

# Supporting pupils with medical conditions and administering medicines policy

This policy was adopted/updated:	January 2022
This policy will be reviewed:	January 2025
Governor Committee Responsibility:	RPC
Statutory policy:	Yes

## MAPLE INFANTS' SCHOOL ADMINISTERING MEDICINES IN SCHOOLS POLICY

~ TOGETHER WE LEARN AND GROW ~

This school is committed to safeguarding and promoting the welfare of children and young people and expects all staff and volunteers to share this commitment.

We have carefully considered and analysed the impact of this policy on equality and the possible implications for pupils with protected characteristics, as part of our commitment to meet the Public Sector Duty requirement to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations.

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# 1. Aims

This policy aims to ensure that:

- > Pupils, staff and parents understand how our school will support pupils with medical conditions
- > Pupils with medical conditions are properly supported to allow them to access the same education as other pupils, including school trips and sporting activities

The governing board will implement this policy by:

- > Making sure sufficient staff are suitably trained
- > Making staff aware of pupils' conditions, where appropriate
- > Making sure there are cover arrangements to ensure someone is always available to support pupils with medical conditions
- > Providing supply teachers with appropriate information about the policy and relevant pupils

> Developing and monitoring individual healthcare plans (IHPs)

The named person with responsibility for implementing this policy is Claire Barwell (Head Teacher).

# 2. Legislation and statutory responsibilities

This policy meets the requirements under <u>Section 100 of the Children and Families Act 2014</u>, which places a duty on governing boards to make arrangements for supporting pupils at their school with medical conditions.

It is also based on the Department for Education's statutory guidance on <u>supporting pupils with</u> medical conditions at school.

As a community school within RBK, this policy has also been written alongside RBK's School Medicine's Policy.

# 3. Roles and responsibilities

# 3.1 Achieving for Children

AfC, on behalf of Kingston Local Authority, will ensure there is advice and guidance to schools on the necessary local policy and procedures to ensure the safety of pupils when medication is taken or administered during school time. This is included as part of the Safeguarding arrangements.

# 3.2 The governing board

The governing board has ultimate responsibility to make arrangements to support pupils with medical conditions. The governing board will ensure that sufficient staff have received suitable training and are competent before they are responsible for supporting children with medical conditions.

## 3.3 The headteacher

The headteacher will:

- > Implement the governing Body's policy in practice and develop detailed procedures
- Make sure all staff are aware of this policy and understand their role in its implementation
- > Ensure that there is a sufficient number of trained staff available to implement this policy and deliver against all individual healthcare plans (IHPs), including in contingency and emergency situations
- > Ensure that all staff who need to know are aware of a child's condition, including ensuring new and temporary staff are aware of any pupil in their class who may need specific medication for a serious medical condition
- > Ensure that staff who volunteer to administer medicines receive support and training wherever necessary
- > Take overall responsibility for the development of IHPs
- > Ensure the school's insurance arrangements provide appropriate indemnity for staff against claims for alleged negligence providing they are acting within the remit of their employment
- > Contact the school health team in the case of any pupil who has a medical condition that may require support at school, but who has not yet been brought to the attention of the team
- > Ensure that systems are in place for obtaining information about a child's medical needs and that this information is kept up to date

## 3.4 Staff

Supporting pupils with medical conditions during school hours is not the sole responsibility of one person. Any member of staff may be asked to provide support to pupils with medical conditions, although they will not be required to do so. This includes the administration of medicines.

Those staff who take on the responsibility to support pupils with medical conditions will receive sufficient and suitable training, and will achieve the necessary level of competency before doing so.

Teachers will take into account the needs of pupils with medical conditions that they teach. All staff will know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

### 3.5 Parents

Parents will:

- > Provide the school with sufficient and up-to-date information about their child's medical needs
- > Be involved in the development and review of their child's IHP and may be involved in its drafting
- > Carry out any action they have agreed to as part of the implementation of the IHP, e.g. provide medicines and equipment, and ensure they or another nominated adult are contactable at all times
- > Ensure that any medication kept in school for their child is in date

### 3.6 Pupils

Pupils with medical conditions will often be best placed to provide information about how their condition affects them. Due to the age of our children, pupils should be involved in age appropriate discussions about their medical support needs and contribute as much as possible to the development of their IHPs. They are also expected to comply with their IHPs.

