Grimley & Holt C of E Primary School

Excellence and excitement every day for every child

Medical Needs Procedures (Including First Aid, Medicines and Anaphylactic shock)

Grimley and Holt CE Primary School 2020

Approved by:	Mike Saunders	**Date:** 3rd November 2020
Last reviewed on:	September 2020	
Next review due:	September 2021	

Aim
The ultimate aim of this policy and scheme is to provide the safeguarding of children as defined by the school's statement on safeguarding children.

Introduction
Most children at some time have a medical condition, which could affect their participation in school activities. This may be a short term situation or a long term medical condition which, if not properly managed, could limit their access to education. The Governors and staff of Grimley and Holt Primary School wish to ensure that children with medical needs receive care and support in our school. We firmly believe children should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school or other activities. Accidents do occur and injuries may be sustained. This policy also sets out our first aid procedures.

1. Roles and Responsibility

The role of the Head teacher and Governing Body
The ultimate responsibility for the management of this policy lies with the Head teacher and Governing Body. The Head teacher will manage the policy on a day- to-day basis and ensure all procedures and protocols are maintained. The Head teacher will work with the administration team to ensure accurate and up to date records are kept for children with medical needs.

The role of Staff
Anyone caring for children, including teachers, other school staff and After School Staff have a common law duty of care to act like any reasonably prudent parent/carer. This duty extends to staff leading activities taking place off site, such as visits, outings or field trips and may extend to taking action in an emergency. Teachers and other staff are expected to use their best endeavours at all times, particularly in emergencies, to secure the welfare of the pupils. In general the consequences of taking no action are likely to be more serious than those trying to assist in an emergency.
Staff who have children with medical needs in their care should understand the nature of the condition, and when and where the child may need extra attention. All staff should be aware of the likelihood of an emergency arising and be aware of the protocols and procedures for specific children in school through attending training provided and reading individual health plans devised for individual children.

The school has a First Aid Coordinator (Sara Sampson) who co-ordinates first aid within the establishment. Her duties include:

- Maintenance and oversight of first aid equipment and materials (eg. restocking of first aid boxes see appendix l);

- Keeping of pupil accident book, staff/adult/visitor accident book (BI510 Substitute) and reporting of accidents to the LA as appropriate (see Section 2-1 Accident/Near Miss Recording and Reporting Procedures);

- Arranging for emergency assistance (ie. calling an ambulance) when necessary.

- Ensuring an appropriate and adequate system for communication with the Ambulance Service is in place, such as Mobile phones, and school walkie-talkies

First aid facilities are available whenever there are people on site. The Head teacher has ensured that cleaning staff and others who work after the end of the normal school day have access to a first aid box. A telephone is available to summon the emergency services whenever the establishment is occupied.

The LEA recommends the following **minimum** levels of provision of first aid trained staff:

Primary/First Schools l Qualified First Aider (FAAW)
2 Assistant First Aiders (EFAW)

The law requires one person qualified in first aid to be available at all times for the first SO people on site, plus one first aider for each further 100 people or part thereof! The EYFS requires one person qualified in pediatric first aid when there is one person under the age of 5. Currently, at Grimley and Holt Primary School, we have two fully trained First Aiders who work full time, a full time member of staff trained in pediatric first aid (a further member of staff will be trained in Autumn term 2020 and additional members of staff trained in Emergency First aid.

There is a legal requirement to list all the First Aiders and their locations- this is shown at the main entrance and at the First Aid station adjacent to school office.

The role of Parent/Carers

Parents/carers have prime responsibility for their child's health and should provide school with up to date information about their child's medical conditions, treatment and/or any special care needed.

If their child has a more complex medical condition, they should work with the School and other health professionals to develop an *individual healthcare plan* which will include an agreement on the role of the school in managing any medical needs and potential emergencies. It is the parent/carers responsibility to make sure that their child is well enough to attend school.

2. Identification

Upon entry to school, parent/carers will be asked to complete admission forms requesting medical information. Throughout the year we request through our newsletter that parents keep us up to date with any changes in medical information. We also annually send out data sheets for parents/carers to check and amend to ensure all our records are up to date.

