

## **Medicines Policy (incl administration of medicines)**

Believing in Excellence means that the school has key values that all members of our school community live by. These are:

- Respect;
- Resilience;
- Responsibility.

These values apply to three important spheres of life:

- Believing in Excellence for ourselves;
- Believing in Excellence for others;
- Believing in Excellence for our environment.

Date of Policy	May 2018
Date agreed by Governing Body	June 2018
Date of next review	June 2021 (or updated before if legislative changes)
Lead Member of Staff	Jon Brown

## CONTENTS

1. INTRODUCTION	Page 3
2. AIMS OF POLICY	Page 3
3. ROLES AND RESPONSIBILITIES	Page 3-4
4. SCHOOL ATTENDANCE DURING/AFTER ILLNESS	Page 4
5. ADMINISTRATION OF MEDICINES AT SCHOOL	Page 4-6
6. INDIVIDUAL HEALTHCARE PLANS	Page 6
7. STORAGE OF MEDICINES	Page 7
8. MEDICINES ON SCHOOL TRIPS	Page 7
9. LONG TERM MEDICATION	Page 7
10. EMERGENCY TREATMENT	Page 7
11. TRAINING STAFF	Page 7
12. PROCEDURES FOLLOWED WHEN NOTIFIED THAT A PUPIL HAS A MEDICAL CONDITION	Page 8
13. COMPLAINTS	Page 8
14. UNACCEPTABLE PRACTICE	Page 8
15. STAFF	Page 8
Appendix 1 Specific Medical Conditions	Page 9-15
Appendix 2 Parent Consent Form	Page 16

## 1. INTRODUCTION

This policy is written in line with the requirements of:

- Children and Families Act 2014 - section 100
- Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England, Department for Education (DfE), September 2014
- 0-25 SEND Code of Practice, DfE 2014
- Mental Health and behaviour in schools: departmental advice for school staff, DfE June 2014
- Equalities Act 2010
- Schools Admissions Code, DfE 1 Feb 2010

There is no legal requirement for school staff to administer medicines. Staff are expected to do what is reasonable and practical to support the inclusion of all pupils, and that the needs of each pupil and how their medical condition impacts on their school life. The DfE places a duty on schools to 'make arrangements to support pupils at their school with medical conditions'.

## 2. AIMS OF THIS POLICY

- To ensure that all pupils with medical conditions, in terms of physical and mental health, are supported in school so that they can play a full and active role in school life
- To ensure the safe administration of medicines to children where necessary.
- To ensure the on-going care and support of pupils with short term medical needs (pupils on a course of medication) and long term medical needs via a health care plan (pupils requiring on-going support, medicines or care while at school to help them to manage their condition and keep them well)
- To explain the roles and responsibilities of school staff in relation to medicines
- To clarify the roles and responsibilities of parents in relation to pupil's attendance during and following illness
- To outline to parents and school staff the safe procedure for bringing medicines into school when necessary and their storage

## 3. ROLES AND RESPONSIBILITIES

### Governing Body

The governing body remains legally responsible and accountable for fulfilling their statutory duty for supporting pupils at school with medical conditions. The governing body fulfil this by:

- Ensuring that arrangements are in place to support pupils with medical conditions. In doing so we will ensure that such children can access and enjoy the same opportunities at school as any other child;
- Taking into account that many medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore the focus is on the needs of each individual child and how their medical condition impacts on their school life;
- Ensuring that the arrangements give parents and pupils confidence in the school's ability to provide effective support for medical conditions;
- Ensuring that no child with a medical condition is denied admission, or prevented from taking up a place in school because arrangements for their medical condition have not been made. However, in line with safeguarding duties, we will ensure that pupils' health is not put at unnecessary risk from, for example, infectious diseases, and

reserve the right to refuse admittance to a child at times where it would be detrimental to the health of that child or others to do so;

- Ensuring that the arrangements put in place are sufficient to meet our statutory duties and ensure that policies, plans, procedures and systems are properly and effectively implemented;

#### Leadership team

- To bring this policy to the attention of school staff and parents and to ensure that the procedures outlined are put into practice
- To ensure that there are sufficient appointed persons for the school to be able to adhere to this policy
- To ensure that staff receive appropriate support and training
- To ensure that parents are aware of the school's Administering of Medicines procedures (see point 5 below)