### 3.7 Kingston School Health Team/Service and Kingston Hospital Paediatric Diabetes Service

The Kingston School Health Team and Kingston Hospital Paediatric Diabetes Services are responsible for:

- > Providing regular training for school staff in managing the most common medical conditions in school:
  - o Training on the use of Epipen for anaphylaxis by the school Health Team; and
  - o Insulin for diabetes by the Kingston Hospital Paediatric Diabetes Service
- > Assisting the school with updating the school's medical conditions policy if required.

# 4. Equal opportunities

Our school is clear about the need to actively support pupils with medical conditions to participate in school trips and visits, or in sporting activities, and not prevent them from doing so.

The school will consider what reasonable adjustments need to be made to enable these pupils to participate fully and safely on school trips, visits and sporting activities.

Risk assessments will be carried out so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. In doing so, pupils, their parents and any relevant healthcare professionals will be consulted.

# 5. Being notified that a child has a medical condition

When the school is notified that a pupil has a medical condition, a meeting will take place with the parent and relevant staff members and a decision by the Head Teacher will be made as to whether the pupil requires an Individual Healthcare Plan.

The school will make every effort to ensure that arrangements are put into place within 2 weeks, or by the beginning of the relevant term for pupils who are new to our school.

# 6. Individual healthcare plans

Individual Healthcare Plans should be prepared for pupils with medical conditions to 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 high risk that emergency intervention will be needed. Individual Healthcare Plans are also likely to be helpful where medical conditions are long-term and complex. However, most children who require medicine or medical intervention every day for long-term conditions during the school day will require one.

The school, healthcare professional (where relevant) and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate.

The headteacher has overall responsibility for the development of Individual Healthcare Plans for pupils with medical conditions. This has been delegated to the Office Manager who will ensure that a member of the Office team develops and maintains Individual Healthcare Plans for pupils with medical conditions.

Plans will be reviewed at least annually, or earlier if there is evidence that the pupil's needs have changed.

Plans will be drawn up in partnership with the school, parents and a relevant healthcare professional, such as the school nurse, specialist or paediatrician, who can best advice on the pupil's specific needs. The pupil will be involved wherever appropriate.

IHPs will be linked to, or become part of, any education, health and care (EHC) plan. If a pupil has SEN but does not have an EHC plan, the SEN will be mentioned in the IHP.

The level of detail in the plan will depend on the complexity of the child's condition and how much support is needed. The governing board and the headteacher/role of individual with responsibility for developing IHPs, will consider the following when deciding what information to record on IHPs:

- > The medical condition, its triggers, signs, symptoms and treatments
- > The pupil's resulting needs, including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues, e.g. crowded corridors, travel time between lessons
- > Specific support for the pupil's educational, social and emotional needs. For example, how absences will be managed, use of rest periods or additional support in catching up with lessons, emotional support
- > The level of support needed, including in emergencies. If a pupil is self-managing their medication, this will be clearly stated with appropriate arrangements for monitoring
- > Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the pupil's medical condition from a healthcare professional, and cover arrangements for when they are unavailable
- > Who in the school needs to be aware of the pupil's condition and the support required
- > Arrangements for written permission from parents and the headteacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours
- > Separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the pupil can participate, e.g. risk assessments
- > Where confidentiality issues are raised by the parent/pupil, the designated individuals to be entrusted with information about the pupil's condition

> What to do in an emergency, including who to contact, and contingency arrangements Appendix 1 – Individual Health Care Plan template.

# 7. Managing medicines

# 7.1 Non-prescribed medicines

Over the counter medicines are not kept by the school and staff are not permitted to administer any medication to pupils that has not been prescribed by a qualified medical practitioner.

Arrangements for pupils who require regular Paracetamol should be dealt with in the same way as prescribed medicines.

### 7.2 Prescribed Medicines

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not to be administered during the school or setting 'day'.

School staff may administer prescribed medicines, although there is no statutory or contractual duty for staff to do this. Parents must complete a recognized 'Administration of Medicines in Schools 'form – example given in Appendix 2.

Medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. This will include:

- > Name of child
- > Name of medicine
- > Dose (in some conditions this may vary on a daily basis)
- > Method of administration
- > Time/frequency of administration
- > Any side effects
- > Expiry date

Anyone giving a pupil any medication, will check the dosage and will record the medication given on the pupils Record of Medication Administration form – see Appendix 3a and 3b.

If a pupil refuses to take the medication at school, then the parent is informed as soon as possible.

# 7.3 Controlled drugs

<u>Controlled drugs</u> are prescription medicines that are controlled under the <u>Misuse of Drugs</u> <u>Regulations 2001</u> and subsequent amendments, such as morphine or methadone.

All controlled drugs are kept in a secure cupboard in the school office and only named staff have access to it.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

### 7.4 School Visits

Medication requirements will always be carefully considered when planning school trips. It is essential that children with medical conditions are able to access the same experiences as their peers. Individual medical needs will therefore be included as part of the risk assessment process and discussed with parents where necessary.

Medication required on a school trip will always be carried by the most appropriate member of staff and they will be fully aware of the pupil's need. The identified member of staff will take responsibility

to support pupils with medical conditions, having received sufficient and suitable training, and feel confident to do so.

# 7.5 Spare Emergency Inhaler/Adrenaline Auto-injectors (AAI)

It is now entirely proper for schools to keep a Salbutamol inhaler and 2 spacers for use in an emergency. The emergency Salbutamol inhaler should only be used by children:

- > Who have been diagnosed with asthma and prescribed a reliever inhaler;
- > OR who have been prescribed a reliever inhaler;
- > AND for whom written parental consent for use of the emergency inhaler has been given.

This information will be recorded in the child's Individual Health Care Plan.

The DfE guidance on adrenaline auto injectors (AAIs) encourages schools to purchase a spare AAI and highlights the requirement for consent from parents and a medical professional. The parents still need to provide an AAI – the spare does not replace this need and nor should it be considered a second AAI.

The spare AAI can be obtained, without prescription by schools for USE IN EMERGENCIES, but ONLY TO A PUPIL AT RISK OF ANAPHYLAXIS where both medical authorization and written parental content for use of the spare AAI has been provided.

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

If someone appears to be having a severe allergic reaction (anaphylaxis) the school MUST call 999 without delay, even if they have already used their own AAI device or a spare AAI.

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

At Maple Infants' School, we will endeavor to obtain and have on site a spare Salbutamol inhaler, 2 spacers and a spare AAI of the correct dosage for young children at all times.

# 7.6 Storage and Disposal of Medication

All medicines will be stored safely. Pupils will be informed about where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens will always be readily available to pupils and not locked away.

Generally, any medication is kept within the medical room, which is located at the front of the school. As the school site is relatively small this ensures that medication can be quickly located wherever the children are in the school. For children who regularly have medication in school, their medication is kept within a transparent box which is clearly labelled with their name and their photograph. Their Individual Health Care Plan is kept with their medication.

For children who have medication for a short term period, this is clearly labelled and kept in a cupboard or within the fridge, dependent of storage needs, within the medical room.

For some identified pupils, their medication may need to be kept within their classroom and taken with them when they move around the school. When this is the case, this is clearly identified within their Individual Health Care Plan. The medication will be kept in an appropriate place within the classroom and in a suitable container ensuring the safety of all.

The expiry date on all medications kept within school is regularly checked by the office team.

It is the parent's responsibility to ensure that medication in school is within date. Any out of date medication will be returned directly to the parents for safe disposal.

Medicines will be returned directly to parents at the end of each school year or when no longer required.

If parents do not collect their child's medication, then it will be taken by the school to a local pharmacy for safe disposal. If a child leaves the school, parents will have 10 school days to collect their child's medication before it is disposed of.

# 8. Pupils managing their own needs

At Maple Infants' School, we recognise the importance of supporting children to manage their own needs when appropriate. Due to the age of our children, supporting pupils to manage their own needs will be done on an individual basis and in partnership with parents, ensuring that the children are mature and old enough to be able to do so positively. This will be reflected in their IHPs.