3. Individual Health Care Plans (IHCP)

The main purpose of an IHCP is to identify the level of support that is needed at school for an individual child. The IHCP clarifies for staff, parents/carers and the child the help the school can provide and receive. These plans. will be reviewed annually as a minimum, or more frequently at the request of parents/carers or the school, or as required

An IHCP will include:

- details of the child's condition what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency who to contact in an emergency
- the role the staff can play
- special requirements e.g. dietary needs, pre-activity precautions any side effects of medicines

A copy will be given to parents/carers, and a copy will be retained in the medical needs file in the office and the child's individual file The general medical information sheet given to all staff will indicate that the child has an IHCP, this should only include, the medical condition and its emergency treatment.

4. Communicating Needs

A medical file containing class lists together with an outline of any medical condition and actions to be taken is available to all teaching and non-teaching staff.

Individual Health Care Plans for children are kept in the classroom where they are accessible to all staff involved in caring for the child. A copy is also kept in the front of each register so that new or agency staff, following their induction, will be immediately aware of the medical needs of the children in their care. An overview poster of children with IHCPs and a summary of their conditions can be found on staff and office notice boards in school.

5. First Aid

We have a number of school/centre staff (see medical file for up to date list) who are trained 'first-aiders' and in the event of illness or acc!dent will provide appropriate first aid. In the event of a more serious accident, we will contact the parent/carer as soon as possible. If hospital treatment is required and a parent/carer is not available, as a last resort 2 members of staff will take the child to hospital and stay with the child until the parent/carer arrives. It is a legal requirement that any vehicle used for this MUST be appropriately insured. If the child is required to travel in an ambulance a member of staff will accompany the child in the ambulance if their parent/carer is unavailable.

We will endeavour to inform parent/carers, using a standard letter and SMS if their child has had an accident and received first aid attention. Details of accidents/incidents are recorded in the Accident Book together with any treatment provided.

6. Accident and Emergency Procedure

Following any accident or injury, the following steps should be taken to ensure that the correct

help is given as quickly as possible.

- **The injured person should not be moved if there is any suspicion that doing so could exacerbate their injuries.** In cold or wet weather it is essential to keep them warm and dry.

- The First Aider or, if they are not available, the Assistant First Aider or First Aid Co-ordinator, should examine the injured person and give such treatment as is appropriate or possible.

- **If hospital treatment is necessary an ambulance should be called.**

- Staff should not use their own cars to take injured persons to hospital unless there is an exceptional reason for doing so. It is a legal requirement that any car used for this purpose must be adequately insured.

- In the case of pupils:

- The parent or guardian must be contacted when possible and asked to join their child when possible at the school or hospital, as appropriate. Schools should not wait for parents to arrive to take pupils to hospital unless it is certain that treatment is not urgently required.

- There must be no delay to treatment or despatch of the injured pupil to hospital while waiting for parents or guardians to arrive.

- A member of the school staff (teaching or support staff) must accompany the pupil to hospital if their parents have not arrived in time to do so, unless (exceptionally) the ambulance crew specifically request otherwise. The member of staff accompanying the pupil should normally wait at the hospital until the pupil's parent or guardian arrives, unless the nursing staff advise them not to do so.

- Staff accompanying a pupil to hospital should not normally give their consent to medical treatment unless it is specifically requested by a doctor, who should be asked to assume the responsibility for this decision.

In an emergency situation, however, consent should be given on the advice of a senior hospital doctor, provided that reasonable steps have been made to contact the parent or guardian, even if it is known that their consent might not have been given.

Staff accompanying pupils to hospital from an educational visit should hold the written consent of parents to emergency treatment on the parental consent form, which should be shown to the doctor on arrival.

7. Record Keeping

Schools should keep a record of any first aid treatment given by first aiders and appointed persons.

This should include:

- the date, time and place of incident;
- the name (and class) of the injured or ill person;
- details of the injury/illness and what first aid was given;
- what happened to the person immediately afterwards (for example went home, resumed normal duties, went back to class, went to hospital);
- Name and signature of the first aider or person dealing with the incident.

