



Medical Conditions Policy

(Incorporating Medicines in Partnership and Asthma)



Author: **Head Teacher**

Date Approved: **02/07/2024**

Review Date: **02/07/2025**

Governor Committee Policy presented to:
Curriculum & Ethos Committee

Related Policies:

Safeguarding	Bullying
Confidentiality	PSHEe
Information Management Handbook	
Science	
Equalities	

POLICY STATEMENT

This partnership is an inclusive community that welcomes and supports pupils with medical conditions.

This partnership provides all pupils with any medical condition the same opportunities as others at partnership.

We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic wellbeing once they leave partnership.

The partnership makes sure all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

This partnership understands that certain medical conditions are debilitating and potentially life threatening, particularly if poorly managed or misunderstood.

This partnership understands the importance of medication and care being taken as directed by healthcare professionals and parents.

All staff understand the medical conditions that affect pupils at this partnership. Staff receive training on the impact medical conditions can have on pupils.

The named member of partnership staff responsible for this medical condition policy and its implementation is: Mrs Julia Shaw

Policy framework

The policy framework describes the essential criteria for how the partnership can meet the needs of children and young people with long-term medical conditions.

1 This partnership is an inclusive community that supports and welcomes pupils with medical conditions.

- This partnership is welcoming and supportive of pupils with medical conditions. It provides children with medical conditions with the same opportunities and access to activities (both partnership based and out-of-partnership) as other pupils. No child will be denied admission or prevented from taking up a place in this partnership because arrangements for their medical condition have not been made.
- This partnership will listen to the views of pupils and parents and ensure they feel confident in the care they receive and the level of that care meets their needs.

- Staff understand the medical conditions of pupils at this partnership and that they may be serious, adversely affect a child's quality of life and impact on their ability to learn.
- All staff understand their duty of care to children and young people and know what to do in the event of an emergency.
- The whole partnership and local health community understand and support the medical conditions policy.
- This partnership understands that all children with the same medical condition will not have the same needs.
- The partnership recognises that duties in the Children and Families Act (England only), the Equality Act (England, Wales and Scotland) and the Disability Discrimination Act (Northern Ireland only) relate to children with disability or medical conditions and are anticipatory.

2. All children with a medical condition should have an individual healthcare plan (IHP).

- An IHP details exactly what care a child needs in partnership, when they need it and who is going to give it.
- It should also include information on the impact any health condition may have on a child's learning, behaviour or classroom performance.
- This should be drawn up with input from the child (if appropriate) their parent/carer, relevant partnership staff and healthcare professionals, ideally a specialist if the child has one.

3. All staff understand and are trained in what to do in an emergency for children with medical conditions at this partnership.

- All partnership staff, including temporary or supply staff, are aware of the medical conditions at this partnership and understand their duty of care to pupils in an emergency.
- All selection of staff have received training in what to do in an emergency and this is refreshed every three years
- A child's IHP should, explain what help they need in an emergency. The IHP will accompany a pupil should they need to attend hospital. Parental permission will be sought and recorded in the IHP for sharing the IHP within emergency care settings.

4. All staff understands and are trained in the partnership's general emergency procedures.

- All staff, including temporary or supply staff, knows what action to take in an emergency and receive updates at least yearly.
- If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a parent arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car unless in an absolute emergency/ambulance not available.

5. This partnership has clear guidance on providing care and support and administering medication at partnership.

- This partnership understands the importance of medication being taken and care received as detailed in the pupil's IHP.
- This partnership will make sure that there is more than one member of staff who has been trained to administer the medication and meet the care needs of an individual child. This partnership will ensure that there are sufficient numbers of staff trained to cover any absences, staff turnover and other contingencies. This partnership's governing body has made sure that there is the appropriate level of insurance and liability cover in place.
- This partnership will not give medication (prescription or non-prescription) to a child under 16 without a parent's written consent (email or message) except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their parent, while respecting their confidentiality.
- When administering medication, for example pain relief, this partnership will check the maximum dosage and when the previous dose was given. Parents will be informed. This partnership will not give a pupil under 16 aspirin unless prescribed by a doctor.
- This partnership will make sure that a trained member of staff is available to accompany a pupil with a medical condition on an off-site visit, including overnight stays.
- Parents at this partnership understand that they should let the partnership know immediately if their child's needs change.