Staff will not force a pupil to take a medicine or carry out a necessary procedure if they refuse, but will follow the procedure agreed in the IHP and inform parents so that an alternative option can be considered, if necessary.

# 9. Unacceptable practice

School staff should use their discretion and judge each case individually with reference to the pupil's Individual Health Care Plan, but it is generally not acceptable to:

- > 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 pupil or their parents
- > Ignore medical evidence or opinion (although this may be challenged)
- > Send children with medical conditions home frequently for reasons associated with their medical condition or prevent them from staying for normal school activities, including lunch, unless this is specified in their IHPs
- > If the pupil becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- > Penalise pupils for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- > Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- > Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their pupil, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- > Prevent pupils from participating, or create unnecessary barriers to pupils participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany their child
- Administer, or ask pupils to administer, medicine in school toilets

# 10. Emergency procedures

Staff will follow the school's normal emergency procedures (for example, calling 999). All pupils' Individual Health Care Plans will clearly set out what constitutes an emergency and will explain what to do.

If a pupil needs to be taken to hospital, staff will stay with the pupil until the parent arrives, or accompany the pupil to hospital by ambulance.

**Defibrillators -** Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use.

Maple Infants' School does not currently have a defibrillator on site – the nearest one is located at St Andrews and St Marks Junior School.

Information about defibrillators for schools is provided in this DfE document - Automated external defibrillators (AEDs) - A Guide for Schools:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\_data/file/843393/AED\_guide\_for\_schools\_Sept2019\_v2\_accessible.pdf

All schools in the UK, including maintained schools, academies and independent schools, are able to purchase AEDs from NHS Supply Chain under the arrangements put in place by the Department for Education. Further information is provided in the DfE guide (link provided above).

# 11. Training

Staff who are responsible for supporting pupils with medical needs will receive suitable and sufficient training to do so.

The training will be identified during the development or review of Individual Healthcare Plans. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

Where necessary, the relevant healthcare professionals will lead on identifying the type and level of training required and will agree this with the headteacher/Office Manager. Training will be kept up to date.

Training will:

- > Be sufficient to ensure that staff are competent and have confidence in their ability to support the pupils
- > Fulfil the requirements in the Individual Healthcare Plans
- > Help staff to have an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures

Where relevant, Healthcare professionals will provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

All staff will receive training so that they are aware of this policy and understand their role in implementing it, for example, with preventative and emergency measures so they can recognise and act quickly when a problem occurs. This will be provided for new staff during their induction.

First Aid training includes information about a range of conditions, including asthma and epilepsy, and providing initial first aid to people with those conditions where appropriate. First aid training therefore remains an important and complimenting source of information in addition to the training provided by the above organisations.

Administration of some specific medication requires specific training, including the following:

Medication	Situation	Local Training Provider	
Epipen		School Health Team	
		Ku19@yourhealthcare.org	

Rectal Diazepam	For disabled children attending mainstream or special schools.	Nicola Rocco, Moor Lane Centre, 030 8547 5746.
Buccal Midazolam	For disabled children attending mainstream or special schools.	Nicola Rocco, Moor Lane Centre, 030 8547 5746.
Insulin		Kingston Hospital Paediatric Diabetes Team pdt@kingstonhospital.nhs.uk
Rectal Diazepam	For non-disabled children	PONT – Paediatric Outreach Nursing Team, Kingston Hospital, 020 8546 7711, extn. 2327.
Buccal Midazolam	For non-disabled children	PONT – Paediatric Outreach Nursing Team, Kingston Hospital, 020 8546 7711, extn. 2327.

# 12. Record keeping

The governing board will ensure that written records are kept of all medicine administered to pupils for as long as these pupils are at the school. Parents will be informed if their pupil has been unwell at school.

IHPs are kept in a readily accessible place which all staff are aware of.

# 13. Liability and indemnity

The governing board will ensure that the appropriate level of insurance is in place and appropriately reflects the school's level of risk.

There is no statutory or contractual duty for head teachers or teaching staff to administer medicines. Consequently, to comply with this policy, schools must secure the services of:

- volunteers from existing teaching or support staff (such as first aiders, SENCO)
- employees with specific contractual duties to undertake this work (such as school nurses).