8. Physical Activity

We recognise that most children with medical needs can participate in physical activities and extracurricular sport. Any restrictions in a child's ability to participate in PE or specific physical activities should be recorded in their IHCP. All staff should be aware of issues of privacy and dignity for children with particular needs.

9. School Visits

When preparing risk assessments staff will consider any reasonable adjustments they might make to enable a child with medical needs to participate fully and safely on visits.

Sometimes additional safety measures may need to be taken for outside visits and it may be that an additional staff member, a parent/carer or other volunteer might be needed to accompany a particular child. Arrangements for taking any medicines will need to be planned or as part of the risk assessment an.d visit planning process. A copy of IHCP should be taken on trips and visits in the event qf information being needed in an emergency. Any children under 5

yrs, require a first aider trained in pediatric first aid.

10. Residential Visits

Parent/carers of children participating in residential visits will need to complete a consent form giving details of all medical/dietary needs. Administration of medicine forms need to be completed prior to the day of departure and all medication which needs to be administered during the course of the visit should be handed directly to the group leader before leaving the school at the start of the visit.

11. MEDICINES - ADMINISTRATION

There is no legal requirement for staff in schools to administer medicines to pupils, and the headteacher cannot instruct a teacher to adniinister medicines to pupils unless they have indicated their willingness to do so.

Conditions for Storage and Administration of Medicines

If a headteacher agrees to accept medicines for administration to pupils they should ensure that the following procedures are complied with.

- Prescription Only Medicines can only be administered if there is a prescription issued by a HPC registered practitioner.

- Medicines should only be administered following a written request from parents or guardians which clearly states the name and class of the pupil, together with the dose and the time(s) of day at which it should be taken and any special conditions for the storage of the medicine (eg. to be kept in a refrigerator).

- Medicines should be clearly marked with the name and class of the pupil, together with the dose and the time(s) of day at which it should be taken.

- Medicines are only accepted by staff if they are brought by the parent or guardian, rather than sent with the pupil.

- Medicines are kept in a locked cupboard in a secure central position in the school, rather than by class teachers.

An exception to this rule should be made, however, for medicines provided for emergency treatment such as reliever inhalers for asthmatic pupils AAIs for anaphylaxis or glucose tablets for diabetics, which should be kept close to the pupil(s) concerned for immediate use.

- Medicines should only be accepted in relatively small quantities (2 or at most 3 days' supply) and note should be taken of any requirements for special storage conditions.

- Non prescription medications ie, over the counter pain killers or antihistamines, do not require any written consent from GP/HPC practitioner

Analgesics

Schools should keep appropriate mild pain killers in stock, as the school cannot require the parent/carer to school attend to administer these medications. Care should be taken in ensuring that the precise dose regimen is adhered to, particularly for Paracetamol. If the parent/carer cannot be contacted, paracetamol should be withheld until approximate 13.00hrs (4 hours after it could have been administered by anyone else) Ibuprofen alone should used. Paracetamol and Ibuprofen can be administered concomitantly.

12. Anaphylaxis, Asthma, Diabetes, Eczema and Epilepsy

The school recognises that these are common conditions affecting many children and young people, and welcomes all children with these conditions.

The school believes that every child has a right to participate fully in the curriculum and life of the school, including all outdoor activities and residential trips. The school ensures that all staff in the school have a good understanding of these conditions, through relevant training and do not discriminate against any child who is affected.

13. Anaphylaxis and allergies (see appendix)

Anaphylaxis and allergy can be triggered by very wide range of substances such as foods (nuts, shellfish, dairy products) or non foods (wasp and bee stings, certain medicines, even exercise). The symptoms of anaphylaxis/allergy can be identified by effects on the respiratory system, cardiovascular system, gastrointestinal system, skin, nervous system and genitourinary system. In the event of an attack it is important to know when and when not to administer an Adrenaline Auto-Injector (AAI). It is essential to have an effective communication system during these incidents.

For mild to moderate allergic responses, an appropriate antihistamine should be administered in accordance with the patients HCP and regularly observed

How will staff know which children might need an AAI?

