



Policy Statements and Procedures

SUPPORTING CHILDREN WITH MEDICAL NEEDS (INCLUDING ASTHMA), AND THE ADMINISTRATION OF MEDICINES POLICY

INTRODUCTION

The School will ensure compliance with relevant government legislation and guidance (including Section 100 of the **Children and Families Act 2014** which came into force in September 2014 and places a responsibility on schools, academies and PRUs to make arrangements for supporting all pupils with medical conditions). This policy is also supported by the statutory and non-statutory guidance contained within the **Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained Schools and proprietors of academies in England: August 2017**.

The Children and Families Act 2014, from September 2014, places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to School as other children and cannot be refused admission or excluded from School on medical grounds alone. However, teachers and other School staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the School site. This could extend to a need to administer medicine.

The Supporting pupils at school with medical conditions statutory guidance for governing bodies of maintained Schools and proprietors of academies in England: August 2017 specifies three key points.

They are:

1. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
2. Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
3. Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

The School accepts that pupils who have medical needs should be assisted if at all possible and that they have a right to the full education available to other pupils. The School believes that pupils who have medical needs should be enabled to achieve full attendance and receive necessary and

appropriate care and support. The School also accepts all employees have rights in relation to supporting pupils who have medical needs as follows:

- To choose whether or not they are prepared to be involved;
- To receive appropriate training;
- To work to clear guidelines;
- To share concerns regarding legal liability;
- To be able to bring to the attention of management any concern or matter relating to supporting pupils who have medical needs.

The prime responsibility for a child's health lies with the parent, guardian or carer who is responsible for the child's medication and supplying the School with necessary medical information. It is our policy to ensure that all medical information will be treated confidentially. All staff have a duty of care to follow and co-operate with the requirements of this policy.

Rosedale Primary has a duty to ensure arrangements are in place to support children with medical conditions within the School. Rosedale Primary believes it is important that Parents, Carers and Guardians of children with medical conditions feel confident that the School provides effective support for their children's medical conditions, and that children feel safe in their School environment.

Some children with medical conditions may be considered to have a disability under the definition set out in the Equality Act 2010, the School therefore, has a duty to comply with the Act in all such cases. In addition, some children with medical conditions may also have SEND (Special Educational Needs and Disability) and have an EHC plan combining their health, social and SEND provision. For these children, the School's compliance with the DfE's 'Special Educational Needs and Disability Code of Practice: 0 to 25 years' and the Trust's Special Educational Needs and Disabilities (SEND) Policy will ensure compliance with all legal duties and responsibilities.

POLICY OBJECTIVES

Rosedale Primary is an inclusive community that supports and welcomes all children with medical conditions. The aim of the policy is to ensure that all children with medical conditions receive appropriate support to allow them to play a full and active role in School life as possible, remain healthy, have full access to education and achieve their own full academic potential.

The School aims to provide pupils who have medical conditions with the same opportunities and access to activities (School based and out-of-School) as other pupils:

- No child will be denied admission or prevented from taking up a place in the School because arrangements for their medical condition have not been made.
- The School will listen to the views of Parents, Guardians, Carers and Pupils.
- Parents, Guardians, Carers and Pupils feel confident in the care they receive from the School and the level of that care meets their needs.
- Staff understand the medical conditions of pupils at the School and that they may be serious, adversely affect a child's quality of life and impact on their ability and confidence.
- All staff understand their duty of care to children and know what to do in the event of an emergency, and will support pupils where possible as first aiders.
- The School understands that all children with the same medical condition will *not* have the same needs, the School will focus on the needs of each individual child.

- The School recognises its duties as detailed in Section 100, of the Children and Families Act 2014. Some children with medical conditions may be considered to have a disability under the definition set out in the Equality Act 2010. Where this is the case, the School complies with their duties under that Act. Some pupils may also have Special Educational Needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision.
- For children with SEN, the policy should be read in conjunction with the Special Educational Needs and Disability (SEND) Code of Practice. The Medical Conditions Policy is supported by a clear communication plan for Staff, Parents, Guardians, Carers and Pupils.
- The School will monitor and keep appropriate records.
- The School will liaise as necessary with medical services in support of the individual pupil.