As the administration of medicines is considered to be an act of "taking reasonable care" of the pupil, staff agreeing to administer medication can be reassured about the protection their employer would provide.

Staff employed at maintained schools (Maple Infants' School is a maintained school), and others who have insurance arrangements through Zurich Municipal, are fully indemnified against claims for alleged negligence providing they follow the guidance provided in this document and at relevant training courses. Staff must attend courses as detailed in this guidance in order to ensure they have received an appropriate level of training.

In relation to schools organising their insurance with Zurich via RBK's Insurance Department, Zurich has stated the following:

"The Public Liability policy that you have with us covers the insured, school governing body, teachers, other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non prescription medication orally, topically, by injection or by tube and the application of appliance or dressings. This applies to

both straightforward and complex conditions. We would expect that the teachers, employees and volunteers would have received appropriate training and that this is reviewed on a regular basis.

Cover applies up to the full policy limit and in addition the policy covers costs incurred in defending any claim. The policy excess/deductible, if any, will apply as normal. The policy applies to all school activities including extra curricula activities and school trips at home and abroad. Cover also applies to any first aid activities carried out by teachers, employees and volunteers."

# 14. Complaints

Parents with a complaint about their child's medical condition should discuss these directly with the Head Teacher in the first instance. If the Head Teacher cannot resolve the matter, they will direct parents to the school's complaints procedure.

# 15. Monitoring arrangements

This policy will be reviewed and approved by the governing board every three years.

# 16. Links to other policies

This policy links to the following policies:

- > Accessibility plan
- > Complaints Procedure
- > Equality information and objectives
- > First aid Policy
- > Health and safety Policy
- > Child Protection and Safeguarding Policy
- > Special educational needs information report

Appendix 1a: Individual Healthcare Pan Template (general)

**Appendix 1b:** Individual Healthcare Plan Template (Anaphylaxis and Allergy)

Appendix 2: Administration of Medicines in Schools form

**Appendix 3a:** Record of Medication Administration form

**Appendix 3b**: Record of Medication Administration form (insulin)

Appendix 4: Specific information about Diabetes, Asthma, Allergy and Anaphylaxis

# Appendix 1a – Individual Healthcare Plan Template (General)



# **MAPLE INFANTS SCHOOL**

# **INDIVIDUAL HEALTHCARE PLAN**

Insert photograph of pupil

Name of school/setting:	Maple Infan	ts' School		
Child's name:				
Year Group	N	R	1	2
Class:				
Date of birth				

Child's address				
Medical diagnosis or condition				
Date				
Review date	annually			
	/			
Fam	nily Contact Information			
Name	,			
Relationship to child				
Phone Number	(work)			
	(home)			
	(mobile)			
	(ITIOOIIO)			
Name				
Relationship to child				
Phone Number	(work)			
	(home)			
	(mobile)			
C	inic/Hospital Contact			
Name	inie/Hospital Contact			
Phone Number				
G.P.				
Name Phone Number				
Phone Number				
NA/le a in un augustalla fe u augustialia aug	vivo and to a decad			
Who is responsible for providing s	support in school			
Class Teacher and support staff	within year group team			
First Aider / Office Team				
Senior Leadership Team				
Describe medical needs and give details of child's symptoms, triggers, signs,				
treatments, facilities, equipment or devices, environmental issues etc				
Name and an alice of the contract				
	hod of administration, when to be taken, side			
effects, contra-indications, administered by/self-administered with/without				
supervision				
Daile a sus sa su insus susta				
Daily care requirements				
C .t. 1 .11				
specific support for the pupil's e	ducational, social and emotional needs			
Agrana and a sale for a sale sale sale sale sale				
Arrangements for school visits/tri	DS ETC			
	the the energy			
Their medication will be taken with them.				