Photographs of all children needing an AAI can be found on staff room and office notice boards. Children's Individual Health Care Plans are kept in classrooms and class registers, copies are also stored centrally in the Medical File in the office and in individual children's files.

How will staff know when and how to administer an AAI?

There will be annual training and check sheets with the AAIs. In the event of an anaphylactic event at least 5 first aiders should be sent to the scene and the school "lockdown" procedure instigated.
Direct communication with Ambulance Service is essential ie- a mobile phone.

Where are AAI stored?
AAI's should be stored somewhere where they are immediately available. Each child has an emergency box containing 2 AAIs, a copy of .their IHCP, any other relevant medication, a pencil and a checksheet. Each box is labelled with the child's name and date of expiry of the AAIs.
The correct doses and expiry should be checked at the beginning of each term

14. Asthma Asthma medicines

Immediate access to reliever medicines is essential. Metered Dose Inhalers (blue Salbutamol) should be kept in the classroom or near to the patient. Parents/carers are asked to ensure that all reliever inhalers are labelled with a chemist dispensing label containing the child's name. It is the parent/carers responsibility to ensure that the inhalers are in date and replaced regularly. Asthma medicines will only be administered to children once an administration of medicines consent form has been completed. Children are encouraged, wherever possible, to administer their own inhaler with adult supervision.
A number of spare, emergency use MDIs and spacer devises must be available, strategically positioned around the school. With kits available for trips and forest school etc.

Record keeping
Each time a child receives their asthma medication it is recorded on an administration of inhalers record sheet kept in the inhaler box.

PE, games & activities, including pre-school and after school clubs
Taking part in sports, games, activities and clubs is an essential part of school life for all pupils. Staff are aware of which children have asthma from the school's medical register. Children with asthma are encouraged to participate fully in all PE lessons. Staff will remind children whose asthma is triggered by exercise, to take their reliever inhaler before the lesson and to thoroughly warm up and down before and after the lesson. Staff follow the same principles as described above for games, activities and clubs involving physical activity. Staff need to be aware of the potential triggers for children with asthma when exercising, tips to minimise these triggers and what to do in the event of an asthma attack.

The school environment

The school does all that it can to ensure the school environment is favourable to pupils with asthma. The school does not keep furry or feathery animals and has a no-smoking

policy. As far as possible the school does not use chemicals in science and art lessons that are potential triggers for children with asthma. If however particular fumes do trigger their asthma, children are removed from the classroom by an adult and taken to sit in the school office, where they can be supervis d until fully recovered.

Asthma attacks

IN THE EVENT OF A CHILD HAVING AN ASTHMA ATTACK

The first aider should go to the patient Stay calm and reassure the child Encourage the child to breath slowly Ensure that any tight clothing is loosened

Help the child to take their spacer device/ reliever (blue) inhaler

Usually 2-4 puffs are enough to bring the symptoms of a mild attack under control. This medication is very safe; do not be afraid to give more if it is needed.

Use a check sheet.

ALWAYS CALL FOR AN AMBULANCE IF ANY OF THE FOLLOWING OCCUR

There is no significant improvement in 5 -10 minutes The child is distressed and gasping or struggling to breath

The child has difficulty in speaking more than a few words at a time The child in pale, sweaty and may be blue around the lips

The child is showing signs of fatigue or exhaustion

The child is exhibiting a reduced level of consciousness

WHILST THE AMBULANCE IS ON ITS WAY

The child should continue to take puffs of their Reliever {blue) inhaler until the symptoms improve

If the child has a spacer device and reliever {blue) inhaler available give up to ten puffs, one puff every minute (shaking the inhaler between each puff)

If the child's condition is not improving and the ambulance has not arrived, repeat the process as above.

Contact the parents/carers, once the emergency situation is under control and the ambulance has been called

15. Diabetes

We recognise that Diabetes should not be taken lightly because it is a very serious condition, and could result in a Hypoglycaemia attack (Hypo} where blood sugar level become too low, or a Hyperglycaemia attack (Hyper) where blood sugar levels become too high. Prompt medical attention will then be required to rectify the chemical and sugar imbalance in the blood. Children who are diabetic need supervision and careful monitoring so that staff are aware of any changes in the child and are able to take immediate action if they should need to. All children with Diabetes in school/centre have their own IHCP and their details are recorded in the Medical File. Each child with diabetes has an emergency box labelled with their name and photograph and containing any relevant equipment required to control a hypo or hyper attack.