#### All staff

- To follow the procedures outlined in this policy using the appropriate forms
- To complete relevant forms with parents for pupils with complex or long term medical needs
- To share medical information as necessary to ensure the safety of a pupil
- To retain confidentiality
- To take all reasonable precautions to ensure the safe administration of medicines
- To contact parents with any concerns without delay
- To contact emergency services if necessary without delay
- To keep the first aid room and first aid boxes stocked with supplies.
- Visit Leaders – see 'medicines on school trips' below

#### Parents/Carers

- To give the school adequate information about their child's medical needs prior to a child starting school and any changes, such as higher/ lower dosage
- To follow the school's procedure for bringing medicines into school
- To only request medicines to be administered in school when essential
- To ensure that medicines are in date and that asthma inhalers are not empty
- To notify the school of changes in a child's medical needs, e.g. when medicine is no longer required or when a child develops a new need, e.g. asthma

### **4. SCHOOL ATTENDANCE DURING/AFTER ILLNESS**

- Pupils should not be at school when unwell, however, parents may send their child to school with a mild cough/cold
- Symptoms of vomiting or diarrhoea require a pupil to be absent from school and not to return until clear of symptoms. (this is normally; secondary pupils 24 hours, primary pupils 48 hours)
- The School will refer to Health Protection Agency guidance where necessary
- 

### **5. ADMINISTRATION OF MEDICINES AT SCHOOL**

#### General

- Most children/young people will at some time have a medical condition that may affect their participation in school activities. This is most likely to be short term, e.g. completion of a course of antibiotics. Some young people, however, have medical

conditions that, if not managed, could limit their access to education. These young people are regarded as having medical needs. Many children with medical needs are able to attend school regularly and, with support from schools, can take part in most school activities. Close supervision by staff may be needed in some activities to ensure that young people and others are not put at risk.

- Parents or carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. The parent/carer should obtain additional details from their child's healthcare professional when needed.
- The school will ensure that it has members of staff, with appropriate training, to manage medicines as part of their duties. This is necessary to ensure that there are no errors in the administration, handling and storage of medicines and to ensure that the school can demonstrate that they have taken all reasonable steps to administer medicines in a safe and proper manner.
- In addition to those staff who have received training, other school staff may administer medicines as long as they follow the medicine label and have notified the relevant member of staff so that the pupil record is updated. For all medicines to be administered parents should complete a consent form and a new form should be completed if there is a variation in the pattern of dosage.. Staff will not administer if there is any doubt about the label on the medicine (eg no label present or label has been defaced)
- Some pupils who have complex medical needs will require more support than regular medicines and the school will seek further medical advice and training regarding the pupil if needed.
- The school will work with pupils (and parents/carers) who have medical needs and identify the necessary safety measures that are needed to be put in place to fully support them.eg what to do in an emergency situation.
- An assessment of the risks to the health and safety of staff and pupils with control measures put in place to minimise and manage any identified risks will be made where necessary
- The individual pupil and family have a right to confidentiality and as with any other medical condition; privacy and the need for prompt and effective care are to be balanced with sensitivity. Sharing information is important within the school if staff are to ensure the best care for a pupil.

#### Pupil Self Medication

- Wherever possible pupils will be allowed to carry relevant devices or should be able to access their medication for self-medication quickly and easily. Medication will be stored in the medical rooms. The decision on this will be agreed in consultation with parents, the pupil and the relevant healthcare professionals. If a pupil carries their own medicine school staff will be available to supervise and help if required.
- The school should be notified by the parent/carer or pupil if this is the case so that the school is aware and can log.
- If a pupil refuses to take medicine or carry out a necessary procedure, staff will not force them to do so, but follow the procedure agreed in the individual healthcare plan or contact parents so that alternative options can be considered.

#### Non-Prescription Medication

- The school will only administer non-prescribed medicine to a pupil if there is prior permission from the parent/carer.
- The full dosage instructions must be present on the medicine container and these instructions followed.
- For Primary phase pupils all medicines must be brought to the school office by an adult

- Administration of non-prescribed medication should only occur if it is in the pupil's best interest to have such medication and that the medication can be administered safely within the school.
- A record of the name, date, time and dose of the medication should be kept, signed by the person administering the medication.
- Parents should be made aware when medication has been administered during the day to ensure over-dosing does not occur.
- A record to acknowledge that medication has been administered will be kept and signed off by school staff.
- No pupil will be given medicines containing aspirin unless it has been prescribed for that pupil by a doctor.