6. This partnership has clear guidance on the storage of medication and equipment at partnership.

- This partnership makes sure that all staff understands what constitutes an emergency for an individual child and makes sure that emergency medication/equipment is readily available wherever the child is in the partnership and on off-site activities, and is not locked away. Pupils may carry their emergency medication with them if they wish/this are appropriate.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Spare inhalers are held in the partnership office.
- Pupils cannot carry controlled drugs. This partnership will keep controlled drugs stored securely. Staff at this partnership can administer a controlled drug to a pupil once they have had specialist training.
- This partnership will make sure that all medication is stored safely, and that pupils with medical conditions know where they are at all times and have access to them immediately.
- This partnership will store medication that is in date and labelled in its original container where possible, in accordance with its instructions. The exception to this is insulin, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents are asked to collect all medications/equipment at the end of the partnership year, and to provide new and in-date medication at the start of each new academic year.
- This partnership disposes of needles and other sharps in line with local policies. Sharps boxes are kept securely at partnership and will accompany a child on off-site visits. They are collected and disposed of in line with local authority procedures.

7. This partnership has clear guidance about record keeping.

- Parents at this partnership are asked if their child has any medical conditions on the enrolment form.
- This partnership uses an IHP to record the support an individual pupil needs around their medical condition. The IHP is developed with the pupil (where appropriate), parent, partnership staff, specialist nurse (where appropriate) and relevant healthcare services.
- This partnership has a centralised register of IHPs, and an identified member of staff has the responsibility for this register.
- IHPs are regularly reviewed, at least every year or whenever the pupil's needs change.
- The pupil (where appropriate) parents, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the IHP. Other partnership staff are made aware of and have access to the IHP for the pupils in their care.
- This partnership makes sure that the pupil's confidentiality is protected.
- This partnership seeks permission from parents before sharing any medical information with any other party.
- This partnership meets with the pupil (where appropriate), parent, specialist nurse (where appropriate) and relevant healthcare services prior to any overnight or extended day visit to discuss and make a plan for any extra care requirements that may be needed. This is recorded in the pupil's IHP which accompanies them on the visit.
- This partnership keeps an accurate record of all medication administered, including the dose, time, date and supervising staff.
- This partnership makes sure that all staff providing support to a pupil and other relevant teams has received suitable training and ongoing support, to make sure that they have confidence to provide the necessary support and that they fulfil the requirements set out in the pupil's IHP. This should be provided by the specialist nurse/partnership nurse/other suitably qualified healthcare professional and/or the parent. The specialist nurse/partnership nurse/other suitably qualified healthcare professional will confirm their competence, and this partnership keeps an up-to-date record of all training undertaken and by whom.

8. This partnership ensures that the whole partnership environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities.

- This partnership is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure this accessibility. This partnership is also committed to an accessible physical environment for out-of-partnership activities.
- This partnership makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended partnership activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use this knowledge, alongside the partnership's bullying policy, to help prevent and deal with any problems. They use opportunities such as PSHE and science lessons to raise awareness of medical conditions to help promote a positive environment.
- This partnership understands the importance of all pupils taking part in physical activity and that all relevant staff make appropriate adjustments to

physical activity sessions to make sure they are accessible to all pupils. This includes out-of-partnership clubs and team sports.

- This partnership understands that all relevant staff are aware that pupils should not be forced to take part in activities if they are unwell. They should also be aware of pupils who have been advised to avoid/take special precautions during activity, and the potential triggers for a pupil's medical condition when exercising and how to minimise these.
- This partnership makes sure that pupils have the appropriate medication/equipment/food with them during physical activity.
- This partnership makes sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at partnership as any other child, and that appropriate adjustments and extra support are provided.
- All partnership staff understands that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition. This partnership will not penalise pupils for their attendance if their absences relate to their medical condition.
- This partnership will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO/ALNCO/Special Educational Needs Advisor who will liaise with the pupil (where appropriate), parent and the pupil's healthcare professional.
- Pupils at this partnership learn what to do in an emergency.
- This partnership makes sure that a risk assessment is carried out before any out-of-partnership visit. The needs of pupils with medical conditions are considered during this process and plans are put in place for any additional medication, equipment or support that may be required.

9. This partnership is aware of the common triggers that can make common medical conditions worse or can bring on an emergency.