16. Eczema

We are aware that active (acute) eczema causes constant itching and can mean sleepless nights and daytime drowsiness. We recognise that children who suffer with eczema may need the support of school/centre staff to help them deal with this condition and that they may need help to apply emollients.

17. Haemophilia or Warfarin use

Where a patient has a clotting malfunction, a very careful procedure must be established for their appropriate treatment. Some children who take anticoagulants require direct admission to a specialist hospital. A written bypass protocol must be established with the Ambulance Service to enable this to take place.

18. Epilepsy Seizures

IN THE EVENT OF A CHILD HAVING AN EPILEPTIC SEIZURE

Stay calm

If the child is convulsing then put something soft under their head Protect the child from injury (remove harmful objects from nearby) NEVER try and put anything in their mouth or between their teeth

Try and time how long the seizure lasts - if it lasts longer than usual for that child or continues for more than five minutes then call medical assistance

When the child finishes their seizure stay with them and reassure them

Do not give them food or drink until they have fully recovered from the seizure

19. Head Lice

Any case of head lice should be reported to the school. Parent/carers will be advised on an appropriate course of action as advised by the local health authority.

20. Cardiac/Respiratory arrest and defibrillation

Outcome from cardiac arrest is particularly poor. The essential elements to survival are the classic chain of survival. Early call to the Ambulance service, early onset of chest compressions and ventilation, early defibrillation and expedient advanced life support. Suitable ventilation pocket masks should be strategically around the school as well as in all first aid kits. A suitable AED should be positioned centrally in the school and everyone informed of its location. A minimum of 5 trained staff should be sent to any such life critical incident (including anaphylaxis). The school "lockdown" procedure should be instigated. Direct communication with the Ambulance service is essential- mobile phone.

21. Staff training

The school is responsible for ensuring that staff have appropriate training to support children with medical needs. Specific training and staff awareness sessions are held for children with highly individual needs prior to the child joining the school/centre. Arrangements are made with appropriate agencies e.g. School Health to update staff training and First Aid training on a regular basis. Teaching and support staff are directed to attend AAI and defibrillation training annually.

22. Confidentiality

Staff must always treat medical information confidentially. Agreement should be reached between parent/carers and the school about whom else should have access to records and other information about a child and this will be detailed in their Individual Healthcare Plan.

If information is withheld from staff, they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

23. Other agencies

The school nurse, pediatrician or other specialist bodies may be able to provide additional background information for school staff. Any requests or referral to these services will only be made with parental consent.

Monitoring and evaluation

Staff and governors, on a three yearly basis, will review this policy unless circumstances demand an earlier review

Appendix 1

Contents of First Aid Boxes

First aid boxes should contain the following items:

1 guidance leaflet giving general first aid advice; disposable gloves#;
10 individually wrapped medical wipes;
20 individually wrapped sterile adhesive dressings (plasters)* - assorted sizes;
2 sterile eyepads;
4 triangular bandages;
6 medium size (approx. 12cm x 12cm) wrapped, sterile unmedicated dressings;
2 large size (approx. 18cm x 18cm) wrapped, sterile unmedicated dressings;
6 safety pins.

No other items may be kept in a first aid box that is available for general use.

Contents	S	M	L
First Aid Guidance Leaflet	1	1	1
Contents List	1	1	1
Medium Dressing (12cm x 12cm) (Sterile)	4	6	8
Large Dressing (18cm x 18cm) (Sterile)	1	2	2
Triangular Bandage (Single Use) ((90cm x 127cm)	2	3	4
Safety Pins (Assorted) (minimum length 2.5cm)		12	24
Eye Pad Dressing with Bandage (Sterile)	2	3	4
Washproof Assorted Plasters	40	60	100
Moist Cleaning Wipes	20	30	40
Microporous Tape (2.5cm x Sm or 3m for Travel Kit)	1	1	1
Nitrile Gloves (1 Pair)	6	9	12
Finger Dressing with Adhesive Fixing (3.5cm)	2	3	4
Mouth to Mouth Resuscitation Device with Valve	1	1	2
Foil Blanket (130cm x 210cm)	1	2	3
Eye **Wash** (250ml)	10	10	0
Burn Relief Dressing (10cm x 10cm)	1	2	2
Universal Shears (Suitable for cutting clothing)	1	1	1
Conforming Bandage (7.Scm x 4m)	1	2	2