#### Prescribed Medicines

- In the case of antibiotics, only those prescribed for three times or more a day may be administered at school
- The school will not make any changes to the prescribed dose at the request of a parent/carer
- Medicines will not be accepted in school that require medical expertise or intimate contact unless it has been agreed by the Headteacher.
- All prescribed medicines will only be accepted with written permission from parent/carer that are in-date, labelled, provided in the original container (as dispensed by a pharmacist) and include instructions for administration, dosage and storage.
- The Headteacher must be informed of any controlled drugs required by pupils. Tablets should be counted and recorded when brought to the office and when collected again.
- .
- Parents may come to the school to administer medicines if necessary
- If a pupil refuses to take medicine, staff must not force them to do so. The refusal should be recorded and parents informed

## **6. INDIVIDUAL HEALTHCARE PLANS**

Individual healthcare plans will help to ensure that the School effectively supports pupils with medical conditions. They will provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. Not all children will require one.

Individual healthcare plans should be drawn up in partnership between the school, parents/carers and relevant healthcare professionals e.g. nurse, who can best advise on the particular needs of the pupil. The aim should be to capture the steps which the School should take to help manage their condition and overcome any potential barriers to getting the most from their education.

Healthcare plans will be developed and reviewed with the child's best interests in mind to ensure that the School assesses and manages risks to the child's education, health and social wellbeing, and minimises disruption to their learning.

It is essential that parents/carers liaise with the school to ensure that pupil's medical information is kept up to date.

## **7. STORAGE OF MEDICINES**

- Antibiotics (including antibiotic eye drops) must be stored in the first aid fridge
- Tablets must be stored in the first aid box in the medical room.
- Epipens should be stored in the medical room but will be accessible in the event of an emergency.
- Spare Asthma inhalers should be stored in the medical room, labelled with the pupil's name and can be taken with the pupil during physical activities as required. In the primary phase asthma inhalers are kept within the pupil's classroom.
- 
- Any expired medication not collected will be disposed of by the school.

## **8. MEDICINES ON SCHOOL TRIPS**

- Pupils with medical needs are given the same opportunities as others. Staff may need to consider what is necessary for all pupils to participate fully and safely on school trips. Staff should discuss any concerns about a pupil's safety with parents. The trip leader is responsible for ensuring arrangements are in place for any pupil with medical needs prior to the trip taking place. The trip leader is responsible for designating a person to administer medicines for the trip. This person will be responsible for ensuring the correct medicines and first aid equipment are taken on the trip and kept safely at all times.
- The designated person on the trip will administer any medicines required and record the details on return to school.
- The person will return any unused medicines to the medical room or parents as required.

## **9. LONG TERM MEDICATION**

The medicines in this category are largely preventative in nature and it is essential that they are given in accordance with instructions, see above, and parents/carers should report any changes in medication to the school. It is sometimes necessary to explain the use of medication to a number of pupils in the class in addition to the affected child so that peer group support can be given.

## **10. EMERGENCY TREATMENT**

- If it is necessary to give emergency treatment, a clear written account of the incident must be given to the parents /carer of the child, and a copy retained in the school.
- If a pupil has to be taken to hospital in an emergency the member of staff will stay with the pupil until the parent/carers arrive.

## **11. TRAINING STAFF**

- The leadership team are responsible for ensuring that staff receive suitable training to ensure pupils are supported with medical needs. Training needs should be reviewed at least annually. .
- Staff will be informed of the medical needs of the pupils where required. .
- The school will record staff training for administration of medicines and first aid.

## **12. PROCEDURES FOLLOWED WHEN NOTIFIED THAT A PUPIL HAS A MEDICAL CONDITION**

- Information received from Admissions Officer is sent to specified school staff (in particular Pupil Attendance and Welfare staff) to make them aware of new pupil on roll with medical needs
- If necessary the school will contact parent/carer to discuss the medical condition and complete relevant forms.

## **13. COMPLAINTS**

Any parent/carer who wishes to make a complaint concerning the support provided to a pupil with a medical condition should write a letter addressed to the Headteacher.