- This partnership will be committed to identifying and reducing triggers both at partnership and on out-of-partnership visits.
- Partnership staff will be given identified training and written information on medical conditions which includes avoiding/reducing exposure to common triggers. It has a list of the triggers for pupils with medical conditions at this partnership, has a trigger reduction schedule and is actively working towards reducing/eliminating these health and safety risks.
- The IHP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole partnership day and on out-of-partnership activities. Risk assessments are carried out on all out-of-partnership activities, taking into account the needs of pupils with medical needs.
- This partnership reviews all medical emergencies and incidents to see how they could have been avoided, and changes partnership policy according to these reviews.

10. Where a child is returning to partnership following a period of hospital education or alternative provision (including home tuition), this partnership will work with the local authority and education provider to ensure that the child receives the support they need to reintegrate effectively.

- This partnership works in partnership with all relevant parties including the pupil (where appropriate), parent, partnership's governing body, all partnership staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.

11. Each member of the partnership and health community knows their roles and responsibilities in maintaining and implementing an effective medical conditions policy.

- This partnership works in partnership with all relevant parties including the pupil (where appropriate), parent, partnership's governing body, all partnership staff, catering staff, employers and healthcare professionals to ensure that the policy is planned, implemented and maintained successfully.
- This partnership is committed to keeping in touch with a child when they are unable to attend partnership because of their condition.

12. The medical conditions policy will be regularly reviewed, evaluated and updated. Updates are produced every year.

- In evaluating the policy, this partnership will seek feedback from key stakeholders including pupils, parents, relevant healthcare professionals, partnership staff and governors. The views of pupils with medical conditions are central to the evaluation process.
- *The term 'parent' implies any person or body with parental responsibility such as a foster parent, carer, guardian or local authority.

Medicines in partnership

We follow the county policy on medicines in partnership. For complete details of the county policy, staff should refer to Supporting Pupils with Medical Needs and Administering Medicines in Partnership (SCC). This is available from the Partnership Office (copy is on display in staff rooms on Health & Safety notice board)

Suffolk County Council Guidelines state that: 'The administration of medicines to children is the responsibility of parents and there is no legal or contractual duty on headteachers or partnership staff to administer medicine or supervise a pupil taking it'.

The cases where it could be different would be cases of chronic illness or long-term complaints such as asthma (see Asthma Policy), diabetes or epilepsy. In addition, partnership staff may find it necessary in an emergency to take action which in exceptional circumstances might extend to administering medicine.

Very few courses of medication are likely to require medicine to be taken during partnership hours. Doctors will be encouraged to prescribe medication that can be administered out of partnership hours. However, if medication is necessary it can be administered by partnership staff if permission letters/forms are completed.

Our pupil consent forms do give staff authority for Calpol or Piriton to be administered, although we do contact parents before administering and records are kept on our daily event logs.

Pastoral Care

Class teachers assume responsibility for the day-to-day behaviour of the children and for their general well-being. Where a child is well enough to be in partnership, but still requires medicine, the dosage should be administered at home if possible. If a lunchtime dosage were necessary, the parent can come into partnership to administer it. The child could go home during the lunch break or where the family cannot arrange for an adult to do this, they can arrange for medicine to be administered by partnership staff. The medicine would have to be clearly labelled with the child's name and provided in a measured dose with written consent to do so.

The Medical Officer of Health for Suffolk has issued the following directive to all partnerships:

"Parents continue to have responsibility for their child's well-being at partnership in circumstances where it is agreed that the Headteacher or a member of staff will act on the parents' behalf by administering medicine. However, the partnership reserves the right not to agree to administer medicine in certain cases unless it is satisfied that this is the parents' wish, that the details of the dosage and timing have been conveyed precisely and that to do so would have no harmful effect upon the child."

It can only be arranged for partnership staff to administer medicines if the correct form is filled in and signed. See Appendix A.

Pupils Bringing Analgesics

In order to avoid the risk of improper use, pupils should not bring their own supplies of unprescribed analgesics to partnership. A child will be able to have a cough sweet during the partnership day only if monitored by the class teacher. The child must hand in cough sweets at the beginning of the partnership day then collect at the end.

Partnership Journeys

Appendix A must be filled in for any pupil on an educational visit requiring medication during the trip. If a child is being taken on a partnership journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity (i.e. fill in Appendix A) on the subject of medical treatment, the partnership may decide that the pupil should not go on the journey.

Storage of Medication

In those exceptional circumstances where it has been agreed that medication will be brought onto partnership premises, they will be stored in the Partnership Office. If the medicine has to be refrigerated, it will be kept in the Staff Room fridge.