Appendix 2: Notification of prescription of Epi Pen

Grimley & Holt C of E Primary School

Excellence and excitement every day for every child

Child showing symptoms of anaphylactic shock

I can confirm that my child has been diagnosed with allergies / has been prescribed an Epi Pen [delete asappropriate].

My child has a working, in-date Epi Pen, clearly labelled with their name, which they will bring with them to school every day.

In the event of my child displaying symptoms of anaphylactic shock, and if their Epi Pen is not available or is unusable, I consent for my child to receive adrenaline from an emergency Epi Pen held by the school for such emergencies.

Name (print).....

Child's name:.....

Class:.....

Parent's address and contact details:

E-mail:

Appendix 3: CONSENT: USE OF EMERGENCY EPI PEN.

Grimley & Holt C of E Primary School

Excellence and excitement every day for every child

CONSENT: USE OF EMERGENCY EPI PEN.

Child showing symptoms of anaphylactic shock

- I can confirm that my child has been diagnosed with allergies/ has been prescribed an Epi Pen [delete as appropriate].

- My child has a working, in-date Epi Pen, clearly labelled with their name, which they will bring with them to school every day.

- In the event of my child displaying symptoms of anaphylactic shock, and if their Epi Pen is not available or is unusable, I consent for my child to receive adrenaline from an emergency Epi Pen held by the school for such emergencies.

Signed: Date:

Name (print).....

Child's name:.....

Class:.....

Parent's address and contact details:

Appendix 4: Anaphylaxis Information

1. What is Anaphylaxis?

Anaphylaxis is the name given to a severe allergic reaction. Allergies to peanuts and tree nuts are the most common trigger for such reactions, but a number of other allergens can cause anaphylaxis, including egg, milk, fish, sesame, soya, penicillin, latex, kiwi fruit and insect stings. It can be life-threatening if it is not treated quickly with adrenaline. However, experts agree that it is very definitely manageable with precautionary procedures and support from school staff.

The number of children at risk of anaphylaxis is on the increase. One in 70 children in the UK is allergic to peanuts, and the number of those affected by other anaphylaxis-related allergens appears to be rising. Such children are not ill in the usual sense of the word, but normal children who may become very unwell if they come into contact with a certain food or substance.

1.2 Symptoms

Milder reactions can involve itchiness or swelling in the mouth, an uncomfortable skin rash, sickness or nausea. Serious symptoms include a severe drop in blood pressure, in which the person affected becomes weak and debilitated, severe asthma, or swelling which causes the throat to close.

Other symptoms which may be present during anaphylaxis are:

- flushing of the skin
- hives
- mounting fearfulness
- difficulty in swallowing or speaking
- changes in heart rate
- stomach pain
- collapse and unconsciousness

Anaphylaxis is treated with adrenaline - also known as epinephrine. This is available on prescription in the form of pre-loaded injection 'pens', the most common being the 'Epipen'. In the event of a severe allergic reaction, the adrenaline should be injected into the muscle of the upper outer thigh, and an ambulance should be called. Milder reactions are sometimes treated with an antihistamine such as Piriton. In any case, careful vigilance should be maintained, as mild symptoms are often the sign that a serious reaction is imminent.

2.1 Individual health care plans

It is recognised that the risks for allergic children are reduced where an individual health care plan is in place. All children in school with a history of anaphylaxis have an IHP. · Each IHP is drawn up and agreed between the child's parents, the school and the consulting doctor. The plan identifies individual symptoms and triggers, day to day management, arrangements for medical emergencies, including support from school staff, type of prescribed medicine and its location(s), food management and precautionary measures. Contact details for family and GP/clinic are also be included. All care plans are reviewed on a regular basis to ensure that

that they are still relevant to the needs of the child.