Our administration of medicine requirements will be achieved by:

- Establishing principles for safe practice in the management and administration of:
 - Prescribed medicines
 - Non-prescribed medicines
 - Maintenance drugs
 - Emergency medicine
- Providing clear guidance to all staff on the administration of medicines.
- Ensuring that there are sufficient numbers of appropriately trained staff to manage and administer medicines.
- Ensuring that there are suitable and sufficient facilities and equipment available to aid the safe management and administration of medicines.
- Ensuring the above provisions are clear and shared with all who may require them.
- Ensuring the policy is reviewed periodically or following any significant change, which may affect the management or administration of medicines.

PRINCIPLES

It is our policy to manage prescribed medicines (eg. antibiotics, inhalers) where appropriate following consultation and agreement with parents. They will be required to complete an 'Administration of Medicines and Treatment Consent Form' (**Appendix 1**).

When pupils require Paracetamol or other non-prescribed medication it is our policy to request these drugs on prescription.

Pupils under 16 years old are never to be administered aspirin or medicines containing Ibuprofen unless prescribed by a doctor.

It is our policy to manage the administration of maintenance drugs (e.g. Insulin or drugs for epilepsy) as appropriate following consultation and agreement with the pupil's parents. They will be required to complete an 'Administration of Medicines and Treatment Consent Form' (**Appendix 1**). In addition, a Health Care Plan (**Appendix 2**) will be written for the pupil concerned by the pupil's Welfare Assistant in consultation with the parents' guardians or carers. Where appropriate and whenever possible a Health Care Plan will be agreed and in place before a child's admission to the School.

It is our policy (where appropriate and whenever possible) to manage the administration of emergency medicines such as injections of adrenaline for acute allergic reactions (epi-pen), oral/rectal medication for epileptic fits when they continue for a set period of time considered to cause harm and injections for diabetic hypoglycaemia. In all cases, professional training and guidance from a recognised and competent source such as an NHS course will be received by a designated member of staff before commitment to such administration is accepted.

PROCEDURE

Administration of Medicines and Health Care Plans: When deciding on the administration of medicine requirements for pupils, the pupil's Welfare Assistant will meet with the parents to agree the level of care required. If it is agreed that a pupil requires medicines, an Administration of Medicines and Treatment Consent Form' (**Appendix 1**) will be completed by the pupil's parents and kept on file. This form will be checked on a regular basis by the member of staff with lead responsibility for First Aid and the information shared with other members of staff responsible for First Aid and the administration of medicines.

Individual Health Care Plan (Appendix 2): The main purpose of a Health Care Plan is to identify the level of support that is needed at School for an individual child. It clarifies for the child, staff and parents, the help the School can provide. These plans will be reviewed annually as a minimum.

A Health Care Plan will include:

- Details of the child's condition
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency

All trained staff will ensure they are aware of the protocols and procedures for specific pupils in School through attending training provided and reading the Health Care Plans for individual pupils.

An individual Health Care Plan will be completed for every pupil who requires special health care treatment. The Health Care Plan will be completed by the pupil's Welfare Assistant in consultation and agreement with the pupil's parents. It will be reviewed on a regular basis with the parents to ensure its continuous suitability. The Health Care Plan will be shared with appropriate staff as agreed with the pupil's parents, guardians or carers.

For any pupil receiving medicines, a Record of Prescribed Medicine Administered to an individual Pupil Form (**Appendix 3**) will be completed each time the medicine is administered and this will be kept on file.

If a pupil refuses to take medication, his/her parents will be informed at the earliest opportunity by the Welfare Assistant or First Aider.

The School will not give medication (prescription only) to any child without a parent's written consent except in exceptional circumstances, and every effort will be made to encourage the pupil to involve their Parents, Guardians and Carers, while respecting their confidentiality.