Medical protocols and staff awareness

There is a medical information sheet for each class in the staff shared desktop drive detailing any medical conditions so that supply staff as well as class teachers are aware. If there is further medical information it is filed in the child's blue folder.

The partnership nurse provides a protocol for any child suffering from a severe allergy. If the partnership nurse is not aware of the child's medical condition, the partnership contacts her and requests that an appropriate protocol be provided. A photograph of

the child is attached to the protocol which is displayed in the staff room so that all staff and supply teachers have ready access to the guidance. If consent is not given by the parent (see Appendix B) then the picture must be covered (information in both schools is covered as a matter of course following GDPR guidelines)

When appropriate, epipen training is provided by the partnership nurse to ensure all staff are in a position to administer an epipen injection should they be the first on the scene, in accordance with the child's protocol.

Appendix B is used to allow parents to give consent under GDPR regulations for information of their child to be displayed in partnership.

Definition of asthma

Asthma is sometimes described as wheezy bronchitis. It causes the airways in the lung to narrow, making breathing difficult. Children with asthma have inflamed airways which react to certain triggers (irritants) e.g. viral infections, allergies, exercise, cold weather, temperature changes, excitement, laughter, glue, paint and tobacco smoke.

Purpose and aims

The aim of this policy is to ensure that staff, parents, governors, visitors and pupils understand about asthma and how to deal with it. In order to make our partnership asthma friendly our partnership is a non-smoking site in line with current legislation to ensure that pupils are never exposed to the dangers of passive smoking. Chemicals and paint sprays are not to be used whilst pupils are present. Cleaning materials are used following manufacturers guidance for the purposes of cleaning classrooms. Pets are not kept in classrooms: not keeping pets in the partnership environment can lessen the incidence of asthma attacks.

It is essential that we understand how to deal with medication and inhalers effectively. There are two types of treatment, both of which come in an inhaler:

- Relievers (generally in blue containers) help the child's breathing difficulties
- Preventors (in brown/white containers) make airways less sensitive

These inhalers are kept by the child in the classroom so that they are readily available at all times.

Children with asthma should have easy access to their inhalers in case they need them for any reason and be responsible for their use. We do not cause delay by locking up inhalers. We make sure all inhalers are always taken on partnership trips and are carried by the child or an appropriate adult in the case of younger children. We liaise with health professionals if a child needs the use of a nebuliser at partnership.

Inclusion and equal opportunities

In partnership we recognise that asthma is an important condition which affects many children. We will welcome all children who suffer from asthma and we will ensure that they are able to participate fully in all areas of partnership life.

Full participation in all areas of the partnership curriculum, including physical education, should be the aim for all, but the most affected, with asthma. Children with exercise-induced asthma should take a puff of their inhaler before they start exercise. They should bring inhalers to the hall, swimming pool and sports field. Children, who say they are too wheezy to continue, should take their reliever inhaler and rest until they feel better.

Teachers should be aware that some children are shy in public when taking their inhalers. We will ensure that other children understand asthma so that they can support their friends.

Specific issues

We will ensure that all staff have a clear understanding of what to do if a child has an asthma attack. We will work in partnership with parents, governors, health professionals, partnership staff and children to ensure the successful implementation of the partnership asthma policy.

What to do if a child suffers an asthma attack

An asthma attack can cause severe distress to the child and be a frightening experience when first observed. Action needed to deal with an asthma attack does not require specific medical training, and the following guidelines may be helpful:

- Ensure that the reliever medicine is taken
- Stay calm and reassure the child
- Encourage the child to breathe slowly and deeply
- Send for assistance if necessary - contact the health centre and/or another member of staff
- Contact the parents immediately. It is vital that parent contact details are accurate and up to date
- Call an ambulance urgently if the reliever has no effect after 5-10 minutes, the child is either distressed or unable to talk, the child becomes exhausted, or there are any doubts about the child's condition
- Continue to give the child two puffs of reliever inhaler every two minutes up to 10 puffs
- Fill in the child's individual record sheet held in the classroom with their inhaler and sign to confirm you have administered the inhaler with the child

Staff awareness

A list of children with known medical conditions is in class format in the staff shared desktop drive so that supply staff as well as class teachers are aware of children who may require medical attention. When further medical information has been provided it is filed in the child's blue folder.