## **14. UNACCEPTABLE PRACTICE**

The school will not;

- Prevent pupils from easily accessing their inhalers and medication and administering their medication when and where necessary;
- Assume that every pupil with the same condition requires the same treatment;
- Ignore the views of the child or their parents; or ignore medical evidence or opinion (although this may be challenged);
- Send pupils with medical conditions home frequently or prevent them from staying for normal school activities;
- Prevent pupil from managing their medical condition, eg taking toilet breaks;
- Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

## **15. STAFF**

A member of staff may suffer one of medical conditions outlined in Appendix 1. Once this condition has been identified and the school has been informed, steps will need to be taken by the school to reach an agreement with the member of staff on the action to be taken in an emergency. The guidance in Appendix 1 is based on children but can be adapted/followed for staff.

## Specific Medical Conditions

The medical conditions that most commonly cause concern in schools/settings are:

- Diabetes
- Epilepsy
- Asthma
- Anaphylaxis (severe allergic reaction).

This appendix provides some basic information about these conditions but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils are assessed on an individual basis.

### Diabetes

Diabetes UK Helpline 0845 120 2960 [www.diabetes.org.uk](http://www.diabetes.org.uk)

#### Medicine and Control

The diabetes of the majority of children/young people is controlled by injections of insulin each day. Most children will be on a twice a day regime of a longer acting insulin and it is unlikely that these will need to be given during school hours, although for those who do it may be necessary for an adult to administer the injection.

Pupils with diabetes need to ensure that their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor at regular intervals. They may need to do this during the school lunch break, before PE or more regularly if their insulin needs adjusting.

Pupils will be able to do this themselves and will be advised of a suitable place to do so. Pupils with diabetes need to be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Special arrangements for pupils with diabetes will be made as the school has staggered lunchtimes. If a meal or snack is missed, or after strenuous activity, the pupil may experience a hypoglycaemic episode (a hypo) during which blood glucose level fall too low. Staff in charge of physical education or other physical activity should be aware of the need for a pupil with diabetes to have glucose tablets or a sugary drink to hand.

Staff should be aware that the following symptoms, either individually or combined, may be indicators of low blood sugar – a hypoglycaemic reaction (hypo) in a pupil with diabetes:

- hunger
  - sweating
  - drowsiness
  - pallor
  - glazed eyes
  - shaking or trembling
  - lack of concentration
  - irritability headache
- mood changes, especially angry or aggressive behavior.

Each pupil may experience different symptoms and this should be discussed when drawing up the health care plan. If a pupil has a hypo, it is very important that they are not left alone and that a fast acting sugar, such as glucose tablets, a glucose rich gel or a sugary drink to brought to the pupil and given immediately. Slower acting starchy food, such as a sandwich or two biscuits and a glass of milk, should be given once the pupil has recovered, some 10 – 15 minutes later.

Alternative intervention strategies should be discussed and agreed and training given in the event of the pupil being unconscious and unable to swallow.

An ambulance should be called if: the pupil's recovery takes longer than 10 – 15 minutes or if the pupil becomes unconscious.

Some pupils may experience hyperglycaemia (high glucose level) and have a greater than usual need to go to the toilet or to drink. Tiredness and weight loss may indicate poor diabetic control and staff will naturally wish to draw any such signs to the attention of parents/carers. If the pupil is unwell, vomiting or has diarrhoea this can lead to dehydration. If the pupil is giving off a smell of pear drops or acetone this may be a sign of ketosis and dehydration and the pupil will need urgent medical attention. Nothing should be given by mouth.

The pupil should never be sent home while in a reaction, as any form of exertion will make the reaction more severe.

### Procedures

When a pupil has been identified as being at risk of a hypoglycaemia or hyperglycaemia episode, the school will take steps to ensure that prompt and efficient action is taken in accordance with medical advice and guidance. An emergency procedure will be developed and agreed by the parents, the school and the child's doctor. This would include:

- emergency procedure
- medication, if agreed
- staff training
- precautionary measures
- consent and agreement.

This ensures the best possible support is in place for both the pupil and staff. It may be necessary that pupil in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the pupil's medical needs, e.g. medi bracelet to alert staff of ill health risk.