If possible Parents, Guardians and Carers will be encouraged to administer medication doses outside of School sessions if this is medically permissible/possible.

When administering appropriate prescribed medication, the School will check the maximum dosage and when the previous dose was given. Parents, Guardians and Carers will be informed.

Parents, Guardians and Carers at the School understand that they should let the School know immediately if their child's needs change.

Parents, Guardians and Carers have a responsibility to keep up to date, any children's prescription medication, e.g. inhalers and EpiPens. If a pupil misuses their medication, or anyone else's, their Parent, Guardian and Carer is informed as soon as possible and the School's disciplinary procedures are followed.

For pupils requiring insulin injections/insulin via pumps or blood glucose monitoring in School, the Paediatric Diabetes Team will provide training and education where appropriate.

EdGen (MIS): All information and updates on pupil health, administration of medicines and/or health care plans must be communicated to the Data Manager. The Data Manager will then update the pupil's medical details on EdGen, which is the pupil management information system (MIS).

General Data Protection Regulation Statement: The Rosedale Hewens Academy School (TRHAT) DATA PROTECTION OFFICER (DPO) Ravinder Chana: Telephone - 020 8573 2097 is responsible for overseeing data protection at Rosedale Primary. Please download the TRHAT Information Sharing and GDPR Policy from the School's website for further information with regard to data protection at Rosedale Primary.

Contacting the Emergency Services: When a medical condition causes the pupil to become very ill and/or require emergency administration of medicines, then an ambulance will be called. The School reception will record the calling of an ambulance on the Ambulance Record (**Appendix 5**) and the event will be recorded on the School's EdGen system for the pupil concerned. If a pupil needs to attend hospital, a member of staff (preferably known to the pupil) will stay with them until a Parent, Guardian or Carer arrives, or accompany a child taken to hospital by ambulance. They will not take pupils to hospital in their own car.

Welfare Room: Whenever possible the Welfare Room should be used for the storage and administration of medicines.

Training: First Aid staff will be responsible for the administration of medicines. Where staff are required to carry out non-routine, specialised administration of medicines or emergency treatment for a pupil, appropriate professional training and guidance from a competent source will be sought before commitment to such administration is accepted. A Staff Training Record (**Appendix 4**) will be completed by the member of staff with responsibility for staff training to document the level of training undertaken. Refresher training will be scheduled at appropriate intervals (normally every three years).

Storage of medicines

- The School will make sure that all staff understand what constitutes an emergency for an individual child and will make sure that emergency medication/equipment, e.g. asthma inhalers, epi-pens etc. are readily available wherever the child is in the School and on off-site activities and are not locked away.
- Pupils may carry their own medication/equipment, or they should know exactly where to access it. Those pupils deemed competent to carry their own medication/equipment with

them will be identified and recorded through the pupil's EHCP in agreement with Parents, Guardians and Carers.

- Pupils can carry controlled drugs if they are deemed competent to do so, otherwise the School will store controlled drugs securely in a non-portable container, with only named staff having access. Staff at the School can administer a controlled drug to a pupil once they have had specialist training.
- The School 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.
- The School will only accept medication that is in date, labelled and in its original container including prescribing instructions for administration. The exception to this is insulin, if relevant, which though must still be in date, will generally be supplied in an insulin injector pen or a pump.
- Parents, Guardians and Carers are asked to collect all medications/equipment at the end of the use, and to provide new and in-date medication as necessary.

The storage of medicines will be undertaken in accordance with product instructions and in the original container in which the medicine was dispensed.

It is the responsibility of the parents to provide medicine that is in date. This should be agreed with the parents at the time of acceptance of medicine administration responsibilities.

Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be locally arranged as appropriate.