Staff Medical Conditions

- It is not just pupils who have medical needs. Colleagues, visitors, and parents may all need additional support or adjustments as part of their interactions with the school.

- We reassure staff that any medical information they share with their line manager or a senior leader will be treated as confidential and only shared on a need-to-know basis
- The line manager or senior leader may ask if they can share the information with other colleagues. This might be necessary, for example, so the school can put adjustments in place
- Information about someone's health is protected under UK GDPR and they should treat it as confidential
- The school's procedures around staff medical needs are covered in our Staff Absence Policy.

APPENDIX A

FORM 3B - Parental Agreement for partnership/setting to administer medicine

The partnership/setting will not give your child medicine unless you complete and sign this

form and Partnership/or setting has a policy that staff can administer medicine.

Name of partnership/Setting: Bildeston Primary Partnership

Date: _____

Childs Name: _____

Registration Group: _____

Name and strength of Medicine:

Expiry Date: ____/____/____

Dosage: _____

When to be Given: _____

Any other instructions:

Quantity given to partnership/setting: _____

Note: Medicines must be in the original container as dispensed by the Pharmacy

Daytime Telephone Number:

Of Parent or Adult Contact: _____

Name and Telephone Number _____

Of GP:

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

Parent's Signature: _____ Print Name:

Date: _____

If more than one medicine is to be given a separate form should be completed for each
one

Appendix B

Dear Parent/Carer

Your child is one of our children with complex medical needs. In order to offer a safe environment for them we need to ensure that all staff are aware of your child and their potential needs, including what to do in a medical emergency. To make sure that action can be taken quickly when such a response is required we have created a 'Medical Alert Sheet' for your child.

The details contained include your child's name, year and class, a recent colour photograph, along with details of their medical issue or disability, any symptoms and the emergency action that needs to be taken.

We require your consent to display these images on the wall in the staff room where all staff can easily see/access them.

Regardless of consent, we cover the sheet or find an alternative place to store it following GDPR guidelines, which may lead to a delay in responding to a situation for your child.

These sheets will be updated annually and, if you wish to withdraw consent at any time, please contact the partnership office

Please can you complete the attached consent slip and please return it to the office by INSERT DATE.

Yours sincerely

INSERT NAME

Child Name _____ Class _____

☐ I GIVE consent for a medical alert sheet with my child's photo and medical information to be displayed in the staff room and covered in line with GDPR guidelines

Parent/Guardian Signature_____

Date _____

Consent may be withdrawn at any time – please contact the partnership office to make changes or withdraw consent.

Anaphylaxis appendix

Purpose

To minimise the risk of any pupil suffering a severe allergic reaction whilst at school or attending any school related activity. To ensure staff are properly prepared to recognise and manage severe allergic reactions should they arise.

Contents

1. Introduction
2. Roles and Responsibilities
3. Allergy Action Plans
4. Emergency treatment and management of anaphylaxis
5. Supply, storage and care of medication
6. 'Spare' adrenaline auto injectors in school
7. Staff Training
8. Inclusion and safeguarding
9. Catering
10. School trips
11. Allergy awareness
12. Risk Assessment
13. Useful Links

1. Introduction

An allergy is a reaction by the body's immune system to substances that are usually harmless. The reaction can cause minor symptoms such as itching, sneezing or rashes but sometimes causes a much more severe reaction called anaphylaxis.

Anaphylaxis is a severe systemic allergic reaction. It is at the extreme end of the allergic spectrum. The whole body is affected often within minutes of exposure to the allergen, but sometimes it can be hours later. Causes often include foods, insect stings, or drugs.

Definition: *Anaphylaxis is a severe life threatening generalised or systemic hypersensitivity reaction.*

This is characterised by rapidly developing life-threatening airway / breathing / circulatory problems usually associated with skin or mucosal changes.

It is possible to be allergic to anything which contains a protein, however most people will react to a fairly small group of potent allergens.

Common UK Allergens include (but not limited to):-

Peanuts, Tree Nuts, Sesame, Milk, Egg, Fish, Latex, Insect venom, Pollen and Animal Dander.

This appendix sets out how _____ School will support pupils with allergies, to ensure they are safe and are not disadvantaged in any way whilst taking part in school life.