All staff should be informed of the protocol and advised of their responsibilities in case of ill health

Once an agreement has been made to administer medication the school will have a responsibility to do so if hypoglycaemia or hyperglycaemia episode occur

### **Epilepsy**

The National Society for Epilepsy 01494 601400 [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

What is Epilepsy?

Seizures can take many different forms and a wide range of terms may be used to describe the particular seizure pattern for the individual pupil. Parents and health care professionals should provide information to schools, to be incorporated into the individual care plan, setting the particular pattern of an individual pupil's epilepsy. If a pupil does experience a seizure during the school day, details should be recorded and communicated to parents including:

- any factors which might possibly have acted as a trigger to the seizure e.g. visual/auditory stimulation, emotion (anxiety, upset);
- any unusual 'feelings' reported by the pupil prior to the seizure
- parts of the body demonstrating seizure activity e.g. limbs, facial muscles
- the timing of the seizure – when it happened and how long it lasted;
- whether the pupil lost consciousness;

- whether the pupil was incontinent.

This will help parents to give more accurate information on seizures and seizure frequency to the pupil's specialist.

### Medicine and Control

Most pupils with epilepsy take anti-epileptic medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness or being unwell may increase a pupil's chance of having a seizure. Flashing or flickering lights and some geometric shapes or patterns can also trigger seizures. This is called photosensitivity and it is very rare. Most pupils with epilepsy can use computers and watch television without any problem.

A pupil with epilepsy should be included in all activities. Extra care may be needed in some areas such as swimming or working in science laboratories. Concerns about safety should be discussed with the pupil and their parents as part of the health care plan.

- During a seizure it is important to make sure that the pupil is in a safe position, not to restrict a pupil's movements and to allow the seizure to take its course.
- In a convulsive seizure putting something soft under a pupil's head will help to protect it.
- Nothing should be placed in their mouth. After a convulsive seizure has stopped, the pupil should be placed in the recovery position and stayed with, until they are fully recovered.
- An ambulance should be called during a convulsive seizure if
  - it is the pupil's first seizure;
  - the pupil has injured themselves badly
  - they have problems breathing after a seizure
  - a seizure lasts longer than the period set out in the pupil's health care plan;
  - a seizure lasts for five minutes if you do not know how long they usually last for that pupil
- there are repeated seizures, unless this is usual for the pupil as set out in their health care plan.

Such information should be an integral part of the emergency procedures and also relate specifically to the pupil's individual health care plan. The health care plan should clearly identify the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required. Most seizures last for a few seconds and minutes and stop of their own accord. Some pupils who have longer seizures may be prescribed diazepam for rectal administration. This is an effective emergency treatment for prolonged seizures. The epilepsy nurse or a paediatrician should provide guidance as to when to administer it and why.

Training in the administration of rectal diazepam is needed and will be available from healthcare professionals. Staying with the pupil afterwards is important as diazepam may cause drowsiness. Where it is considered clinically appropriate, a liquid solution midazolam, given into the mouth or intra-nasally, may be prescribed as an alternative to rectal diazepam. Instructions for use must come from the prescribing doctor.

Pupils requiring rectal diazepam will vary in age, background and ethnicity and will have differing levels of need, ability and communication skills. It is strongly recommended that arrangements are made for two adults, at least one of the same gender as the pupil, to be present for such treatment, this minimises the potential for accusations of abuse. Two adults can also often ease practical administration of treatment. Staff should protect the dignity of the pupil as far as possible, even in emergencies.

### Procedures

When a pupil has been identified as being at risk of epilepsy, the school needs to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. A protocol should be developed and agreed by the parents, the school and the child's doctor/paediatrician. The protocol includes

- emergency procedure
- medication, if agreed
- staff training
- precautionary measures
- consent and agreement.

A protocol forms an agreement to ensure that the best possible support is in place for both the pupil and staff. It may be necessary that pupil in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the pupil's medical needs, e.g. medi bracelet to alert staff of severe ill health risk.

All staff should be informed of the protocol and advised of their responsibilities in case of ill health.

Once an agreement has been made to administer medication, the school will have a responsibility to do so if epileptic seizure occur.

### **Asthma**

Asthma UK Helpline 08457 010203 [www.asthma.org.uk](http://www.asthma.org.uk)

What is Asthma?