Responsibility: Class teacher or Group Leader	
Other information	
Describe what constitutes an emergency, and the ac	ction to take if this occurs
Who is responsible in an emergency (state if different	for off-site activities)
Plan developed with	
Staff training needed/undertaken – who, what, when	1
Form copied to	
List any relevant documents which are relevant and diagnosis, medical advice	attached to this plan e.g.
Parent signature	Date

Appendix 1b – Individual Healthcare Plan Template (Anaphylaxis/Allergy)



# **MAPLE INFANTS SCHOOL**

# INDIVIDUAL HEALTHCARE PLAN

Insert photograph of pupil

# **MANANGEMENT OF AN ALLERGIC REACTION/ANAPHAYLAXIS**

Name of school/setting:	Maple Infants' School
Child's name:	

Year Group	Ν	R	1	2
Class:				
Date of birth				
Child's address				
Medical diagnosis or condition				
Date				
Review date				

Family Contact Information		
Name		
Relationship to child		
Phone Number	(work)	
	(home)	
	(mobile)	
Name		
Relationship to child		
Phone Number	(work)	
	(home)	
	(mobile)	

Clinic/Hospital Contact		
Name		
Phone Number		
G.P.		
Name		
Phone Number		

Who is responsible for providing support in school

Class Teacher and support staff within year group team First Aider / Office Team Senior Leadership Team

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

# Signs and symptoms include:

# Mild-moderate allergic reaction:

- Swollen lips, face or eyes
- Itchy/tingling mouth
- Hives or itchy skin rash
- Abdominal pain or vomiting
- Sudden change in behaviour

### ACTION:

- Stay with the child, call for help if necessary
- Locate adrenaline autoinjector(s)
- Give antihistamine according to the child's allergy treatment plan
- Phone parent/emergency contact



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

AIRWAY: Persistent cough

Hoarse voice

Difficulty swallowing, swollen tongue

BREATHING: Difficult or noisy breathing

Wheeze or persistent cough

CONSCIOUSNESS: Persistent dizziness

Becoming pale or floppy

Suddenly sleepy, collapse, unconscious

# IF ANY ONE (or more) of these signs are present:

 Lie child flat with legs raised: (if breathing is difficult, allow child to sit)







- 2. Use Adrenaline autoinjector\* without delay
- 3. Dial 999 to request ambulance and say ANAPHYLAXIS

# \*\*\* IF IN DOUBT, GIVE ADRENALINE \*\*\*

# After giving Adrenaline:

- 1. Stay with child until ambulance arrives, do NOT stand child up
- 2. Commence CPR if there are no signs of life
- 3. Phone parent/emergency contact
- If no improvement after 5 minutes, give a further dose of adrenaline using another autoinjector device, if available.

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

Taken from Dept of Health; Guidance on use of adrenaline auto-injectors in schools 2017

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

# Medication MUST NOT be locked away

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Their medication will be taken with them.

Responsibility: Class teacher or Group Leader

## Other information

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

# Describe what constitutes an emergency, and the action to take if this occurs Practical points:

- When dialling 999, give clear and precise directions to the emergency operator, including the postcode of your location.
- If the pupil's condition deteriorates and a second dose adrenaline is administered after making the initial 999 call, make a second call to the emergency services to confirm that an ambulance has been dispatched.
- Send someone outside to direct the ambulance paramedics when they arrive.
- Tell the paramedics:
  - if the child is known to have an allergy;
  - what might have caused this reaction e.g. recent food;
  - the time the AAI was given.

# Who is responsible in an emergency (state if different for off-site activities)

# Plan developed with

Staff training needed/undertaken – who, what, when

Face to face training with School Health Team

http://www.sparepensinschools.uk - e learning unit

# Form copied to

List any relevant documents which are relevant and attached to this plan e.g. diagnosis, medical advice

NB Some information within this care plan has been taken from Dept of Health; Guidance on use of adrenaline auto-injectors in schools 2017

Parent signature	Date

# Appendix 2: Administration of Medicines in Schools form

Parental Agreement for School to Administer Medicine Please ask for a copy of the school's medicine policy. The school will not give your child medicine unless you complete and sign this form.

Name of Child	
Date of Birth	
Class/form	
Medical Condition	
Medicine	
Name/type of Medicine	
Date Dispensed	
Expiry Date	
Agreed review date	
Dosage and method	
Time	
Special precautions	
Possible side effects	
Emergency procedures	
Contact Details	
Name	
Daytime Telephone	
Relationship to pupil	
Address	
Medicines will be delivered to (named member of staff)	
I accept that this is a service that understand that I must notify the s	l the school is not obliged to undertake. I chool of any changes in writing.