2. Role and Responsibilities

Parent responsibilities

- On entry to the school, it is the parent's responsibility to inform the school office of any allergies. This information should include all previous severe allergic reactions, history of anaphylaxis and details of all prescribed medication.
- Parents are to supply a copy of their child's Allergy Action Plan ([BSACI plans](#) preferred) to school. If they do not currently have an Allergy Action Plan this should be developed as soon as possible in collaboration with a healthcare professional e.g. Schools nurse/GP/allergy specialist.
- Parents are responsible for ensuring any required medication is supplied, in date and replaced as necessary.
- Parents are requested to keep the school up to date with any changes in allergy management. The Allergy Action Plan will be kept updated accordingly.

Staff Responsibilities

- All staff will complete anaphylaxis training.
- Staff must be aware of the pupils in their care (regular or cover classes) who have known allergies as an allergic reaction could occur at any time and not just at meal times. Any food-related activities must be supervised with due caution.
- Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.
- The class teacher will ensure that the up to date Allergy Action Plan is kept with the pupil's medication.
- It is the parent's responsibility to ensure all medication is in date however the School will check
 - medication kept at school on a termly basis and send a reminder to parents if medication is approaching expiry.
 - The school office keeps a register of pupils who have been prescribed an AAI and a record of use of any AAI(s) and emergency treatment given.

Pupil Responsibilities

- Pupils are encouraged to have a good awareness of their symptoms and to let an adult know as soon as they suspect they are having an allergic reaction.
- Pupils who are trained and confident to administer their own auto-injectors will be encouraged to take responsibility for carrying them on their person at all times.

3. Allergy Action Plans

Allergy action plans are designed to function as Individual Healthcare Plans for children with food allergies, providing medical and parental consent for schools to administer medicines in the event of an allergic reaction, including consent to administer a spare adrenaline auto-injector.

The partnership recommends using the British Society of Allergy and Clinical Immunology ([BSACI Allergy Action Plan](#)) to ensure continuity. This is a national plan that has been agreed by the BSACI, the Anaphylaxis Campaign and Allergy UK.

It is the parent/carer's responsibility to complete the allergy action plan with help from a healthcare professional (e.g. GP/School Nurse/Allergy Specialist) and provide this to the school.

4. Emergency Treatment and Management of Anaphylaxis

What to look for:

- ☐ swelling of the mouth or throat
- ☐ difficulty swallowing or speaking
- ☐ difficulty breathing
- ☐ sudden collapse / unconsciousness
- ☐ hives, rash anywhere on the body
- ☐ abdominal pain, nausea, vomiting
- ☐ sudden feeling of weakness
- ☐ strong feelings of impending doom

Anaphylaxis is likely if all of the following 3 things happen:

- ☐ **sudden onset** (a reaction can start within minutes) and **rapid progression of symptoms**
- ☐ **life threatening airway and/or breathing difficulties** and/or **circulation problems** (e.g. alteration in heart rate, sudden drop in blood pressure, feeling of weakness)
- ☐ **changes to the skin** e.g. flushing, urticaria (an itchy, red, swollen skin eruption showing markings like nettle rash or hives), angioedema (swelling or puffing of the deeper layers of skin and/or soft tissues, often lips, mouth, face etc.) Note: skin changes on their own are not a sign of an anaphylactic reaction, and in some cases, don't occur at all

If the pupil has been **exposed to something they are known to be allergic to**, then it is more likely to be an anaphylactic reaction.

Anaphylaxis can develop very rapidly, so a treatment is needed that works rapidly. **Adrenaline** is the mainstay of treatment and it starts to work within seconds. Adrenaline should be administered by an **injection into the muscle** (intramuscular injection)

What does adrenaline do?

- ☐ It opens up the airways
- ☐ It stops swelling
- ☐ It raises the blood pressure

Adrenaline must be administered with the **minimum of delay** as it is more effective in preventing an allergic reaction from progressing to anaphylaxis than in reversing it once the symptoms have become severe.

ACTION:

- ☐ Stay with the child and call for help. **DO NOT MOVE CHILD OR LEAVE UNATTENDED**
- ☐ Remove trigger if possible (e.g. Insect stinger)
- ☐ Lie child flat (with or without legs elevated) – A sitting position may make breathing easier
- ☐ **USE ADRENALINE WITHOUT DELAY** and note time given. (inject at upper, outer thigh
- through clothing if necessary)
- ☐ **CALL 999** and state **ANAPHYLAXIS**
- ☐ If no improvement after 5 minutes, administer second adrenaline auto-injector
- ☐ If no signs of life commence CPR
- ☐ Phone parent/carer as soon as possible

All pupils must go to hospital for observation after anaphylaxis even if they appear to have recovered as a reaction can reoccur after treatment.