Record Keeping

- As part of the School's admissions process and annual data collection exercise Parents, Guardians and Carers are asked if their child has any medical conditions. These procedures also cover transitional arrangements between Schools.
- The School uses an EHCP to record the support an individual pupil needs around their medical condition. The EHCP is developed with the pupil (where appropriate), parent/carer, designated named member of School staff, SLT, specialist/School nurse (where appropriate) and relevant healthcare services.
- Where a child has SEN but does not have a statement or EHC plan, their special educational needs are mentioned in their IHCP. EHCPs are regularly reviewed, at least every year or whenever the pupil's needs change, with the School nurse taking a lead role alongside parents and relevant School staff (as above).
- The pupil (where appropriate) Parent, Guardian and Carer, specialist nurse (where appropriate) and relevant healthcare services hold a copy of the EHCP. School staff involved in supporting the child may also hold and / or have access to the EHCP for the pupils in their care. These are treated as CONFIDENTIAL level documents.
- The School will make sure that the pupil's confidentiality is protected.
- The School will only share medical information with any other party on a strict need to know basis, e.g. Emergency Services.
- The School will keep an accurate record of all medication administered, including the dose, time, date and supervising staff.

School Environment

The School will ensure that the whole School environment is inclusive and favourable to pupils with medical conditions. This includes the physical environment, as well as social, sporting and educational activities:

- The School is committed to providing a physical environment accessible to pupils with medical conditions and pupils are consulted to ensure the accessibility. The School is also committed to an accessible physical environment for out-of-School activities.
- The School makes sure the needs of pupils with medical conditions are adequately considered to ensure their involvement in structured and unstructured activities, extended School activities and residential visits.
- All staff are aware of the potential social problems that pupils with medical conditions may experience and use the knowledge, alongside the School's Behaviour and Bullying policies, 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.
- The School understands the importance of all pupils taking part in off-site visits and physical activity and that all relevant staff make reasonable and appropriate adjustments to such activities in order to ensure they are accessible to all pupils. This includes out-of-School clubs and team sports. Risk assessments will be conducted as part of the planning process to take account of any additional controls required for individual pupil needs.
- The School 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 activities, and the potential triggers for a pupil's medical condition when exercising and how to minimise these. The School makes sure that pupils have the appropriate medication/equipment/food with them during physical activity and offsite visits.

Curriculum

The School will make sure that pupils with medical conditions can participate fully in all aspects of the curriculum and enjoy the same opportunities at School as any other child, and that appropriate adjustments and extra support are provided.

- All School staff understand that frequent absences, or symptoms, such as limited concentration and frequent tiredness, may be due to a pupil's medical condition.
- The School will not penalise pupils for their attendance if their absences relate to their medical condition.
- The School will refer pupils with medical conditions who are finding it difficult to keep up educationally to the SENCO who will liaise with the pupil (where appropriate), Parents, Guardians and Carers and the pupil's healthcare professional.
- The School will make sure that a risk assessment is carried out before any out-of-School visit, including work experience and educational placements. The needs of pupils with medical conditions are considered during the process and plans are put in place for any additional medication, equipment or support that may be required.

The School is aware of the common triggers that can make common medical conditions worse or can bring on an emergency. The School is actively working towards reducing or eliminating these health and safety risks:

- The School is committed to identifying and reducing triggers both at School and on out-of-School visits.
- School staff have been given training and written information on medical conditions which includes avoiding/reducing exposure to common triggers as relevant to children currently in attendance.
- The EHCP details an individual pupil's triggers and details how to make sure the pupil remains safe throughout the whole School day and on out-of-School activities.
- Risk assessments are carried out on all out-of-School activities, taking into account the needs of pupils with medical needs.
- The School reviews all medical emergencies and incidents to see how they could have been avoided, and changes School policy according to these reviews.

ASTHMA MANAGEMENT

As a School we positively welcome all pupils with asthma and, recognise that asthma is a serious medical condition which affects many School age pupils. All pupils with asthma are entitled to a full education, giving opportunities to have access to participate fully in all aspects of School life including physical education. We encourage and support all pupils with asthma to achieve their full potential in all aspects of School life. To do this, the School ensure the policy is transparent and understood by all School staff, pupils and parents.

