own inhaler is broken, out of date, empty or has been lost.

Asthma Lead

This school has an asthma lead us Miss Gemma Gaskell. It is the responsibility of the asthma lead to manage the asthma register, update the asthma policy, manage the emergency salbutamol inhalers (please refer to the Department of Health Guidance on the use of emergency salbutamol inhalers in schools, March 2015) ensure measures are in place so that children have immediate access to their inhalers.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Medication and Inhalers

All children with asthma should always have immediate access to their reliever (usually blue) inhaler. The reliever inhaler is a fast-acting medication that opens up the airways and makes it easier for the child to breathe.

Some children will also have a preventer inhaler, which is usually taken morning and night, as prescribed by the doctor/nurse. This medication needs to be taken regularly for maximum benefit. Children should not bring their preventer inhaler to school as it should be taken regularly as prescribed by their doctor/nurse at home. However, if the pupil is going on a residential trip, we are aware that they will need to take the inhaler with them so they can continue taking their inhaler as prescribed.

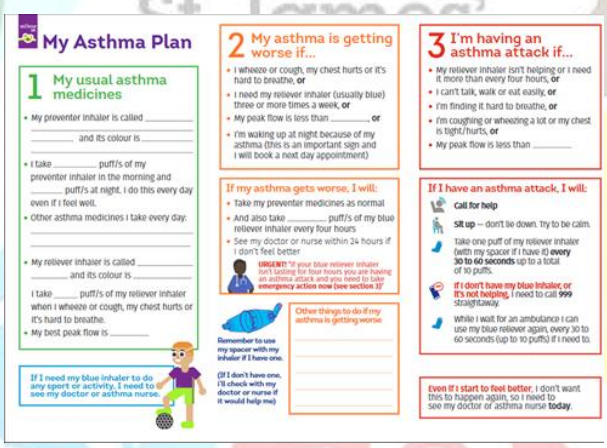
Children are encouraged to carry their reliever inhaler as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in taking their inhaler.

School staff are not required to administer asthma medicines to pupils however many children have poor inhaler technique or are unable to take the inhaler by themselves. Failure to receive their medication could end in hospitalisation or even death. Staff who have had asthma training and/or administering medication training and are happy to support children as they use their inhaler, can be essential for the well-being of the child. If we have any concerns over a child's ability to use their inhaler, we will refer them to the school nurse and advise parents/carers to arrange a review with their GP/nurse. Please refer to the Administering Medicines policy for further details about administering medicines.

Asthma Action Plans

Asthma UK evidence shows that if someone with asthma uses personal asthma action plan, they are four times less likely to be admitted to hospital due to their asthma. As a school, we recognise that having to attend hospital can cause stress for a family. Therefore, we believe it is essential that all children with asthma have a personal asthma action plan to ensure asthma is managed effectively within school to prevent hospital admissions.

https://www.asthma.org.uk/advice/child/life/school/



Staff training

Staff will need regular asthma updates. This training can be provided by the school nursing team and/or Compliance Education.

As of the 1st of September 2021. Paediatric First Aid Course should incorporate basic training on how to 'Help a baby or child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions. Therefore, the school will check our training provider meets Early Years Foundation Stage Statutory Criteria.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school has a definitive no-smoking policy. Pupil's asthma triggers will be recorded as part of their asthma action plans and the school will ensure that pupil's will not come into contact with their triggers, where possible.

We are aware that triggers can include:

- *Colds and infection*
- *Dust and house dust mite*
- *Pollen, spores and moulds*
- *Feathers*
- *Furry animals*
- *Exercise, laughing*
- *Stress*
- *Cold air, change in the weather*
- *Chemicals, glue, paint, aerosols*
- *Food allergies*
- *Fumes and cigarette smoke*

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish asthma triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

Exercise and activity

Taking part in sports, games and activities is an essential part of school life for all pupils. All staff will know which children in their class have asthma and all PE teachers at the school will be aware of which pupils have asthma from the school's asthma register.

Pupils with asthma are encouraged to participate fully in all activities. PE teachers will remind pupils whose asthma is triggered by exercise to take their reliever inhaler before the lesson, and to thoroughly warm up and down before and after the lesson. It is agreed with PE staff that pupils who are mature enough will carry their inhaler with them and those that are too young will have their inhaler labelled and kept in a box at the site of the lesson. If a pupil needs to use their inhaler during a lesson they will be encouraged to do so.