2.2 Access to Medication

As part of its overall medicines policy, the school establishes viable procedures for dealing with incidents of anaphylaxis quickly and effectively, in order to minimize harm and distress to the child concerned. Part of this protocol relates to the storage of medicines for use in treating anaphylaxis. Given the imperative for speedy administration in an emergency situation. Where children are old enough to be able to carry their adrenaline with them, access will be straightforward; however, there is a spare set held by the school and not locked away, in order to avoid precious time being lost in the event of an emergency.

Decisions as to the specific arrangements for any individual child at risk of a severe allergic reaction, inclu ing how many pens the school should store and their location(s), will result as a result of discussions between_ the head teacher, the parents of the child concerned and the medical staff involved. When such details have been agreed they are clearly stated in the child's individual care plan, and made available to all staff.

2.3 Administration of Medicines

The school's medicines policy identifies key personnel involved in the administration of any medicines to students. (It should be remembered that teachers' conditions of service do not include any legal or contractual obligation to administer medicine or to supervise a pupil taking medicine). Teachers who do volunteer to administer medicines should not agree to do so without first receiving appropriate information and training. In cases of accident and emergency, teachers must, of course, always be prepared to help as they and other school staff in charge of pupils have their general legal duty of care to act as any reasonably prudent parent would. In such emergencies, however, teachers should do no more than is obviously necessary and appropriate to relieve extreme distress or prevent further and otherwise irreparable harm. Qualified medical treatment should be secured in emergencies at the earliest opportunity.

Any teacher volunteering to administer medicine to an allergic child in the event of an emergency will be provided with comprehensive training from local health services. During such training, staff have the opportunity to practise with trainer injection devices. Adrenaline pens are straightforward to use and very safe - it is not possible to give too large a dose, and the needle is not seen until after it has been withdrawn following the injection. The DfES advises that in cases of doubt it is better to give the injection than to hold back.

Schools should ensure that their school medicines policy gives details of who is appropriately trained, and how they can be contacted. There is somebody available at all times with the training to administer such medication, as in such circumstances speed of response is of the essence. The school has several, named people trained in this way, to ensure that cover is available in the event of staff absence.

Checklist for Responding to Emergency Situations

The school has clear emergency procedure for cases of anaphylaxis, which includes arrangements for:

Summoning an ambulance in an emergency	• Mrs Wilkinson/ Mr Richards.
treating the child if necessary whilst waiting for the ambulance to arrive;	• Mrs Wilkinson/ First aider trained in application of epipen
where to find the adrenaline, i.e. in a known, accessible location and not locked away;	• All staff are aware of the location of epipens for children in their classes. Back-ups are stored, and easily accessed, in the school off ice.
who should administer the adrenaline and how they can be contacted swiftly in an emergency;	• The adrenaline can be administered by any member of trained staff.
EMERGENCY SEQUENCE:	• ensure that a person suffering an allergic reaction remains as still as possible • Preferably they should be lying down and if they are feeling weak, dizzy or appear pale and sweating their • legs should be raised • Dial 999, say that the person is suffering from anaphylaxis (anna-fill-axis) • Give clear and precise directions to the emergency operator, including the postcode of your location • make a note of the time adrenaline was administered. A second dose can be given after five minutes if there • has been no improvement • If the person's condition deteriorates after making the initial 999 call, a second call to the emergency services • should be made to ensure an ambulance has been dispatched • Send someone outside to direct the ambulance crew when they arrive • Try to ascertain what food or substance may have caused the reaction and ensure the ambulance crew knows this.
Emergency contacts	Parents/carers contact details available on EHCP (staff room) and in Blue Folder in school office.

Child with mild symptoms

Remember that even if the child is only displaying mild symptoms, care should be taken to remain very vigilant as these signs might be the precursor to a more serious attack. The serious signs to watch out for can be summarised in the form of the following questions:

Is the child having marked difficulty in breathing or swallowing?

Does the child appear suddenly weak or debilitated?

Is there are steady deterioration?