Asthma is common and appears to be increasingly prevalent in children and young people. One in ten children have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or whistling noise in the chest, tight feelings in the chest or getting short of breath. Not everyone will get all these symptoms, and some pupils may only get symptoms from time to time. It is imperative that staff know how to identify when symptoms are getting worse and what to do for pupils with asthma when this happens. Pupils with significant asthma should have an individual health care plan.

### Medicine and Control

There are two main types of medicines used to treat asthma, relievers and preventers.

- Usually a pupil will only need a reliever during the school/setting day. Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an asthma attack. They are sometimes taken before exercise.
- Preventers (brown, red, orange inhalers, sometimes tablets) are usually taken out of school/setting hours.

Pupils with asthma need to have immediate access to their reliever inhalers. Pupils who are able to use their inhalers themselves should be allowed to carry them on their person. If the pupil is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe, readily accessible place, clearly marked with the pupil's name. Inhalers should always be available during PE, sports activities and educational visits.

For a pupil with severe asthma, the health care professional may prescribe a spare inhaler to be kept in school. The signs of an asthma attack include:

- coughing;
- being short of breath;
- wheezy breathing;
- feeling of tight chest;

- being unusually quiet.

When a pupil has an attack they should be treated according to their individual health care plan previously agreed. An ambulance should be called if:

- the symptoms do not improve sufficiently in 5 – 10 minutes;
- the pupil is too breathless to speak;
- the pupil is becoming exhausted;
- the pupil looks blue.

It is important to agree with the parents how to recognise when the pupil's asthma gets worse and what action will be taken. An asthma school card (available from Asthma UK) is a useful way to store written information about the pupil's asthma and should include details about asthma medicines, triggers, individual symptoms and emergency contact numbers for the parent and pupil's healthcare professional.

A pupil should have a regular asthma review with their healthcare professional. Parents should arrange the review and make sure that a copy of the pupil's management plan is given to the school. Pupils with asthma should participate in all aspects of the school day including physical activities. They need to take their reliever inhaler with them on all offsite activities. Physical activity benefits pupils with asthma in the same way as other pupils. Swimming is particularly beneficial, although endurance work should be avoided. Some pupils may need to take their reliever asthma medicines before any physical exertion.

Warm-up activities are essential before any sudden activity especially in cold weather. Particular care may be necessary in cold or wet weather.

Reluctance to participate in physical activities should be discussed with parents, staff and the pupil. However, pupils with asthma should not be forced to take part if they feel unwell. Pupils should be encouraged to recognise when their symptoms inhibit their ability to participate. Pupils with asthma may not attend on some days due to their condition and may also at times have some sleep disturbance due to night symptoms. This may affect their concentration. Such issues should be discussed with the attendance officers as appropriate.

### Procedures

When a pupil has been identified as being at risk of asthma, the school will take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance. Appendix B is an example of a health care plan that could be used to record the severity of the pupil's asthma, individual symptoms and allergies, details of medication to be taken and any assistance or emergency action which may be necessary for staff to implement.

As in all cases of medication in schools, a parental consent form should be completed and kept in school. An example of a consent form is shown in Appendix F.

### **Anaphylaxis**

The Anaphylaxis Campaign 01252 542029 [www.anaphylaxis.org.uk](http://www.anaphylaxis.org.uk), Allergy UK 01322 619864, [www.allergyuk.org](http://www.allergyuk.org), [www.kidsallergies.co.uk](http://www.kidsallergies.co.uk)

What is Anaphylaxis?

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit and also penicillin, latex and the venom of stinging insects such as bees, wasps or hornets.

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. Fortunately this is rare among young children below teenage years. More commonly among children there may be swelling in the throat, which can restrict the air supply. Any symptoms affecting the breathing are serious

Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting

Even where mild symptoms are present, the pupil should be watched carefully. They may be heralding the start of a more serious reaction.

### Medicine and Control

The treatment for a severe allergic reaction is an injection of adrenaline (also known as epinephrine). Preloaded injection devices containing one measured dose of adrenaline are available on prescription. The devices are available in two strengths – adult and junior. Should a severe allergic reaction occur, the adrenaline injection should be administered into the muscle of the upper outer thigh. An ambulance should always be called.