There has been a large emphasis in recent years on increasing the number of children and young people involved in exercise and sport in and outside of school. The health benefits of exercise are well documented and this is also true for children and young people with asthma. It is therefore important that

the school involve pupils with asthma as much as possible in and outside of school. The same rules apply for out of hours sport as during school hours PE.

When asthma is affecting a pupil's education

The school are aware that the aim of asthma medication is to allow people with asthma to live a normal life. Therefore, if we recognise that if asthma is impacting on their life a pupil, and they are unable to take part in activities, tired during the day, or falling behind in lessons we will discuss this with parents/carers, the school nurse, with consent, and suggest they make an appointment with their asthma nurse/doctor. It may simply be that the pupil needs an asthma review, to review inhaler technique, medication review or an updated Personal Asthma Action Plan, to improve their symptoms. However, the school recognises that Pupils with asthma could be classed as having disability due to their asthma as defined by the Equality Act 2010, and therefore may have additional needs because of their asthma.

Common 'day to day' symptoms of asthma

As a school we require that children with asthma have a personal asthma action plan which can be provided by their doctor / nurse. These plans inform us of the day-to-day symptoms of each child's asthma and how to respond to them in an individual basis. We will also send home our own information and consent form for every child with asthma each school year *(see last page)*. This needs to be returned immediately and kept with our asthma register.

However, we also recognise that some of the most common day-to-day symptoms of asthma are:

- Dry cough
- wheeze (a 'whistle' heard on breathing out) often when exercising
- Shortness of breath when exposed to a trigger or exercising
- Tight chest

These symptoms are usually responsive to the use of the child's inhaler and rest (e.g. stopping exercise). As per Department of Health Document, they would not usually require the child to be sent home from school or to need urgent medical attention.

Asthma Attacks

The school recognises that if all of the above is in place, we should be able to support pupils with their asthma and hopefully prevent them from having an asthma attack. However, we are prepared to deal with asthma attacks should they occur.

All staff will receive an asthma update annually, and as part of this training, they are taught how to recognise an asthma attack and how to manage an asthma attack.

The department of health Guidance on the use of emergency salbutamol inhalers in schools (March 2015) states 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)

If the child is showing these symptoms, we will follow the guidance for responding to an asthma attack recorded below. However, we also recognise that we need to call an ambulance immediately and commence the asthma attack procedure without delay if the child:

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

It goes on to explain that 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
- *Shake the inhaler and remove the cap
- *Place the mouthpiece between the lips with a good seal, or place the spacer mask securely over the nose and mouth.
- *Immediately help the child to take two puffs of salbutamol via the spacer, one at a time.(1 puff to 5 breaths)
- If there is no improvement, repeat these steps* 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 you have had to treat a child for an asthma attack in school, it is important that we inform the parents/carers and advise that they should make an appointment with the GP
- If the child has had to use 6 puffs or more in 4 hours the parents should be made aware and they should be seen by their doctor/nurse.
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, call 999 FOR AN AMBULANCE and call for parents/carers.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way

- A member of staff will always accompany a child taken to hospital by an ambulance and stay with them until a parent or carer arrives

References

- Asthma UK website School Policy Guidelines

https://www.asthma.org.uk/advice/child/life/school/

- BTS/SIGN asthma Guideline

https://www.brit-thoracic.org.uk/quality-improvement/guidelines/asthma/

- Department of Health (2014) Guidance on the use of emergency salbutamol inhaler in schools

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

- Early Years Foundation Stage Statutory Guidance effective 1st September 2021

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

Appendix X

Administration of Medicines Policy

Anaphylaxis

Anaphylaxis is a severe and often sudden allergic reaction which may be life-threatening and must be treated immediately. Allergic reactions occur when a person's immune system responds inappropriately to a food or substance that it wrongly perceives as a threat.

What causes an anaphylaxis reaction?

The common causes of allergies and anaphylaxis among children include:

- Peanuts
- Fish/seafood
- Milk
- Eggs
- Tree nuts (such as almonds, walnuts, cashew nuts, brazil nuts)
- Wheat
- Kiwifruit
- Less commonly, other foods

Non-food causes include wasp or bee stings, natural latex (rubber), penicillin or any other medicines.