5. Supply, storage and care of medication

(Around age 11 years +) Pupils will be encouraged to take responsibility for and to carry their own two adrenaline injectors on them at all times (in a suitable bag/container).

For younger children or those assessed as not ready to take responsibility for their own medication there should be an anaphylaxis kit which is kept safely, not locked away and **accessible to all staff**.

Medication should be stored in a rigid box and clearly labelled with the pupil's name and a photograph.

The pupil's medication storage box should contain:

- adrenaline injectors i.e. EpiPen® or Jext® (two of the same type being prescribed)
- an up-to-date allergy action plan
- antihistamine as tablets or syrup (if included on plan)
- spoon if required
- asthma inhaler (if included on plan).

It is the responsibility of the child's parents to ensure that the anaphylaxis kit is up-to-date and clearly labelled, however the school will check medication kept at school on a

termly basis and send a reminder to parents if medication is approaching expiry.

Parents can subscribe to expiry alerts for the relevant adrenaline auto-injectors their child is prescribed, to make sure they can get replacement devices in good time.

Older children and medication

Older children and teenagers should, whenever possible, assume complete responsibility for their emergency kit under the responsibility of their parents. However, symptoms of anaphylaxis can come on **very suddenly**, so school staff need to be prepared to administer medication if the young person cannot.

Storage

AAIs should be stored at room temperature, protected from direct sunlight and temperature extremes.

Disposal

AAIs are single use only and must be disposed of as sharps. Used AAIs can be given to ambulance paramedics on arrival or can be disposed of in a pre-ordered sharps bin. Sharps bins to be obtained from and disposed of by a clinical waste contractor/specialist collection service/local authority.

6. 'Spare' adrenaline auto injectors in school

The partnership purchases spare **adrenaline auto-injector (AAI) devices for emergency use in children who are risk of anaphylaxis**, but their own devices are not available or not working (e.g. because they are out of date).

These are stored in a _____ colour rigid box, clearly labelled 'Emergency Anaphylaxis Adrenaline Pen', kept safely, not locked away and **accessible and known to all staff**.

The office staff responsible for checking the spare medication is in date on a monthly basis and to replace as needed.

Written parental permission for use of the spare AAls is included in the pupil's Allergy Action Plan.

If anaphylaxis is suspected **in an undiagnosed individual** call the emergency services and state you suspect ANAPHYLAXIS. Follow advice from them as to whether administration of the spare AAI is appropriate.

7. Staff Training

All staff complete online anaphylaxis awareness training from National College. AAI training is included as part of the paediatric first aid certificate. The school has an epi pen trainer that can be used for training purposes.

Training includes:

- Knowing the common allergens and triggers of allergy
- Spotting the signs and symptoms of an allergic reaction and anaphylaxis. Early recognition of symptoms is key, including knowing when to call for emergency services
- Administering emergency treatment (including AAls) in the event of anaphylaxis – knowing how and when to administer the medication/device
- Measures to reduce the risk of a child having an allergic reaction e.g. allergen avoidance Knowing who is responsible for what
- Associated conditions e.g. asthma
- Managing allergy action plans and ensuring these are up to date
- A practical session using trainer devices (these can be obtained from the manufacturers' websites www.epipen.co.uk and www.jext.co.uk)

8. Inclusion and safeguarding

The partnership is committed to ensuring that all children with medical conditions, including allergies, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

9. Catering

All food businesses (including school caterers) must follow the Food Information Regulations 2014 which states that allergen information relating to the 'Top 14' allergens must be available for all food products.

The school menu is available for parents to view in weekly/fortnightly/monthly advance with all ingredients listed and allergens highlighted on the school website at

The School Nurse/SENCO/First Aider (*delete or substitute as appropriate*) will inform the Catering Manager/Cook/Chef (*delete or substitute as appropriate*) of pupils with food allergies.

(Every school should have a system in place to ensure catering staff can identify pupils with allergies e.g. a list with photographs– include details here of your school system for identifying pupils and who has responsibility for keeping this up to date)

Parents/carers are encouraged to meet with the Catering Manager/Cook/Chef (*delete or substitute as appropriate*) to discuss their child's needs.