If the answer to any of these questions is yes, adrenaline should be administered without delay and an ambulance must be called.

Other Considerations

There are a number of day-to-day considerations which schools may need to address in supporting children at risk of severe allergic reactions.

4.1 Food and other potential allergens

Discussion with parents should inform the best approach for the individual child. Whilst a school may be happy that they can provide safe lunches for the child concerned, it might well be that parents prefer the element of control they can retain in providing a packed lunch.

Where packed lunches are taken, it is important that children do not share food with one another in case the allergic child unwittingly eats something containing an allergen. The area should be clean with spillages quickly attended to, and all children should wash their hands before and after eating.

The Anaphylaxis Campaign does not consider it good practice to segregate children at risk of anaphylaxis from their peers at mealtimes, as it could lead to stigmatisation of the child concerned. However, schools should try to be responsive to parents' anxieties, for example, by seating children eating particular foods such as peanut butter away from a child with a severe nut allergy.

Similarly, prohibitions on specific foods such as 'nut bans' which have been introduced by some schools are not seen as the best way forward: allergic children should be able to develop an awareness of dealing with risks which prepares them for life outside the school environment.

Cookery lessons should be given careful thought, particularly with regard to the selection of ingredients and cleaning procedures.

Where children have an allergy to school pets, the level of risk should be discussed with

parents and appropriate action taken where necessary.

4.2 School Trips and Visits

Allergic children should have the opportunity to fully participate in all aspects of school life. Where a school trip is proposed, the child's needs should be fully incorporated into the planning process, and parents consulted to ensure they are happy with the arrangements. Clearly, at least one member of staff accompanying the party should be trained in administering adrenaline, and the location of any adrenaline pen(s) checked and confirmed prior to departure. The issue of food during the trip will also need to be addressed.

4.3 Sporting Activities

Where an allergic child is involved in a fixture at another school, the PE teacher should be fully aware of the child's condition. A member of staff trained in adrenaline administration must accompany the team and staff at the other school need to be appropriately briefed.

---

5. Further Guidance

DfES Guidance, "Managing Medicines in Schools and Early Years Settings"

This DfES guidance, issued in partnership with the Department of Health, is accessible at www.dfes.gov.uk/ medical/ and is also available free of charge from DfES Publications Centre, PO Box 5050, Sudbury, Suffolk COlO 6ZQ (Tel: 0845 6022260/Fax: 0845 6033360). It contains a detailed section on dealing with anaphylaxis.

The Anaphylaxis Campaign

The Anaphylaxis Campaign was set up to raise awareness of life-threatening allergies to food, such as peanuts. This is done through talks and presentations, newsletters and fact sheets, videos, and the Campaign website.

The Anaphylaxis Campaign can be contacted at PO Box 149, Fleet, Hampshire, GU13 OFA. They run a telephone helpline on 01252 542029. Their website can be found at www.anaphylaxis.org.uk.

As previously mentioned, the Anaphylaxis Campaign provides a wealth of detailed information on its dedicated website www. all ergyinschools.or g.uk which is thorough, well-researched and easy to use. Those visiting the website can access information specifically tailored to different audiences, including a special section for use by teachers. It sets out further advice on treating anaphylaxis, managing the welfare of allergic children in schools and what should be incorporated into training sessions for staff volunteering to administer adrenaline. It also provides a number of useful case studies and frequently asked questions.

Allergy UK

Allergy UK is a National Registered Medical Charity. Its website, at www.allergyuk.org/ provides very useful information on dealing with a range of allergies including hayfever and chemical sensitivity.

NUT Health and Safety Briefings

The NUT has produced a number of Health and Safety Briefings relevant to supporting children with medical needs in schools, which are listed below. They can be obtained from your NUT Regional Office/Wales Office or by telephoning the NUT Health and Safety Unit on 0207 380 4775/4875. They are also available on the NUT website at www.t eachers.org.uk.

Administration of Medicines
Asthma in Schools
Diabetes in Schools
Dysentery in Schools
Epilepsy in Schools
Hygiene Control
Infectious Diseases
Meningitis in Schools
Tuberculosis in Schools