- Staff that volunteer to be trained in the use of these devices can be reassured that they are simple to administer.
- Adrenaline injectors, given in accordance with the manufacturer instructions, are a well-understood and safe delivery mechanism. It is not possible to give too large a dose using this device.
- The needle is not seen until after it has been withdrawn from the pupil's leg. In cases of doubt it is better to give the injection than to hold back.

The decision on how many adrenaline devices the school should hold and where to store them has to be decided on an individual basis between the Headteacher, parents and the healthcare professionals.

Where pupils are considered sufficiently responsible to carry their emergency treatment on their person, there should always be a spare set kept safely which is not locked away and is accessible to all staff. It is often quicker for staff to use an injector that is with the pupil rather than taking time to collect one from a central location.

Studies have shown that the risks for allergic reaction are reduced where an individual care plan is in place. Reactions become rarer and when they occur they are mostly mild. The plan will need to be agreed by the parents, the school and the treating doctor.

Important issues specific to anaphylaxis to be covered include:

- anaphylaxis – what may trigger it;
- what to do in an emergency;
- prescribed medication;
- food management;
- precautionary measures.

Once staff have agreed to administer medicine to an allergic pupil in an emergency, a training session will need to be provided by the school/setting health service. .

Day to day policy measures are needed for food management, awareness of the pupil's needs in relation to the menu, individual meal requirements and snacks in school. When kitchen staff are employed by a separate organisation, it is important to ensure that the catering supervisor is fully aware of the pupil's particular requirements. Steps to minimise any risk to pupils should be taken.

Pupils who are at risk of severe allergic reactions are not ill in the usual sense. They are normal pupils in every respect – except that if they come into contact with a certain food or substances, they may become unwell. It is important that these pupils are not stigmatised or made to feel different. It is important, too, to allay parent/carers' fears by reassuring them that prompt and efficient action will be taken in accordance with medical advice and guidance.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

### Procedures

When a pupil has been identified as being at risk of anaphylaxis, the school need to take steps to ensure that prompt and efficient action will be taken in accordance with medical advice and guidance.

Whether the responsibility to administer medicines is accepted or not, an emergency procedure and protocol should be developed and agreed by the parents, the school and the child's doctor. The protocol includes:

- emergency procedure
- medication, if agreed;
- food management (if food allergy)
- staff training;
- precautionary measures
- consent and agreement.

A protocol forms an agreement that the best possible support is in place for both the pupil and staff. It may be necessary that pupils in secondary schools wear a form of identification of their medical condition as teachers may not be familiar with the pupil's medical needs, e.g. medi bracelet to alert staff.

All staff should be informed of the protocol and advised of their responsibilities in case of a reaction. Once an agreement has been made to administer medication the school will have a responsibility to do so if anaphylactic shock occurs

## ATTENDANCE AND WELFARE MEDICAL FORM

To be completed by the Parent/Carer of any pupil to whom drugs  
may be administered under the supervision of staff .

*If you need help to complete this form, please contact the School or the Health Visitor attached to your doctor's surgery.*

- All medication for pupils must be in the **original packaging** and accompany a Parental Consent Form.
- Staff cannot administer antibiotics unless they are in the **original packaging with the prescription name and dosage instructions clearly marked.**
- Please make sure medication is in date, any medication such as paracetamol which goes out of date will automatically be disposed of.
- Where possible pupils who are asthmatic should carry their inhalers with them. The Attendance and Welfare Office will accept spare inhalers that are clearly marked with a pupil's name by a parent/carer together with a completed consent form and will ensure that they are safely kept.

***Please complete in block letters***

Pupil's name

Date of birth

Address

Doctor's Name

Surgery Address

**To be taken on a regular basis:**

My child has been prescribed the following medication:

Name of medication	How often (eg at lunchtime/ after food)	How much (eg half a teaspoon/ one tablet)

**To be taken in special circumstances:**

(Please describe in what circumstances, the nature and dosage of the prescribed medication or treatment.)

I request that the treatment be given in accordance with the above information by a member of school staff who has received any necessary training. I understand that permission will be given for this treatment to be carried out during educational visits and other out of school activities away from the school premises. **I undertake to supply the school with the drugs and medicines in properly labelled containers.** I accept that whilst my child is in the care of the school, the school staff stand in the position of the family and that the school staff may therefore need to arrange any medical aid considered necessary in an emergency, but I will be told of any such action as soon as possible.

Signed

Date