Most healthcare professionals consider an allergic reaction to be anaphylaxis when it involves a difficulty in breathing or affects the heart rhythm or blood pressure. Any one or more of the following symptoms may be present. These are often referred to as the ABC symptoms:

Airway	**B**reathing	**C**onsciousness/Circulation
Persistent cough Vocal changes (hoarse voice) Difficulty in swallowing Swollen tongue	Difficult or noisy breathing Wheezing (like an asthma attack)	Feeling lightheaded or faint. Clammy skin Confusion Unresponsive/unconscious (due to a drop-in blood pressure)

This school welcomes all pupils with allergies/anaphylaxis and aims to support these children in participating fully in school life, which could include ensuring that a child with a food allergy is able to eat a school lunch. We recognise the seriousness of this condition, but with accurate and comprehensive information we feel their condition can be managed.

We endeavour to do this by ensuring we have:

- ✓ all pupils have an up-to-date allergies and anaphylaxis healthcare plan
- ✓ an allergies and anaphylaxis register
- ✓ up-to-date allergies and anaphylaxis policy,
- ✓ an allergies and anaphylaxis lead,
- ✓ all pupils with immediate access to their adrenaline auto-injectors at all times,
- ✓ ensure all staff have regular anaphylaxis and adrenaline training
- ✓ promote anaphylaxis awareness pupils, parents/carers and staff.
- ✓ practical measures to eliminate or reduce the allergen in school.

Anaphylaxis Healthcare Plan

To comply with our statutory duty to support pupils with medical conditions. The school will complete a Healthcare Plan with all pupils known to suffer from Anaphylaxis or who have been prescribed an Adrenaline Auto-injector.

The school Healthcare Plan ensures the school is effectively supporting a pupil's medical condition by providing clarity about the child's condition, what the child is allergic to, recognising the first signs of allergic reaction and what to do in an emergency.

Pupils parents/guardians, relevant staff, and if necessary, healthcare professionals will be consulted.

Our Healthcare Plan includes the following information:

- The child's details
- Contact details – Telephone and mobile numbers of parent or guardian and any other emergency contact details.
- Contact details of family GP
- The child's allergies – A list of the specific allergies and what to avoid
- A list of possible symptoms
- Prescribed Medication
- Details of Emergency Procedure – Including an assessment of symptoms, when and how to administer medication, contact numbers and the ambulance procedure
- Who can help? – A list of staff members who have been trained
- Consent and agreement – A parent or guardian must give written consent for staff to take responsibility for administering medication.

https://www.gov.uk/government/publications/supporting-pupils-at-school-with-medical-conditions--3

Anaphylaxis Register

We have an anaphylaxis register of children within the school, which we update yearly. We do this by asking parents/carers if their child is diagnosed with anaphylaxis or has been prescribed an adrenaline auto-injector. When parents/carers have confirmed that their child is anaphylaxis or has been prescribed an adrenaline auto-injector we ensure that the pupil has been added to the anaphylaxis register and has:

- an up-to-date copy of their personal anaphylaxis healthcare plan,
- their adrenaline auto-injectors (Epi-Pen, Jext, Emerade) is with them in school,
- permission from the parents/carers to use the emergency Epi-Pen, Jext, Emerade adrenaline auto-injector if they require another dose before the emergency services arrive

Anaphylaxis Lead

This school has an anaphylaxis lead. It is the responsibility of the anaphylaxis lead to manage the anaphylaxis register, update the anaphylaxis policy, ensure measures are in place so that children have immediate access to their adrenaline auto-injector.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Access to a child's Adrenaline Auto-injector

All children with anaphylaxis should always have immediate access to their adrenaline auto-injector. The adrenaline auto-injector medication acts on the whole body to block the progression of the allergic response. It constricts the blood vessels, leading to increased blood pressure, and decreased swelling.

Children are encouraged to carry their adrenaline auto-injectors as soon as they are responsible enough to do so. We would expect this to be by key stage 2. However, we will discuss this with each child's parent/carer and teacher. We recognise that all children may still need supervision in administering their adrenaline auto-injector.

School staff are not required to administer adrenaline auto-injector to pupils however the school understands that in an emergency a failure to administer the child's medication could end in hospitalisation or even death.

Therefore, the school will ensure an adequate number of staff have had adrenaline auto-injector training and/or administering medication training and are happy to support children. Please refer to the Administering Medicines policy for further details about administering medicines.

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.

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 Adrenaline Auto-injector with them, and there should be staff trained to administer Adrenaline Auto-injector in an emergency. Schools may wish to consider whether it may be appropriate, under some circumstances, to take spare Adrenaline Auto-injector obtained for emergency use on some trips.