Appendix 3a: Record of Medication Administration form

Record of ( name of medicine) administered to ( name of pupil ).....

Date	Time	Dose	Any reaction	Signature	Print Name

Appendix 3b: Record of Medication	Administration form	(insulin)
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Record of Insulin administered to ( name of pupil ).....

Date	Blood sugar	Time	Dose	Any reaction	Signature	Print Name

### Appendix 4 (additional information about Diabetes, Asthma, Allergy and Anaphylaxis and Epilepsy)

### Medicines Brought into School & Precaution Treatment for Serious Medical Conditions

### a. Diabetes

Changes in the availability of insulin and evidence showing that insulin is much more effective at keeping blood sugar levels normal when it is given along with every meal i.e. breakfast, lunch and evening meal, means that many pupils may now need to have insulin injection in school at lunch times. In light of the recent developments in the treatment of diabetes, schools are encouraged to support children with the administration of insulin and take responsibility for procedures.

All pupils will now only use the safer needle devices to prevent sharps injuries to staff.

Appropriate training for school staff is available from the Kingston Hospital Paediatric Diabetes team (PHT). <u>School staff must attend a course organised by the PHT</u> and annual refreshers to ensure they are competent to carry out the administration of insulin.

### Training will cover:

- General overview of diabetes
- Monitoring of blood glucose levels
- Practical administration of insulin (including equipment) including the use of safety needles to prevent the risk of sharps injuries
- Treating emergency situations (including hypos)
- Access to healthy and appropriate food

## b. Asthma

Schools should request parents/carers to provide a list of medications the pupil receives, noting which ones need to be taken during school hours. Also, medication needed during school activities "off-site" and "off-hours" should be noted and available. Pupils are encouraged to keep inhalers with them at all times – but this can vary according to age and ability. If inhalers cannot be kept by individual pupils they should be readily available in the classroom. In most cases pupils can carry these with them at all times. In some cases they can be stored in an appropriate place within the classroom so they can be obtained easily with minimal fuss if required. Parents should provide a spare inhaler that is clearly labelled with the pupil's name and should not be used for any other pupil. Schools should ensure that there is:

- a specific plan of action for staff in case of an acute episode that may include guidance for monitoring peak flow (in more severe cases);
- information for the staff to be aware of identified triggers that can make asthma worse;
- an emergency procedure and phone numbers for each pupil.

Ensure there are staff trained in first aid at the school will help to ensure there are staff on site who understand when the use of the inhalers is going as expected and when the inhaler is not improving the child's condition quickly enough and emergency action is needed.

### c. Allergy and Anaphylaxis

Every pupil who is at risk of anaphylaxis should be prescribed an adrenaline auto-injector (AAI). Treatment of anaphylaxis requires intramuscular adrenaline - an injection of adrenaline into the muscle. The pupil may be prescribed one of two adrenaline injectors, either the EpiPen or the Anapen.

Where school staff agree to administer treatment and medication to a pupil in an emergency, training sessions must be arranged by the school nurse/School Health Team. Annual refreshers are required.

# Training will include:

- signs and symptoms of anaphylaxis;
- emergency procedures, including where and how to administer the pupil's prescribed adrenaline injector.

Schools will have local procedures for each pupil which include:

- Reducing the risk of coming into contact with the allergen (e.g. nuts, eggs, bee stings)
- Arrangements for educational visits
- When to administer adrenaline
- How to administer intra-muscular adrenaline
- Requesting that parents provide two epipens
- Staff training

# Spare Emergency Inhaler & Adrenaline Auto-injetors (AAI)—see information within policy

## d. Epilepsy

The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Some pupils with difficult to control epilepsy may take several different types of medication.

Some pupils will require prescribed emergency medication, such as rectal diazepam or buccal midazolam, which aim to bring them out of the seizure before they have repeated episodes – one after the other. Such medication can only be administered by a trained member of staff. See training providers in 'Training' section of this policy.