Key Principles of supporting pupils with asthma

- Recognising asthma is a medical condition which affects many pupils;
- Ensuring we provide a curriculum and environment which actively supports pupils with asthma in order for them to participate fully in all aspects of School life;
- Ensuring record keeping is accurate, including what medication has been taken;
- Recognising the importance of immediate access to reliever inhalers;
- Ensuring that all staff have an awareness and understanding of what to do in the event that a pupil with asthma, needs medical attention due to an asthma attack;
- Working in collaboration with parents, guardians and carers, School staff, Governors, medical advisers and pupils to ensure our policy is robust and embedded throughout the School.

Medication relating to asthma

Quick and immediate access to emergency reliever inhalers is crucial when dealing with a pupil who may be suffering from an asthma attack. Pupils are asked to carry a reliever inhaler with them at all times, including for physical education and a further reliever is asked to be stored safely, in case of emergency, at the School reception first aid point. These inhalers must be clearly labelled with the pupil's name and dosage information. This must be the original label that is fastened by the pharmacy to the medication box/inhaler. Inhalers should be inspected regularly to ensure expiry dates are not exceeded. Inhalers for pupils must be made accessible at all times during the School day, if needed. No preventative inhalers should be stored on site.

Record Keeping for pupils with asthma

Upon joining Rosedale Primary and as part of the admission process, a form is asked to be completed by the parent, guardian or carer to alert the School to a pupil who is asthmatic. This form will place them on the 'Rosedale Primary Asthma Register'. The named asthma link lead will collate the register and make contact with the parent, guardian, or named responsible carer to obtain an inhaler for emergency use which will be stored safely by the School. It is the responsibility of the parent, guardian or carer to ensure the School is made aware of any changes to their pupil's medical condition or medication.

Parents, guardians and carers are asked to complete and update their pupil's asthma records annually or whenever there is a change to the pupil's condition or medication. A staff member should still act appropriately and administer first aid in emergencies, however the Department for Education guidance states 'a pupil under 16 should not be administered any medications without written parental consent'.

The Department of Health released guidance on the use of emergency 'Salbutamol' inhalers in Schools. We therefore have an 'Emergency Asthma Pack' which is kept at the reception first aid point at all times. Emergency inhalers are distributed around the School for emergency use, for those pupils who have been prescribed a reliever inhaler, with or without diagnosis of asthma.

The Department for Health representative has confirmed that a reliever inhaler can be used for ANY PUPIL in the School that needs it. These can be identified by a white (with green) cross sign, which is affixed to the wall in a secure box. Parents, guardians and carers are asked to complete the relevant form, giving their permission for an emergency reliever to be used if needed.

A named first aider is responsible for checking the expiration dates of inhalers kept on the School premises. This medication is stored alongside their photo ID. on asthma sheets in the designated area (School reception first aid point).

All incidents must be recorded in the asthma register by the first aider and staff member that was present at the time of the asthma attack. Records are kept every time a pupil uses their inhaler.

This information must include:

- The date
- Time of incident
- The person/s dealing with the incident
- Details of the attack

Administering of Inhalers – Procedure of Dealing with an Asthma Attack

The School is not required to administer medication to pupils except in emergency circumstances, when a trained member of staff will carry out first aid duties in line with our School policies and procedures. In the event of a pupil suffering an asthma attack, the following procedure should be followed:

- Stay calm and reassure the pupil;
- Support the pupil to locate their inhaler which should be carried on their being. If they do not have an inhaler to hand, seek to find an emergency inhaler point or locate the pupil's spare inhaler at the School reception first aid point;

- Encourage the pupil to sit up and slightly forward;
- Ask for help/support from a qualified first aider;
- Help the pupil to steady their breathing, relax and loosen any tight clothing around the neck;
- If after taking the recommended dose prescribed for the inhaler, the pupil does not seem to be recovering, looks distressed or exhausted, is unable to talk in sentences, has blue lips or you feel worried at any time, call 999 for an ambulance;
- If the ambulance is delayed and has not arrived after 10 minutes, continue to administer up to 10 puffs of reliever (blue) inhaler;
- The parents, guardians or carers must be contacted in the event of an ambulance being called or in the event of an asthma attack, even if further treatment was not needed;
- A member of staff should accompany the pupil to the hospital until the parent, guardian or carer has arrived;
- All incidents must be recorded in the asthma register by the first aider and staff member that was present at the time of the attack.