The school adheres to the following [Department of Health guidance](#) recommendations:

- Bottles, other drinks and lunch boxes provided by parents for pupils with food allergies should be clearly labelled with the name of the child for whom they are intended.
- If food is purchased from the school canteen/tuck shop, parents should check the appropriateness of foods by speaking directly to the catering manager.
- The pupil should be taught to also check with catering staff, before purchasing food or selecting their lunch choice.
- Where food is provided by the school, staff should be educated about how to read labels for food allergens and instructed about measures to prevent cross contamination during the handling, preparation and serving of food. Examples include: preparing food for children with food allergies first; careful cleaning (using warm soapy water) of food preparation areas and utensils. For further information, parents/carers are encouraged to liaise with the Catering Manager.
- Food should not be given to primary school age food-allergic children

without parental engagement and permission (e.g. birthday parties, food treats).

- Foods containing nuts are discouraged from being brought in to school.

- Use of food in crafts, cooking classes, science experiments and special events (e.g. fetes, assemblies, cultural events) needs to be considered and may need to be restricted/risk assessed depending on the allergies of particular children and their age.

10. School trips

Staff leading school trips will ensure they carry all relevant emergency supplies. Trip leaders will check that all pupils with medical conditions, including allergies, carry their medication. Pupils unable to produce their required medication will not be able to attend the excursion.

All the activities on the school trip will be risk assessed to see if they pose a threat to allergic pupils and alternative activities planned to ensure inclusion.

Overnight school trips may be possible with careful planning and a meeting for parents with the lead member of staff planning the trip should be arranged. Staff at the venue for an overnight school trip should be briefed early on that an allergic child is attending and will need appropriate food (if provided by the venue).

Sporting Excursions

Allergic children should have every opportunity to attend sports trips to other schools. The school will ensure that the P.E. teacher/s are fully aware of the situation. The school being visited will be notified that a member of the team has an allergy when arranging the fixture. A member of staff trained in administering adrenaline will accompany the team. If another school feels that they are not equipped to cater for any food-allergic child, the school will arrange for the child to take alternative/their own food.

Most parents are keen that their children should be included in the full life of the school where possible, and the school will need their co-operation with any special arrangements required.

11. Allergy awareness

Parents and staff are currently advised that the school is not free, but the school cannot guarantee this or the complete absence of any other allergens. This is because nuts are only one of many allergens that could affect pupils, and no school could guarantee a truly allergen free environment for a child living with food allergy. The Anaphylaxis Campaign and Allergy UK would not necessarily support a blanket ban on any particular allergen in any establishment, including in schools. They advocate instead for schools to adopt a culture of allergy awareness and education.

A 'whole school awareness of allergies' is a much better approach, as it ensures teachers, pupils and all other staff aware of what allergies are, the importance of avoiding the pupils' allergens, the signs & symptoms, how to deal with allergic reactions and to ensure policies and procedures are in place to minimise risk.

The Partnership of Bildeston Primary and Whatfield CEVC Primary Partnerships

12. Risk Assessment

The partnership will conduct a detailed risk assessment to help identify any gaps in our systems and processes for keeping allergic children safe for all new joining pupils with allergies and any pupils newly diagnosed.

[Template Risk Assessment](#)

13. Useful Links

Anaphylaxis Campaign- <https://www.anaphylaxis.org.uk>

- AllergyWise training for schools - <https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-schools/>
- AllergyWise training for Healthcare Professionals
<https://www.anaphylaxis.org.uk/information-training/allergywise-training/for-healthcare-professionals/>

Allergy UK - <https://www.allergyuk.org>

- Whole school allergy and awareness management (Allergy UK)
<https://www.allergyuk.org/schools/whole-school-allergy-awareness-andmanagement>

Spare Pens in Schools - <http://www.sparepensinschools.uk>

Official guidance relating to supporting pupils with medical needs in schools:
<http://medicalconditionsatschool.org.uk/documents/Legal-Situation-in-Schools.pdf>

Education for Health <http://www.educationforhealth.org>

Food allergy quality standards (The National Institute for Health and Care Excellence, March 2016) <https://www.nice.org.uk/guidance/qs118>

Anaphylaxis: assessment and referral after emergency treatment (The National Institute for Health and Care Excellence, 2020)
<https://www.nice.org.uk/guidance/cg134?unlid=22904150420167115834>

Guidance on the use of adrenaline auto-injectors in schools (Department of Health, 2017)
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline auto injectors in schools.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/645476/Adrenaline_auto_injectors_in_schools.pdf)