Staff training

Severe anaphylaxis is an extremely time-critical situation: Delays in administering adrenaline have been associated with fatal outcomes. Therefore, it is important that as many of our staff are trained in how to administer an Adrenaline Auto-injector.

As of the 1st of September 2021. Paediatric First Aid Course should incorporate basic training on how to ‘Help a baby or child having: a diabetic emergency; an asthma attack; an allergic reaction; meningitis; and/or febrile convulsions. Therefore, the school will check our training provider meets Early Years Foundation Stage Statutory Criteria. Annex A

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf

School Environment

The school does all that it can to ensure the school environment is favourable to pupils with anaphylaxis. The school has a definitive no-nut policy. Pupil’s anaphylaxis triggers will be recorded as part of their anaphylaxis healthcare plans and the school will endeavour that pupil’s will not come into contact with their triggers, where possible.

As part of our responsibility to ensure all children are kept safe within the school grounds and on trips away, a risk assessment will be performed by staff. These risk assessments will establish anaphylaxis triggers which the children could be exposed to and plans will be put in place to ensure these triggers are avoided, where possible.

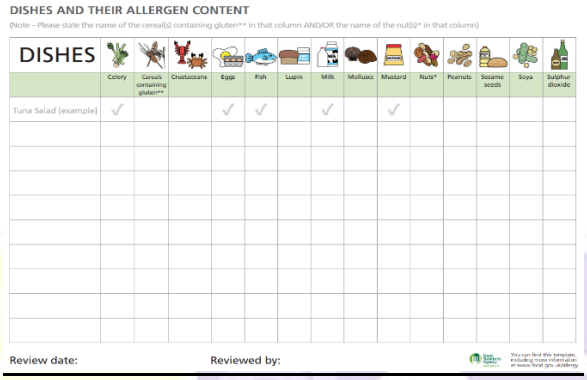
Food prepared on site - Lunch

All food and drink provided in our school meet the national food standards in England. All school lunches are cooked/provided by our school caterers Dolce.

Our school caterers Dolce comply with School Food Standards to ensure that food provided to pupils in school is nutritious and of high quality; to promote good nutritional health in all pupils; protect those who are nutritionally vulnerable; and promotes good eating behaviours.

Reasonable adjustments are made to the menu to reflect medical, dietary, and cultural needs of our pupils.

To comply with the EU Food Information for Consumers Regulation information is made available listing all allergenic ingredients contained within the food and drinks we serve.



DISHES AND THEIR ALLERGEN CONTENT

(Note – Please state the name of the cereal(s) containing gluten** in that column AND/OR the name of the nut(s)* in that column)

DISHES	Celery	Cereals containing gluten**	Crustaceans	Eggs	Fish	Lupin	Milk	Molluscs	Mustard	Nuts*	Peanuts	Sesame seeds	Soya	Sulphur dioxide
Tuna Salad (example)	✓			✓	✓		✓		✓					

Review date: Reviewed by:

You can find this template, including more information at www.food.gov.uk/allergy

Food prepared on site – Breakfast club.

Food prepared for the breakfast club is provided by the school and consist of low-risk foods e.g. toast, muffins, crumpets and a selection of drinks.

Food prepared off site (Packed Lunches, Birthday celebrations and festive treats)

All parents providing a packed lunch for their child is made aware of any known allergens and are asked to co-operate with the school.

A “no sharing” policy is in place, for when children bring food from home, and every effort is taken to ensure that allergic children do not take or accept food from another child's packed lunch.
A “treat box” of known allergen-free treats is provided by the child’s parents, to ensure that they are included in all special occasions.

Children with known allergens are encouraged to check with an adult before eating or before taking part in certain activities. Just a “is that okay for me?” will make the adult think again, and also teach the child awareness of their allergy and develop good management techniques.

References

Department of Health Guidance on the use of adrenaline auto-injectors in school
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf

Department of Education Allergy Guidance for schools 17th November 2020
https://www.gov.uk/government/publications/school-food-standards-resources-for-schools/allergy-guidance-for-schools

Department of Education Supporting Pupils with Medical Conditions at School
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/803956/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Education School food in England
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/788884/School-food-in-England-April2019-FINAL.pdf

Department of Education School Food Standards
https://www.gov.uk/government/publications/school-food-standards-resources-for-schools

Anaphylaxis Campaign
https://www.anaphylaxis.org.uk/information-training/our-factsheets/

Early Years Foundation Stage Statutory Guidance effective 1st September 2021
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/974907/EYFS_framework_-_March_2021.pdf