Minor Attacks – The procedure for minor asthma attacks mirrors that of the procedure above. Pupils may suffer from minor asthma attacks and these should not disrupt the learning of the pupil whilst at School. Therefore, when the pupil feels well enough to return to School activities, they should do so. However, parents, guardians and carers are advised to book an appointment with the GP for an asthma review.

Training

All staff members are responsible for acquainting themselves with the knowledge of pupils who have asthma within the School and what the possible triggers may be for an asthma attack to occur, (this includes colds, coughs, cold weather, allergies and physical exertion). Information can be sought by liaising with the Asthma Lead.

All staff at Rosedale Primary collaboratively participate in asthma training annually which is delivered by the London Borough of Hillingdon NHS Asthma Team. There are several posters around the School visible with information surrounding asthma. Selected members of staff are fully first aid trained in dealing with all asthma related attacks. Principles are responsible for ensuring staff access adequate training.

Rosedale Primary has a named 'Asthma Champion' and 'Asthma Lead'. These appointed members of staff are:

- Asthma Champion – Andrea Burton
- Asthma Lead – Rabia Kamal

The School Environment / PE for pupils with asthma

Rosedale Primary will do all they can to ensure the School environment is accessible and favourable to all pupils. This includes educating our pupils about asthma, and the effects it has on the body. Information for pupils can be found at www.asthma.org.uk. The School has a no smoking policy and collaborates with the Teaching Alliances to ascertain no chemicals or resources are used which could trigger a pupil with asthma.

Pupils are encouraged to seek support from a first aider, to find a break out area should there be fumes that trigger their asthma. All pupils are required to keep their inhalers on them in the event of

a fire evacuation drill. Taking part in physical activity is an essential part of School life. All staff are aware of pupils with asthma and the possible triggers. Pupils are expected to carry their inhalers with them whilst taking part in physical activity.

Off Site Activities for pupils with asthma

All pupils with asthma are asked to carry their inhalers with them when attending School trips. Staff members accompanying the pupils have a medication register outlining medical conditions. An emergency inhaler pack will be held by the lead staff member of the School trip.

ANAPHYLAXIS MANAGEMENT

Rosedale Primary positively welcomes and supports all pupils who have allergies and are at risk of anaphylaxis. The School recognises that anaphylaxis is a potentially life-threatening condition and will ensure that all pupils who are known to be at risk are cared for safely and effectively, allowing them to participate fully in all aspects of School life.

Rosedale Primary works collaboratively with Parents, Guardians and Carers, pupils, medical practitioners and the School Nursing Service to ensure that all procedures relating to anaphylaxis are robust, transparent and understood by the whole School community.

KEY PRINCIPLES OF SUPPORTING PUPILS WITH ANAPHYLAXIS

- Recognising that anaphylaxis is a serious, potentially life-threatening allergic reaction.
- Ensuring pupils with anaphylaxis are treated with dignity and equality and are fully included in School life.
- Promoting awareness amongst all staff and pupils about allergies, anaphylaxis, and the emergency response procedure.
- Ensuring all relevant staff receive regular and appropriate training in recognising and responding to anaphylaxis, including the correct use of Adrenaline Auto-Injectors (AAIs).
- Working in close partnership with Parents, Guardians and Carers to ensure all information regarding a pupil's allergy is accurate and kept up to date.
- Ensuring all relevant documentation, including the Individual Health Care Plan (IHCP) and parental consent forms, clearly identify pupils with anaphylaxis and set out the required action plan.

RECOGNISING ANAPHYLAXIS

Anaphylaxis is a severe and potentially life-threatening allergic reaction that may occur rapidly after exposure to an allergen. Common triggers in school-aged children include:

- Peanuts, tree nuts and seeds (e.g. sesame),
- Eggs, fish, shellfish, milk and dairy products,
- Certain fruits,
- Insect stings or bites,
- Medications such as antibiotics or painkillers,
- Latex or other environmental allergens.

Signs and symptoms may include:

- Swelling of the face, lips, tongue or throat,
- Difficulty breathing, wheezing or persistent cough,
- Feeling faint, dizzy or collapsing,
- Difficulty swallowing or speaking,

- Rapid heartbeat,
- Abdominal pain, nausea or vomiting,
- Flushed, pale or clammy skin,
- Loss of consciousness in severe cases.

MEDICATION AND ADRENALINE AUTO-INJECTORS (AAIs)

Pupils with a diagnosis of anaphylaxis will normally be prescribed an Adrenaline Auto-Injector (AAI) such as EpiPen, Jext or Emerade. The device delivers a single, pre-measured dose of adrenaline, which must be injected into the outer thigh and may be administered through light clothing if necessary.

Each pupil should have two in-date AAIs available in School at all times. These will be stored in clearly labelled containers in easily accessible areas, agreed with the pupil's Parents, Guardians or Carers. Emergency medication must never be locked away and should accompany the pupil during off-site visits and physical activities.

In all cases of suspected anaphylaxis:

- It is safer to administer adrenaline than to delay treatment.
- Call 999 immediately after giving the first injection and state that the child is experiencing anaphylaxis.
- If symptoms persist after five minutes, a second AAI may be administered using the second device.
- The pupil should be laid flat with legs raised (unless breathing is difficult, in which case they should sit upright).

PARENT, GUARDIAN AND CARER RESPONSIBILITIES

Parents, Guardians and Carers of pupils with anaphylaxis are required to:

- Inform the School immediately of any diagnosis or risk of anaphylaxis.
- Provide a current, signed Allergy Action Plan or medical letter from the prescribing clinician.
- Supply the School with two in-date Adrenaline Auto-Injectors and replace them before expiry.
- Update the School on any changes in the pupil's medical condition or treatment.
- Provide relevant contact numbers and emergency details to be held on the pupil's Health Care Plan.

STAFF RESPONSIBILITIES

- All staff are required to familiarise themselves with pupils at risk of anaphylaxis and the locations of their medication.
- Identified staff, including First Aiders, will receive annual training on recognising and responding to anaphylaxis, including practical instruction in the use of all AAI types (EpiPen, Jext, Emerade).
- Staff must ensure that medication is taken on all off-site visits and that a designated member of staff is aware of emergency procedures.
- The School will carry out risk assessments for pupils with allergies for activities such as food preparation, science, art, PE and educational visits.
- The School will maintain a list of all pupils with known severe allergies and make this information available to relevant staff while maintaining confidentiality.

PROCEDURE FOR DEALING WITH AN ANAPHYLACTIC REACTION

If a pupil is experiencing an anaphylactic reaction:

1. Stay calm and call for assistance from a trained first aider.
2. Administer adrenaline immediately into the outer thigh using the pupil's prescribed AAI.
3. Call 999 and state clearly that the pupil is experiencing anaphylaxis.
4. Lay the pupil flat with legs raised unless they are struggling to breathe, in which case allow them to sit upright.

5. Do not leave the pupil unattended.
6. If symptoms persist after five minutes, administer the second AAI.
7. Inform the pupil's Parents, Guardians or Carers immediately.
8. Record the incident (Appendix 3) and on CPOMs and EdGen.
9. The used AAI must be handed to the attending paramedic.

A member of staff (preferably known to the pupil) will accompany the pupil to hospital and remain with them until a Parent, Guardian or Carer arrives.

TRAINING

- All staff will receive annual awareness training on allergies and anaphylaxis provided by the School Nursing Service or other qualified medical practitioner.
- Designated First Aid and Welfare staff will receive specific hands-on AAI administration training every 12 months.
- A Staff Training Record will be maintained and reviewed annually (see Appendix 4).
- Posters showing how to recognise and treat anaphylaxis will be displayed in key staff areas.

MONITORING AND REVIEW

This policy is regularly reviewed, evaluated and updated. Updates are produced every year:

- In evaluating the policy, the School seeks feedback from key stakeholders including Pupils, Parents, Guardians and Carers, School nurses, specialist nurses and other relevant healthcare professionals, School staff, local emergency care services and governors.
- The views of pupils with medical conditions are central to the evaluation process. Should parents and pupils be dissatisfied with the support provided they should discuss these concerns with the Headteacher.

This policy is also monitored and reviewed through:

- Annual audit of all documentation and medicines stored
- EdGen reports

ROLES AND RESPONSIBILITIES

- The administration of medicines is the overall responsibility of parents.
- The Headteacher has overall responsibility for Health and Safety and is therefore responsible for ensuring pupils are supported with their medical needs whilst on site.
- Nominated teachers/staff and designated First Aid staff have responsibility for the day-to-day administration of medicines and implementation of Health Care Plans where appropriate and agreed with parents.
- The School's governing body will make sure that there is the appropriate level of insurance and liability cover in place.

LINKS WITH OTHER POLICIES

This policy links with:

- Health and Safety

- TRHAT Information Sharing and GDPR Policy

APPENDICES

Appendix 1: Administration of Medicines and Treatment Consent Form – Page 1

Appendix 2: Health Care Plan – Page 13

Appendix 3: Record of Prescribed Medicine given to a Pupil Form – Page 15

Appendix 4: Staff Training Record for Medicine Administration and Treatment – Page 16

Appendix 5: Ambulance Record – Page 17

Appendix 1: Administration of Medicines and Treatment Consent Form Rosedale Primary

Pupil Name	
Pupil Address	
Emergency Contact Name	
Emergency Contact Telephone No.	
Name of GP	
GP's Telephone No.	

Please tick the appropriate boxes below:

My child will be responsible for the self-administration of medicines as directed below	
I agree to members of staff administering medicines/providing treatment to my child as directed below or in the case of emergency, as staff may consider necessary	
I recognise that the school or School staff are First Aid trained but not medically trained	
Name and Signature of parent, guardian or carer	
Date of signature	
Name of Medicine	Required Dose
	Frequency
	Course Finish
	Medicine Expiry

Special Instructions	
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Allergies	
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Other Prescribed Medicines	
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Appendix 2: Health Care Plan Rosedale Primary

Pupil Name	
Pupil Form or Class	
Pupil Date of Birth	
Pupil Address	

Medical Diagnosis/Condition	
Date	
Review Date	

Name of Emergency Contact	
Relationship to Pupil	
Emergency Contact's Home Telephone Number	
Emergency Contact's Work Telephone Number.	
Emergency Contact's Mobile Phone Number.	

Clinic/Hospital Contact Name	
Telephone No.	

Name of GP	
GP's Telephone No.	

Describe Pupil's medical needs and provide details of pupil's symptoms

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Daily care requirements e.g. before sports, at lunchtime etc.
--

--

Describe what constitutes an emergency for the pupil and action to be taken if this occurs

--

Follow-up care

--

Who is responsible in an emergency (state if different for off-site activities)
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Appendix 4: Staff Training Record for Medicine Administration and Treatment Rosedale Primary

Medicine administration or treatment procedure for which staff training is being provided

Instructor	
Designation	
Signature	
Date	
Review Date	

I have received written & verbal instructions to enable me to carry out the above procedure
I understand the procedure and feel confident to carry out the procedure unsupervised
I understand the actions required if problems occur during or after the procedure

Date	Name	Designation	Signature

